

Featherstone Road Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 26 May 2016 at Featherstone Road Surgery. At that inspection the practice was rated requires improvement overall and requires improvement for providing a responsive service to patients and for being well-led. This was because patients reported difficulties accessing the service in a timely way and the practice had not responded to longstanding patient feedback to address the problems. We also identified some concerns about the practice's performance in managing diabetes and patient uptake rates for national screening programmes. This resulted in the practice being rated requires improvement for the care provided to people with long term conditions. The practice was rated good for providing safe, effective and caring services. The full report of the 26 May 2016 inspection can be found by selecting the 'all reports' link for Featherstone Road Surgery on our website at www.cqc.org.uk.

We carried out a focused follow-up inspection on 26 April 2017. Following this inspection, we revised the practice's ratings for providing responsive and well-led services and

the rating for the care of people with long term conditions. All these aspects of the service were now rated as good. As a result, the overall rating for the practice is good.

Our key findings were as follows:

- The practice had taken action to improve patient access. The number of appointments relative to the patient list size had increased from an average of 72 to 77 per thousand patients per week.
- The practice had changed its appointment system and patients were now able to pre-book appointments up to four weeks in advance. More online appointments were available and the telephone system had been upgraded.
- We noted improvements to the practice's cervical screening uptake rate since our previous inspection. Practice performance was now in line with the national and clinical commissioning group averages.
- The practice had also improved its management of longer term conditions as measured by the Quality and Outcomes Framework. We noted in particular, improvements to the practice's approach to managing diabetes. The practice had introduced in-house diabetes clinics and screening checks to identify patients at high risk of developing diabetes.

Summary of findings

- The practice had increased the number of patients it had identified as carers. The practice now had 108 carers, (that is over 1% of the practice list) and provided them with appropriate support.
- The practice had revived its patient participation group which was now meeting quarterly and was in the process of running a feedback survey to test whether the changes it had made had improved patient experience.

We saw one area of outstanding practice:

- The practice had identified a particularly low uptake rate for cervical screening among its Somali patients. The practice had a relatively high number of patients who had recently arrived in the UK with limited English and very variable understanding of the risk of cancer

and cancer screening. Written invitations and reminders were of limited value with this group. The practice nurse (who spoke three Somali languages) had visited women at the local mosque to explain the purpose of the screening test and the procedure. As a result, the practice had successfully persuaded a number of eligible women to attend the surgery for the test and had also encouraged women who were not registered with a GP to register themselves and their families. This approach had contributed to the practice's increase in cervical screening uptake rates which were in line with the local and national averages in 2016/17.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services as improvements had been made to the telephone and appointments system which had improved patient access. The practice was able to demonstrate how it was continuing to develop its service in response to the needs of its population.

Good



Are services well-led?

The practice is rated as good for being well-led. The practice had systematically addressed the concerns arising from our previous inspection.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

The practice had resolved the concerns identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions.

The practice was able to demonstrate consistent improvement in its performance on managing long term conditions as assessed by the Quality and Outcomes Framework (QOF).

- The practice had consistently improved its QOF overall achievement from 85% in 2014/15 to 91% in 2015/16. Pre-validated date for 2016/17 showed the practice's overall performance for 2017/18 was likely to be 98%.
- Practice performance on diabetes was improving. In 2015/16, the practice achieved 55.26 of 86 points on the QOF for its management of diabetes. Pre-validated QOF data from 2016/17 showed that the practice was likely to achieve 79.1 of 86 points with exception rate reporting close to the CCG average.
- The practice had introduced in-house diabetes clinics, including longer appointments for patients with uncontrolled diabetes and access to a dietitian. The clinical staff had attended further training. The practice had also introduced screening checks to identify and educate patients at high risk of developing diabetes.
- The practice had reviewed its management of other long term conditions and had taken action to improve. For example, it had introduced more chronic disease clinics and increased the number of eligible patients who attended for an annual review in 2016/17.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

The practice had resolved the concerns identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

The practice had resolved the concerns identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

The practice had resolved the concerns identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

The practice had resolved the concerns identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Featherstone Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

Background to Featherstone Road Surgery

Featherstone Road Surgery provides services to approximately 8300 registered patients in the surrounding areas of Southall. The service is provided through an Alternative Provider Medical Services (APMS) contract.

The practice has a team of three permanent/long term GPs (one of whom is directly employed and two of whom are self-employed), one nurse practitioner (0.80 wte) and two practice nurses (1.24 wte). The practice also employed a healthcare assistant, a practice manager and a team of receptionists and administrators. Patients have access to a male or female GP. One of the practice GPs was acting as the local GP lead at the time of the inspection. The provider was in the process of running a selection process to fill this post on a permanent basis.

The practice is part of a larger company providing primary care and diagnostic services from four locations across London and South East England. Staff at the practice were supported by the provider's centrally based management team.

The practice is located in a primary and community health centre housing a number of community health services as well as the practice. The building is purpose-built with good access for patients with a disability.

