

Farrier House Surgery

Inspection 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 location

Good 

Are services effective?

Good 

Are services caring?

Good 

Overall summary

We carried out an announced comprehensive inspection at Farrier House Surgery on 13 June 2017. The overall rating for the practice was good. The practice was found to be requires improvement in providing a caring service and in providing effective services for the population group of working age people (including those recently retired and students). The full comprehensive report on the September 2017 inspection can be found by selecting the 'all reports' link for Farrier House Surgery on our website at www.cqc.org.uk.

This inspection was an announced desk top review carried out on 31 July 2018 to confirm that the practice had carried out their plan to make the improvements that we identified in our previous inspection in June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had continued the work already in progress to identify more patients who were carers and provide appropriate support.
- Action taken to address patient feedback had continued to be monitored and reviewed.
- Monitoring had continued to be carried out in areas of Quality Outcome Framework (QOF) where results were lower than average to identify areas for improvements. Action had been taken to ensure coding was accurate and that patient registers were correct so that patients were monitored on a regular basis.
- Patients continued to be encouraged to take part in national screening programmes for breast and bowel cancer.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Working age people (including those recently retired and students)

Good



Our inspection team

The inspection was carried out by a CQC Lead Inspector.

Background to Farrier House Surgery

Farrier House Surgery provides services for patients living in Worcester City and students at the local university. At the time of the inspection the practice served a population of 5,100 patients.

Farrier House Surgery was previously a walk in centre and had changed in April 2015 to a new provider (SW Healthcare) to provide GP services. The practice is managed by SW Healthcare GP Federation providing support with administration, education and governance, as well as back office functions. A GP federation is formed of a group of practices who work together to share best practice and maximize opportunities to improve patient outcomes.

SW Healthcare holds an Alternative Provider Medical Services (APMS) contract with NHS England for the provision of services. The APMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is an active member of the South Worcestershire Clinical Commissioning Group (CCG).

The practice has mainly a younger, transient population with a lower than average older population of 4% compared with the local average of 34% and the national average of 27%. Services are provided to a student population at a nearby university, to a local hostel and to homeless people at a nearby day centre.

There is a lead GP, three salaried GPs and a regular locum GP (two male and three females) at the practice. The GPs are supported by a practice manager, two advanced nurse practitioners, a clinical pharmacist, a practice nurse, a healthcare assistant, administration and reception staff.

Opening hours are from 8am to 6.30pm on Monday to Friday each week with appointments between these times. The practice is closed at weekends. Extended hours appointments are available for pre-bookable appointments from Monday to Friday evenings from 6.30 to 8pm. Three additional clinics per week are held at the university to provide an onsite service for students. Appointments at two of these clinics are with the Advanced Nurse Practitioners (ANPs) with appointments with a GP at one of the clinics. A clinic is held each week at the homeless drop in day centre.

The practice does not provide an out-of-hours service but has alternative arrangements for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Care UK) is available in the patient practice leaflet and on the website.

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book appointments with GPs.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as lung diseases, asthma and diabetes. Other appointments are available for health checks, childhood vaccinations and contraception advice.

Are services effective?

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing effective services for the population group of working age people (including those recently retired and students) due to lower than average screening results.

Arrangements to encourage patients to attend for screening had significantly improved when we undertook a desk top review of the service on 31 July 2018. The practice is now rated as good for providing effective services for the population group of working age people (including those recently retired and students).

Farrier House had continued to encourage patients to take part in national screening programmes for breast and bowel cancer. Action taken to encourage patients included:

- The clinical template used by the healthcare assistant and practice nurse when carrying out new patient health checks and NHS health checks had been revised to include information on bowel screening and its importance to encourage patients to attend.
- The practice were notified by the testing laboratory where patients had not returned samples. Further correspondence was sent to the patient by both the laboratory and the practice to encourage engagement in the testing programme.
- Alerts had been added to their medical records to advise clinicians so they could speak with patients opportunistically.
- Posters had been placed in the patient toilets and leaflets had been made available in the waiting area to highlight the importance of screening.

- The practice was engaged in a local project called Faecal Immunochemical Testing (FIT), which was a further bowel testing programme which involved an automatic analysis of samples. Pilots, using FIT had reported a higher uptake in those patients invited, compared to those seen through the usual screening programme. The increases had been noted across demographics, in men and in lower socioeconomic groups. In preparation for this, Farrier House Surgery was ensuring patient address details were up to date so that everyone received their invitation and kit when the programme commenced towards the end of the summer.

The practice followed a similar process for patients who failed to attend or respond to letters inviting them for breast screening.

