

Hall Green Health

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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Hall Green Health on 18 January 2016. During that inspection we found that although patients were able to obtain urgent same day appointments, they found it difficult to book routine appointments or to see or speak with their preferred GP. The practice had high levels of patients who did not attend their appointments. Whilst the practice had put measures in place to try and improve access, this was not reflected in patient satisfaction.

In view of the above the practice was rated as requires improvement for providing responsive services.

We undertook this desk based review on 16 December 2016 to check that the provider had completed the required improvements. We did not visit the practice as part of this inspection.

This report only covers our findings in relation to the above area. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hall Green Health on our website at www.cqc.org.uk.

Our finding across the area we inspected was as follows:

- The practice had responded to patients concerns and had made significant changes to improve access to

appointments. For example, in response to the increase in online registration, the number and variety of available online appointments had significantly increased. The extended hours at the practice had also increased in response to feedback.

- The practice continued to review and adapt the appointment system to meet the demands on the service.
- The practice were adopting new ways of working to ensure the services are responsive to people's needs. The practice had employed three clinical pharmacists whose duties included carrying out patient medication reviews.
- To meet the demand for nurse-led services the practice had expanded the nursing team by 28%, which had increased access to various services.
- Members of the Patient Participation Group were completing an in-house satisfaction survey to obtain patients views as to the recent improvements made.
- Information received from the provider showed a commitment to improving satisfaction results with continuous action plans, that are regularly reviewed. Whilst the latest national patient satisfaction results relating to access to the service and appointments remained low in areas, there had not been enough time since the above improvements had been made to impact on the results.

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 service.

Good



- The practice had responded to patients concerns and had made significant changes to improve access to appointments. For example, in response to the increase in online registration, the number and variety of available online appointments had significantly increased. The extended hours at the practice had also increased in response to feedback.
- The practice continued to review and adapt the appointment system to meet the demands on the service.
- The practice were adopting new ways of working to ensure the services are responsive to people's needs. The practice had employed three clinical pharmacists whose duties included carrying out patient medication reviews.
- To meet the demand for nurse-led services the practice had expanded the nursing team by 28%, which had increased access to various services that patients previously had difficulty in accessing.
- Members of the Patient Participation Group were completing an in-house satisfaction survey to obtain patients views as to the recent improvements made.
- Information received from the provider showed a commitment to improving satisfaction results with continuous action plans, that are regularly reviewed. Whilst the latest national patient satisfaction results relating to access to the service and appointments remained low in areas, there had not been enough time since the above improvements had been made to impact on the results.

Hall Green Health

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector undertook the desk based review of Hall Green Health.

Background to Hall Green Health

Hall Green Health is registered to provide primary medical services. The main practice is located in the Hall Green district of Birmingham, with a branch surgery in Acocks Green.

The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients.

Hall Green Health is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services.

The practice has a registered list size of approximately 27,000 patients. Data shows the practice is in an area of higher deprivation compared to the national average.

The main practice is located in a purpose built health centre, which it shares with various services provided by Birmingham Community Health.

The practice is managed by a partnership of 15 GP partners. The clinical team also includes four salaried GPs,

nine nurses (including an advanced nurse practitioner and a prescribing nurse), five healthcare assistants and three pharmacists. The practice team also includes two practice managers, receptionists, and administrative staff.

The practice is a training practice for doctors who are training to be qualified as GPs and a teaching practice for medical students.

The practice is open from 8.30 am to 6.30pm on Monday to Friday, with the exception of Wednesday when the practice closes at 1.00pm.

Appointments are available throughout the opening times. Extended opening hours are available on Saturday mornings from 8.30am to 11am, and from 7.40am on Tuesdays and Thursdays.

The practice remains opted in for the provision of out-of-hours services for its patients, and retains overall responsibility for the standard of care received outside of normal practice opening hours, but currently subcontracts the delivery of the out of hours care to Birmingham and District General Practitioner Emergency Rooms (BADGER).

