Bakersfield Medical Centre

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 well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out two announced comprehensive inspections at Bakersfield Medical Centre on 1 March 2016 and 1 December 2016. The overall rating for the practice following the December 2016 inspection was good but it was rated as requires improvement for providing well led services. The full comprehensive reports for the March 2016 and December 2016 inspections can be found by selecting the 'all reports' link for Bakersfield Medical Centre on our website at www.cqc.org.uk.

We carried out this announced focused inspection on 21 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 1 December 2016. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had improved the governance arrangements for using patient feedback from the national GP patient survey data to drive improvement in services.
- The national GP patient survey results showed the majority of patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Arrangements for identifying, recording and managing risks and implementing mitigating actions had been improved. Specifically, the recording of searches and follow-up action taken in response to patient safety alerts and the review of patients on repeat prescription for medicines that are used to treat high blood pressure (ACE-inhibitors).
- Practice supplied data for 2016/17 (yet to be verified and published) showed the practice had increased the uptake rate of the measles, mumps and rubella (MMR) vaccine in children aged five.

The areas where the provider should make improvement:

- Continue to consider ways of increasing the patient participation group membership and regular engagement so as to improve and develop services within the practice.

Summary of findings

- Continue to review, monitor and act upon patient experience data to drive service improvement. This includes patient feedback relating to GP and practice nurse consultations (being involved in decisions about their care and being treated with care and concern).

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 well-led?

Good

The practice is rated as good for being well-led.

- The provider had strengthened their governance arrangements for obtaining and acting upon patient feedback to drive improvements to patient satisfaction.
- The national GP survey results showed significant improvement in patient satisfaction with nine out of 12 satisfaction scores relating to consultations with GPs and nurses being above or in line with local and national averages.
- We found the systems to enable the provider to identify, assess and mitigate risk were operating effectively. Specifically, the provider had improved the recording of searches and follow-up action taken in response to medicine related patient safety alerts and had strengthened the follow-up process for patients on repeat prescription for medicines used in treating high blood pressure (ACE-inhibitors).
- Practice supplied data for 2016/17 (yet to be verified and published) showed the practice had increased the uptake rate of the measles, mumps and rubella (MMR) vaccine in children aged five.

Summary of findings

What people who use the service say

We reviewed the national GP patient survey results published in July 2017. A total of 287 survey forms were distributed and 109 were returned. This represented a completion rate of 38% and 5.4% of the practice's patient list size. Most of the results showed the practice was performing above or in line with the clinical commissioning group (CCG) and national averages. For example:

- 97% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82% and a national average of 84%.
- 94% of respondents found it easy to get through to this surgery by phone compared to the CCG and national averages of 71%.
- 92% of respondents described their overall experience of the GP surgery as fairly good or very good compared to a CCG average of 84% and a national average of 85%.
- 75% of respondents would recommend this GP surgery to someone new to the area which was in line with the CCG average of 75% and a national average of 77%.

The practice was performing lower than CCG and national averages for some aspects of the GP and practice nurse consultations. For example:

- 69% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 75% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG of 83% and national average of 85%.
- 79% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. Eighteen out of 19 comment cards we received were wholly positive about the patients' experience and highlighted a very good standard of care was provided by practice staff. Patients described staff as caring, friendly and involved them in decisions about their care. Some of the feedback included individual praise of the whole practice team (receptionists, the practice nurse and GPs) for their care and kindness. We were also provided with specific examples of efforts made by staff to ensure the patients received effective care and treatment. One less positive comment related to the patient not being happy with treatment recommended for their health need.

We spoke with 15 patients during the inspection and the majority of them were happy with the level of care they received. For example:

- 10 out of 15 patients told us they felt listened to, treated with dignity and respect and involved in making decisions about their treatment options.
- Patients described access to the service as being easy. This included telephone access, obtaining a same day appointment, short waiting times and being able to see a GP of choice.
- Less positive comments were received from five people in relation to the abrupt manner of a member of the clinical team or with specific aspects of the care and treatment they had received.

Feedback received from Healthwatch showed two out of three patients had concerns regarding specific aspects of their care/consultation. One patient felt the GP was "fantastic".

Areas for improvement

Summary of findings

Action the service SHOULD take to improve

- Continue to consider ways of increasing the patient participation group membership and regular engagement so as to improve and develop services within the practice.
- Continue to review, monitor and act upon patient experience data to drive service improvement. This includes patient feedback relating to GP and practice nurse consultations (being involved in decisions about their care and being treated with care and concern).

Bakersfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included an Expert by Experience (someone with experience of using GP services).

Background to Bakersfield Medical Centre

Bakersfield Medical Centre provides primary medical services to 5 336 patients through a Primary Medical Services (PMS) contract. The practice is located in Nottingham. The practice population is diverse and includes patients of British, Black, Asian, and minority ethnic groups. The practice is ranked in the fifth most deprived decile which indicates levels of deprivation are in line with the national average. The practice age profile has higher percentages of patients aged 25-55 years old.

The practice is run by a partnership of two full-time GPs (one male and one female). They are supported by a clinical team comprising of a practice nurse, a phlebotomist and a health care assistant. The phlebotomist and health care assistant also undertake receptionist duties. The administrative team comprises of two practice managers (job share), and a small team of reception and administrative staff.

The practice is open between 8am and 8.30pm on Mondays; 8am to 6.30pm Tuesday to Thursday; and 7am to 6.30pm on Friday. GP appointments are generally provided from 8am to 6pm daily and planned surgeries were often extended in response to patient demand. Extended hours appointments were offered every Monday from 6.30pm to 8.10pm and on Friday from 7am to 8am.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed, patients are directed to Nottingham Emergency Medical Services (NEMS) via the 111 service.