The practice is open from 8am to 8pm, seven days a week. Appointments with a health professional are available throughout the day.

Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information in the practice leaflet and by answerphone about how to access urgent care when the practice is closed. Patients are advised to ring "111" to access the out of hours primary care service.

The registered practice population is characterised by high proportions of young adults aged under 40 and children under four years of age. Only three per cent of registered patients are aged over 65 compared to the English average of 27%. The registered practice population is around 90% black, Asian and minority ethnic and the practice has a multilingual staff team.

The practice is registered to provide the following regulatory activities: diagnostic and screening procedures; treatment of disease, disorder or injury and family planning.

The practice was previously inspected on 26 May 2016.

Why we carried out this inspection

We undertook a comprehensive inspection of Featherstone Road Surgery Centre on 26 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was requires improvement. We also rated the practice as requires improvement for providing a responsive service and for being well-led and for the care provided to patients

Detailed findings

with long term conditions. The full comprehensive report on the 26 May 2016 inspection can be found by selecting the 'all reports' link for Featherstone Road Surgery on our website at www.cqc.org.uk.

We undertook a follow up inspection of Featherstone Road Surgery on 26 April 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 26 April 2017. During our visit we:

- Spoke with a range of staff (including the practice manager; the acting local lead GP, one of the other GPs, the practice nurse and a receptionist). We also spoke with one of the company's centrally based managers the day before the inspection.
- We spoke with five patients who used the service and reviewed 30 comment cards where patients shared their views and experiences of the service.
- We inspected the environment and improvements to the layout of the waiting area and signage.
- We reviewed a sample of the treatment records for patients with diabetes.
- We reviewed appointment availability and access.
- We reviewed a range of documentary evidence including patient feedback forms, the minutes of staff and patient group meetings and practice performance data.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing responsive services as patients experienced difficulty obtaining appointments with queues regularly forming outside the practice before the practice opened at 8am.

These arrangements had significantly improved when we undertook a follow up inspection on 26 April 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice was able to demonstrate that it assessed and responded to the needs of the practice population.

- Practice staff were knowledgeable about the local practice population and were able to give us examples of how they had designed their services to meet patients' needs.
- For example, the practice had reviewed its provision of care for diabetes since our previous inspection. The prevalence of diabetes was high and patients had variable levels of knowledge of the disease. In response, staff had received additional training, offered diabetes clinics and longer appointments. The practice now offered insulin initiation for eligible patients on the premises. The practice also funded a dietitian to attend the practice regularly to provide diabetic patients with advice on healthy eating. Patients were able to self-refer to the dietitian. The practice nurse also provided sessions in Somali on managing diabetes. (Around 40% of the practice population originated from Somalia).
- In another example, the practice had identified poor access to physiotherapy as an issue for its patients. The practice had a relatively high number of patients working long hours in physically demanding jobs. The practice had therefore introduced a physiotherapy service at the practice. Patients were able to self-refer to the physiotherapist avoiding the need for an initial consultation with a GP or the nurse practitioner.
- Since our previous inspection the practice had increased the number of patients identified as carers from 11 to 108 (that is over 1% of the practice population). The practice had identified a member of staff as the carer's champion, staff had received awareness training and were more proactive in asking

patients whether they had caring responsibilities for example when they were registering or collecting prescriptions on behalf of a family member. The practice had also carried out an audit of its vulnerable patients to identify whether these patients had carers who were registered with the practice.

- Carers were signposted to the local carers centre and offered flexible appointments and regular health checks at the practice which included an assessment for depression.
- The practice had identified sections of the practice population at high risk of exposure to HIV, tuberculosis (TB) and hepatitis B and C infection. As a result, the practice was participating in a pilot screening programme to test newly registering patients for latent TB (that is, where the patient is not experiencing symptoms). The practice also encouraged newly registering patients to take screening tests for HIV and hepatitis B and C. As a result several patients had recently been diagnosed and referred for specialist treatment and advice at an early stage.
- Patients also had access to attached 'care coordinators' at the practice who were able to signpost or support patients to social and community services for example to combat social isolation.

Access to the service

- Since our previous inspection the practice had upgraded its telephone system. Patients' calls were now placed in an electronic queue when the telephone lines were busy and patients were kept informed of their position in the queue.
- The practice had redesigned the appointment system in March 2017 so that appointments could now be booked up to four weeks in advance. The practice retained a number of appointments in each session for urgent or priority patients including young children. Around a third of patients had registered for online access to appointments and uptake of online appointments was high.
- The practice had increased the number of appointments. It now typically offered 77 appointments per thousand patients per week (which was above its current contractual requirement of 72).

Are services responsive to people's needs?

(for example, to feedback?)