The provider's current certificate of registration issued by the Care Quality Commission includes 13 partners. Two new partners have submitted applications to be added to the provider's registration.

Why we carried out this inspection

We undertook a desk based review of Hall Green Health on 13 December 2016. This was carried out this review to check access to routine appointments following our comprehensive inspection on 18 January 2016. We reviewed the practice against one of the five questions we ask about services: are services responsive.

Detailed findings

How we carried out this inspection

We did not visit the practice as part of this review. We reviewed the information the practice sent us, which detailed the actions they had taken to improve access to routine appointments. We also spoke with the practice manager.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The last inspection in January 2016 found that although patients were able to obtain urgent same day appointments, they found it difficult to book routine appointments or to see or speak with their preferred GP. The practice had high numbers of patients who did not attend their appointments. Whilst the practice had put measures in place to try and improve access, this was not reflected in patient satisfaction.

Access to the service

This review found that the practice had responded to patients concerns to improve access to the service. The practice had put an action plan in place with involvement of staff and the patient participation group (PPG), to improve key areas which impact on access including:

- The practice had worked closely with the PPG to further promote the use of online access. Online registration had increased to 8.2% of the practice population by December 2016, with a further 1,183 patients having completed the first stage of the process.
- Patients were being actively encouraged to register for online access, to enable them to book and cancel appointments, request repeat medicines and view travel immunisations. On line access was being extended to enable patients to view laboratory or radiology results, which have been commented on by the doctor. This means that patients will not have to phone the practice or make an appointment with their doctor to check test results.
- The variety of appointments available online had increased. Patients could now book routine appointments, doctor call back appointments, general nursing appointments, contraception, cervical smears, B12 injections and blood tests on line.
- The number of prescriptions dealt with via the electronic prescription service (EPS) had steadily increased. The practice was achieving about 90% EPS prescriptions.
- The majority of prescriptions were now sent directly to the appropriate pharmacy. Previously, receptionists

spent time finding prescriptions for pharmacy or patient collection. The staff members were now available to assist with answering the telephone, or helping patients to access an appointment.

The following actions had and were being taken to improve telephone access:

- Relevant companies had addressed a recurring fault on the telephone system, which caused access issues and the system to crash on several occasions. Practice mobile phones were available for emergency use in the event of a further system failure.
- Plans were in place to change the current telephone system, as it was no longer adequate for the needs of the service. The practice had worked with their Clinical Commissioning Group (CCG) towards a CCG wide purchase of a new advanced telephone system. This service was going out for tender in January 2017.
- The times of outgoing calls had changed to ensure more telephone lines were available for patients at key times of the day. Staff do not start making outgoing routine administration calls until after 10am, when the majority of available appointments for the session have been booked by patients phoning in.
- Improved target response times had been set for the reception team answering telephone calls. Records relating to daily monitoring of call waiting times showed that the practice was maintaining an average wait time of between 2-3 minutes once the call has entered the telephone system.
- The practice continued to promote the use of Patient Partner (an automated system that works with the practice's telephone), which enables patients to make calls to book and cancel appointments when the surgery is closed. Through 2016 the practice have gradually increased the type and number of appointments available for direct booking via Patient Partner.

In response to difficulties in recruiting GPs and to improve access, the practice had increased the following staffing levels and skill mix:

- The practice was involved in the NHS England pilot to employ clinical pharmacists into the general practice workforce. Since the last inspection, the practice had employed three pharmacists (2.2 whole time equivalent), whose duties include carrying out medication reviews in stable patients. Together the

Are services responsive to people's needs?

(for example, to feedback?)

pharmacy team were seeing approximately 140 patients a week, which had reduced the number of GP appointments taken up by medicine reviews, and freed up capacity and appointments for other patients.