Why we carried out this inspection

We undertook two comprehensive inspections of Bakersfield Medical Centre on 1 March 2016 and 1 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and requires improvement for well led following the December 2016 inspection. The full comprehensive report following the inspection 1 December 2016 can be found by selecting the 'all reports' link for Bakersfield Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Bakersfield Medical Centre on 21 August 2017. This inspection was carried out to review in detail 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

During our visit:

- We spoke with a range of staff including one of the GP partners and the practice manager.
- We spoke with 15 patients who used the service and observed how they were being cared for in the reception area.

Detailed findings

- We reviewed 19 comment cards where patients shared their views and experiences of the service.
- We looked at information used by the practice to deliver care and treatment.
- We reviewed a sample of the treatment records of patients.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

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 1 December 2016, we rated the practice as requires improvement for providing well-led services because:

- Additional work was needed to ensure governance arrangements were effective in using patient feedback from the national GP patient survey data to drive improvement in services.
- Systems to identify, assess and mitigate risk were not operating effectively and required strengthening. This included the recording

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook this follow up inspection of the service on 21 August 2017. The practice is now rated as good for being well-led.

Governance arrangements

The practice had improved the governance arrangements for using patient feedback from the national GP patient survey data to drive improvement in services. At our previous inspection on 1 December 2016 we found 11 out of 12 satisfaction scores relating to consultations with GPs and nurses were below local and national averages; and 67% respondents would recommend this surgery to someone new to the area compared to a local average of 77% and national average of 78%.

The practice staff had reflected on these satisfaction scores to identify areas they could improve on as individuals. They had drafted and implemented an action plan to drive improvements. This included clinicians reflecting on their consultation styles and communication skills, and the possible impact on patients with a view to promoting a person centred approach. A patient survey had also been carried out to see if improvements had been made.

The national GP survey results published in July 2017 showed significant improvements had been made in respect of the caring indicators when compared to the July 2016 results. Nine out of 12 satisfaction scores relating to consultations with GPs and nurses were above or in line with the local and national averages. For example:

- 86% of patients said the last GP they saw or spoke to was good at giving them enough time compared to a CCG average of 84% and a national average of 86%. The satisfaction score for the practice had increased by 20% from 66% in 2016.
- 93% said the last nurse they saw or spoke to was good at giving them enough time compared to a CCG average of 90% and a national average of 92%. The satisfaction score for the practice had increased by 7% from 86% in 2016.
- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%. The satisfaction score for the practice had increased by 11% from 75% in 2016.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%. The satisfaction score for the practice had increased by 10% from 80% in 2016.
- Overall, 75% of patients would recommend this surgery to someone new to the area compared to a local average of 75% and national average of 78%.

However, lower satisfaction rates were achieved in other areas:

- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the clinical commissioning (CCG) average of 81% and national averages of 82%. The satisfaction score for the practice had decreased by 1% from 70% in 2016.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%. The satisfaction score for the practice was the same as the July 2016 results.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%. Despite the satisfaction score being low it had increased by 9% from 70% in 2016.

The practice had also gathered patient feedback from other sources such as the practice survey and friends and

Are services well-led?

Good

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

family test results. For example, the practice had carried out its own patient survey in March 2017 to evaluate patient satisfaction with the service. Records reviewed showed:

- 92% of the respondents rated the doctor they saw as excellent or good.
- 69% rated the treatment they had received from clinicians as being good or excellent, and 31% rated it as average.

Records reviewed showed practice staff had considered the changes required as a result of patient feedback. The patient participation group (PPG) and practice staff were scheduled to meet to discuss the results of the national GP patient survey and consider any further action that could be implemented as a result. To note is the practice acknowledged limited PPG engagement in 2017 due to changes in the membership and small numbers of active members.

We found systems to identify, assess and mitigate risk operated effectively to minimise risk to patients. For example:

- The practice had a process to review patient safety alerts including those from the Medicines Health and Regulatory Authority (MHRA). Records reviewed showed MHRA alerts were cascaded to all clinicians and discussed at their staff meetings (if relevant to the practice population). When concerns were raised about specific medicines, patient searches were undertaken to identify which patients may be affected. Effective action was then taken by clinicians to ensure patients were safe, for example, by reviewing their prescribed medicines. The practice maintained records of all the alerts received and the actions taken in response to each alert.
- The GPs had reviewed the health needs of patients on repeat prescription for medicines used in treating high blood pressure (ACE-inhibitors) to ensure the delivery of effective care and treatment. A clinical audit had also been undertaken in line with the National Institute for Health and Care Excellence (NICE) best practice guidelines to ensure these patients had a yearly blood test and effects on their renal function could also be monitored. The audit showed 22 out of 26 patients had a blood test post our December 2016 inspection. The remaining four patients had been contacted by practice staff and had agreed to book an appointment at their convenience.

At our previous inspection we said the practice should consider ways to increase the uptake rate for the measles, mumps and rubella (MMR) vaccine in children aged five years because this was lower than the CCG and national averages. The practice had implemented the following measures to maximise the uptake of the MMR vaccine:

- Use of a flagging system on patient notes to prompt staff to book an appointment or for a clinician to carry out opportunistic vaccination (if appropriate) for children who had attended for other appointments.
- The practice had recruited a nurse which had increased availability of immunisers within the practice and a meeting had been held with the health visitor to discuss improvements that could be made to monitoring children's health including vaccinations.
- The recall system for sending out the invitations for childhood immunisations had been reviewed and a protocol developed with further changes planned post our inspection.

Published data for 2015/16 showed the MMR uptake rate ranged from 74% to 88%. The data for 2016/17 (fourth quarter) had not been published by NHS England at the time of our inspection. However, practice supplied data for 2016/17 showed a target of 90% had been achieved as at 1 April 2017 in respect of the MMR booster for children aged five years.