- Alerts had been added to their medical records to advise clinicians so they could speak with patients opportunistically.
- Letters had been sent to all other patients advising them of the opportunity to have a breast screen locally and the importance of this. Information from the Cancer UK website had been included in the letter.
- Breast screening advice had also been added to NHS health check and new patient health check templates to remind clinicians to discuss the importance of attending screening with these patients.

The practice confirmed that their focus on increasing patient awareness had been received positively by patients.

Are services caring?

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing caring services as the action the practice had taken to address issues such as patient feedback and the support provided to carers needed to be embedded to ensure that improvements continued to be made.

These arrangements had significantly improved when we undertook a desk top review of the service on 31 July 2018. The practice is now rated as good for providing caring services.

Results from the National GP Patient Survey published in July 2017 showed that patients surveyed had responded less positively to questions about their involvement in planning and making decisions about their care and treatment when compared with local and national averages. Results for the National GP Patient Survey published in August 2018 had generally shown improved results for the practice on the previous year.

We found at the last inspection that the practice had undergone a number of changes during the National GP Patient Survey 2017 period. There had been a lack of stability in employed staff particularly with GPs and a practice manager. The practice had been without a practice manager for some time and a new practice manager had recently taken up their post at the time of the last inspection.

The practice had taken action to improve the experiences for patients. The employment of clinical staff had improved stability for patients. For example:

- They had expanded their clinical team to include three salaried GPs and one regular locum GP. The locum GP had a structured rota in place to provide consistency for their patients.
- Two nurse Advanced Clinical Practitioners (ANP) supported the GPs. One ANP was also a trained pharmacist and the other specialised in providing services for homeless people, end of life and palliative care.
- A full time practice nurse offered cervical screening, vaccinations (including travel), wound treatments and dressings, contraceptive counselling and a range of health checks. Farrier House Surgery also employed an additional three practice nurses who specialised in diabetes, asthma and Chronic Obstructive Pulmonary Disease (COPD).

- A full time healthcare assistant carried out reviews of patients with long term conditions and phlebotomy.
- A clinical pharmacist also carried out reviews of patients with long term conditions, mental health reviews, medicine reviews and chronic disease management.

The practice had taken action to improve access to appointments for patients. For example:

- Telephone consultations by one of the ANPs and face to face consultations by clinical pharmacists had been introduced and developed.
- Proactive telephone calls were made to all patients on the cancer and palliative care registers by the ANP to see how the surgery could support them further. A good rapport had been established with these patients and contact had increased with regular follow ups carried out.
- Availability of appointments for students and working people had been improved by offering specific appointments for students via the university clinics (offering 30 appointments per week) and extended hours clinics. Although these appointments were open to all patients, the practice ensured that patients who worked or had commitments during the day/week were aware of these appointments and that these were offered on a regular basis.

They had ensured that action taken to address patient feedback continued to be monitored and reviewed. The practice told us they took a whole practice approach to improvement to gain a better insight into improvements needed in terms of access and patient satisfaction. Feedback gathered from a range of sources had been reviewed monthly, analysed and action taken or scheduled to drive improvements. Feedback was discussed, monitored and reviewed at practice team meetings and shared with the Patient Participation Group (PPG) at quarterly meetings.

- They had developed their own patient surveys for both patients that attended the main surgery and those patients attending the weekly clinic at the homeless shelter. Feedback was gathered from a range of patients of all ages, backgrounds and ethnicity. They had identified a high number of non-English speaking patients and a high proportion of patients from a deprived background (some unable to read or write) registered with the practice. Their survey was made

Are services caring?

accessible to patients in a variety of formats so that they could gather accurate feedback which included larger fonts, alternative languages and written in a way that was easy to understand and respond to.

- Feedback had been gathered via Friends and Family Test cards, email communication, thank you letters from patients, from the Patient Participation Group (PPG), verbal comments (recorded with patients consent).

Results from the in-house survey showed a marked improvement in patients involvement in planning and making decisions about their care and treatment. Feedback from patients confirmed their overall experience of making an appointment was a good one.

Please refer to the evidence tables for further information.

The practice had continued the work already in progress to identify more patients who were carers so they could provide appropriate support. For example, at the previous inspection 19 carers (0.4%) were registered with the

practice. There were now 34 carers registered with the practice. Although this had increased to 0.7%, the practice anticipated this would continue to rise through the support of the care navigator and the changes they had made in order to identify carers.

The practice had been proactive in ways to identify and provide support to carers, such as:

- An alert was added to patients records so that clinicians and clerical workers were made aware and could offer support where needed.
- The practice care navigator contacted carers regularly and was available for carers to contact them at any time during opening hours if needed.
- In order to develop their register, the practice had added additional information to their website, practice leaflet and registration forms in order to give those patients who might not realise that they were a carer a better understanding of how the practice could support them.