- To meet the demand for nurse-led services and chronic disease management, the practice had expanded the nursing team by 28% having appointed an additional full time and a part time nurse. The nursing team now included nine nurses including an advanced nurse practitioner and a prescribing nurse.
- The practice had five health care assistants (HCAs) having recently appointed two new whole time equivalents. A member of the IT team had also been trained as a HCA to provide additional cover where needed. One HCA was employed specifically to undertake domiciliary phlebotomy for housebound patients, to ensure that essential blood tests and procedures were carried out in a timely way.
- Further training had been provided to enable the HCA's to undertake some duties previously performed by nurses including spirometry, blood pressure monitoring and checks, ear syringing, new patient health checks and assisting at minor surgery. This had enabled appropriately trained nurses to take on some duties previously undertaken by GPs including fitting and removing contraception devices, cervical smears and further chronic disease reviews. This had freed up time for the GPs to undertake more routine appointments.
- The staffing rotas had changed to ensure more reception staff were available to respond to the telephones on a demand led basis. The practice team had also adopted alternative ways of working to free up receptionists time to answer the telephone rather than undertaking other tasks. The changes have helped to increase the efficiency and throughput of the calls taken.
- The development of the nursing team had increased access to services such as travel immunisations, cervical smears, phlebotomy and ear syringing. These services had been expanded in response to patient feedback regarding difficulty in accessing such appointments.
- A large number of nursing appointments that patients had failed to attend related to travel immunisations. In response to this, the nursing team had developed a form which patients are required to complete online

before they can book a travel immunisation appointment. This ensures the appointment is necessary and enables the appropriate time and number of appointments to be booked to improve efficiency.

- The surgery was involved in the General Practice Improvement Programme (GPIP) funded by the CCG, which helps to reduce work pressures and improve efficiency. This work had led to a re-organisation of the reception team and the room where all incoming calls take place. A team leader was now available at reception to help with any queries from patients including appointments. The changes had helped to reduce waiting times and improve access and efficiency.
- As part of a local commissioning initiative the practice was working closely with the well-being co-ordinator, signposting patients in need of social support. A receptionist had taken on the role to promote and champion this service. In working in partnership with the above co-ordinator, the practice hoped to reduce inappropriate use of GP appointments and home visits for individuals who have a social rather than a clinical need.
- The GPIP programme had helped the practice to further focus on patients who were frequent users of the service. These patients were discussed at the practice's weekly clinical meetings, and plans were being put in place to provide alternative support and care, freeing up capacity and appointments for other patients. Referral to the well-being co-ordinator was one aspect being trialed for some patients.
- The practice had also taken part in the CCG initiative, General Practice Improvement Plan, which involved effective workforce planning to manage the demands on the service.

The practice was involved in the CCG led Aspiring to Clinical Excellence (ACE) programme, aimed at improving access to high quality services in primary care. As part of the enhanced services provided the practice was:

- Reviewing patients within 2 weeks of an asthma or chronic obstructive pulmonary disease (a group of lung conditions) flare up, where people had attended A & E or had been admitted to hospital.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice pharmacists were reviewing all vulnerable elderly patients who had had a hospital admission, to make sure their medicines had been altered if needed and new medicines started.
- The practice had set up physiotherapy self-referral for simple musculoskeletal problems. Staff advised patients of the availability of direct access to physiotherapy, where requesting an appointment for joint pains or minor soft tissue injury.
- Working with the ambulance triage service to ensure that paramedics visiting a patient had a direct number to speak to the duty doctor, to obtain information or arrange a GP appointment or a home visit to prevent an emergency admission.
- In response to the national patient survey results regarding patient's wishing to see their preferred GP, the practice had changed from a large shared list, to GPs having an individual list of patients. The changes were discussed and agreed with the PPG.
- The shared list has been divided up and patients have been allocated a 'nominated GP', to oversee their medicines, correspondence and care. As much as possible, this was based upon either previous registration with one of the GPs, or the GP that the patient has been seeing most regularly. Patients will continue to have a free choice in who they book to see.
- All clinicians book follow up appointments for patients at the consultation when clinically appropriate for continuity. Some appointment slots are blocked for this purpose to provide continuity of care.
- Home visit requests were reviewed daily by doctors. Where possible, visits were allocated to the most appropriate clinician with continuity of care in mind.