- We reviewed the appointment system. Appointments with any GP, any female GP and a practice nurse were available the next day and throughout the next week. On the day emergency appointments and home visits were also available.
- The practice was open from 8am to 8pm, seven days a week. The practice had decided on late evening opening hours because it served a young, working population and many of their patients found it difficult to attend during the day.
- At our previous inspection, we reviewed the practice's results from the national GP patient survey which were published in January 2016. The practice scored markedly below average for questions on patient experience of the appointment system and access to the service at that time. The practice had been conducting its own patient feedback survey to evaluate the recent changes it had made to the appointment system and shared the forms they had received to date with us. We reviewed 66 feedback forms which had been returned to the practice so far. All reported it had been "easy" or "fairly easy" to get through to the practice by telephone and all but one reported it had been "easy" or "fairly easy" to book an appointment.
- As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards. We also interviewed five patients on the day of the inspection. All the patient feedback we received was positive about the service. Patients told us they were listened to, treated respectfully and the staff went out of their way to help. Five of the comments specifically noted improvements to the appointment system, for example one person reported that the telephone system had been "sorted out".
- Staff and patients told us that the changes had almost completely resolved the issue of patients queuing in the morning. The practice told us that the one negative consequence of the new appointment system was an increase in the rates of non-attendance at pre-booked appointments (over 200 the previous month). This issue was on the agenda for discussion at the next patient participation group meeting.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing well-led services as the practice had not responded to longstanding patient feedback about the difficulty in obtaining appointments. We also issued a requirement notice to the practice to ensure it was meeting the relevant regulations on good governance.

We found arrangements had significantly improved when we undertook the follow up inspection of the service on 26 April 2017. The practice is now rated as good for being well-led.

Governance arrangements

The practice had reviewed its managerial arrangements. There was a clear governance framework in place which included regular local clinical and management meetings at the practice and supporting centralised systems of quality assurance.

The GPs and practice nurse we spoke with said they had the time and capacity to discuss clinical issues, reflect on practice and participate in continuing professional development and multidisciplinary meetings. The practice kept records of meetings and training attendance for reference. The GPs had also participated in a local peer review exercise covering several practices on their use of the Ealing Home Ward (an intermediate care service).

Leadership and culture

Staff members told us they had experienced more active support from senior management to implement improvements over recent months. For example, the practice team had restarted the practice patient participation group meetings because they had confidence that the organisation would act on patient feedback.

The practice actively engaged with local priorities and initiatives, for example, the practice represented general practice on the local Diabetes Redesign Board.

Seeking and acting on feedback from patients, the public and staff

The practice had restarted its patient participation group and was holding quarterly meetings. The patient participation group had discussed improvements to the appointment system in January 2017. Patients at this

meeting expressed support for introducing more pre-bookable appointments and upgrading the telephone system. These changes were subsequently introduced in March. Practice policy was to invite all patients who made a complaint about the service to join the patient group.

The practice was in the process of evaluating the changes it had made to the appointment system and was running a patient feedback survey which included questions about the telephone system, the availability of appointments and the appointment booking experience. The results had not yet been fully collated and analysed but the early results were positive.

Staff told us they thought that senior managers were responsive to ideas and suggestions for improvement. For example, we were told about a proposal from the practice staff to develop links with the local community pharmacy to provide a minor illness service for patients.

Since our previous inspection, the provider had introduced a regular newsletter for staff covering updates, training opportunities, staff recognition and feedback.

Continuous improvement

We saw evidence at the follow-up inspection that the provider and practice team were committed to improving the service for the benefit of patients.

- The practice had improved patient uptake for cervical screening while also reducing its exception rate reporting on this indicator in the Quality and Outcomes Framework (QOF). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- In 2014/15 the practice achieved 71% cervical screening coverage with 16% exception reporting. In 2015/16 practice performance had improved to 79% coverage (compared to the CCG average of 78%) and 11% exception reporting (compared to the CCG average of 10%). The practice team had taken action to improve. For example, the staff telephoned patients who did not respond to their written invitation. Newly registered patients who were overdue a cervical smear were automatically booked for a consultation with the

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

practice nurse to discuss the test and, if the patient agreed, to carry it out. The practice nurse had also recently carried out an outreach visit to the local mosque to educate patients about the test.

- The practice was taking action to improve the uptake of cancer screening among its patients more generally. The practice had started to routinely contact patients who had not responded to invitations for bowel or breast cancer screening to understand their reasons and encourage attendance if possible.
- Practice performance on diabetes was improving. In 2015/16, the practice achieved 55.26 of 86 points on the QOF for its management of diabetes. Pre-validated QOF data from 2016/17 showed that the practice was likely to achieve 79.1 of 86 points with exception rate reporting close to the CCG average. We saw that the

practice had actively worked to engage patients on managing their diabetes and had invested in staff training and greater access to specialist advice at the practice.

- The practice participated in pilot projects and local initiatives with the potential to benefit patients. For example the practice was participating in a local pilot to screen newly registered patients at increased risk of carrying latent TB. It has also taken part in a pilot project introducing the 'Plus Bus' patient transport service.
- We saw that the practice provided services or made improvements above its primary contractual requirements when the practice team considered this would provide a significant benefit to patients. Examples included later evening opening hours, HIV and hepatitis B and C screening for newly registering patients and the funding for a dietitian and physiotherapist to attend the practice regularly.