Further changes made included:

- At the time of the last inspection, each GP was undertaking six triage calls within their surgery session. In response to positive feedback from patients the number of triage calls had increased to 12 calls for each GP session. A proportion of these calls could be booked online. The daily appointment system included arrangements for patients who needed to be seen. The increased number of triage calls has meant that available face to face appointments are utilised more efficiently.
 - In response to feedback, the above calls were now referred to as a doctor call-back slot/appointment as patients were unsure as to the meaning of 'triage'. Staff had started to refer to these as 'a call back appointment' to help patients recognise that it is no different to sitting in the consulting room in terms of being able to speak to a doctor.
 - Increased use was made of telephone follow up calls to discuss results and review effectiveness of treatments. Each clinician had some pre-bookable routine appointments and telephone consultations.
 - The extended hours had been increased to provide more early morning appointments for patients working 9am to 5pm. The practice had also started to provide nurse and phlebotomy appointments on Saturday mornings, in addition to bookable doctor appointments.
 - The practice was considering other models of service delivery which have the potential to build upon the changes already made.
- At the last inspection, the practice had high levels of patients who did not attend their appointments (approximately 250 to 300 a week). The following initiatives had/were being introduced to help reduce the DNA rates:
- Plasma screens were used in the waiting areas to raise patient awareness of DNA rates.
 - Patients were sent text message reminders of appointments. The team leaders also send a text message to patients who failed to attend their appointment on the same day. The PPG were working with Birmingham University, regarding the most effective wording of such text messages to minimise future DNA rates.
 - The practice was also trialing online messaging with a small number of patients able to contact the surgery by screen messaging. If the pilot is effective the practice planned to further develop this approach to more patients.
 - Weekly monitoring of DNAs showed a marked reduction in the 2016 rates compared to 2015. The data also showed that there had been an overall reduction in DNA rates since the last inspection in January 2016.
 - The practice was working to re-develop their website to ensure it becomes a key resource for self-management of minor ailments, access to services and essential information to facilitate more efficient use of appointments.

Are services responsive to people's needs?

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Responding to and meeting people's needs

The practice had changed the way it delivered services, in response to feedback from patients and the PPG.

- The practice was seeking more immediate feedback via the NHS Friends and Family test, by sending the survey via a text message to all patients who attended a routine appointment.
- The NHS Friends and Family test results dated November 2016 compared to March 2016, showed that patients who are extremely likely to recommend the practice to friends and family had increased by 6%, and those likely to recommend had increased by 2%. This was an improvement of 8%.
- Members of the PPG were completing an in-house satisfaction survey to obtain patients views as to the recent improvements made. At the time of this review, the PPG had obtained data from 3 days of collection and the results were being collated. The results will be discussed and the feedback will be used to further improve the service where appropriate.
- Patient comments via NHS Choices and the Friends and Family feedback were reviewed and responded to at the practice's executive committee meeting, which takes place twice a month. Common themes were identified and action plans were in place to address issues.

We compared the following national patient survey results available at the last inspection to those published on 7 July 2016. Whilst the results remained below local and national averages, there had been a slight increase in certain scores whilst some had not improved. For example:

- 65% were able to get an appointment to see or speak to someone the last time they tried compared to 59% previously (CCG average 81%, national average 85%).
- 60% of patients were satisfied with the practice's opening hours compared to 58% previously (CCG average 74%, national average 76%).
- 26% patients said they found it easy to get through to the surgery by phone compared to 26% previously (CCG average 60%, national average 73%).
- 26% patients said they usually get to see or speak to their preferred GP compared to 26% previously (CCG average 55%, national average 59%).

It is acknowledged that the above results were published before the key changes detailed in this report were fully applied and there had not been enough time to impact on the results. Information we received from the provider showed a commitment to improving patient satisfaction results with continuous action plans, that are regularly reviewed. These were considered proactive and appropriate.