

Heathfield Family 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 responsive to people's needs?

Requires improvement



Key findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Heathfield Family Centre on 5 January 2017. Overall the practice is rated as good; however the practice was rated as requires improvement for providing responsive services. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Heathfield Family Centre on our website at www.cqc.org.uk.

This inspection was an announced desk-based focused inspection carried out on 13 February 2018. This was to confirm that the practice had carried out their plan to make improvements in relation to patient satisfaction and availability of appointments that we identified in our previous inspection on 5 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice continues to be rated as good, but continues to be rated as requires improvement for providing responsive services.

Our key findings were as follows:

- The practice told us they had undergone significant changes since the last inspection, with changes to the management team in September 2017 and increased staffing levels.
- Since the previous inspection, the practice had analysed the national patient survey results and developed an action plan. To improve patient satisfaction the practice had increased telephone

consultations to manage patient demand and at peak times the number of staff was increased to answer telephone calls to reduce patients' waiting times.

- The practice had support from the clinical commission group and had a Musculoskeletal (MSK) Practitioner and clinical pharmacist working one day a week at the practice to increase appointment access and offer patients more choice.
- The management team told us they were currently in the process of changing the telephones with a new system being introduced in April 2018. ,
- The practice now provided GP appointments outside of normal opening hours through the local commissioning group federation Improved Access Scheme (ICOF). This included appointments outside of the practice opening hours and weekend appointments.
- The practice had made some adjustments to the appointment system since the last inspection, however results from the national GP patient survey published in July 2017 did not show any improvements to patient satisfaction.

The areas where the provider should make improvements are:

- Continue to monitor the effectiveness of action taken to improve access on patient satisfaction and review actions as appropriate.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Key findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor the effectiveness of action taken to improve access on patient satisfaction and review actions as appropriate.

Heathfield Family Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This desk top review inspection was carried out by a CQC Lead Inspector.

Background to Heathfield Family Centre

Heathfield Family Centre is located in Handsworth, an area of the West Midlands. The premises are purpose built and patient services are all available on the ground level of the building.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as childhood vaccination and immunisation schemes. The clinical team comprises three GP partners (one male, two female), three salaried GPs (two male and one female) and have support from two regular sessional locums. They are supported by two practice nurses, a healthcare assistant, a practice manager and a team of administrative and reception staff.

The practice provides primary medical services to approximately 7,700 patients in the local community. The

practice is situated in an area with high levels of deprivation. Data available from Public Health England, showed the practice is ranked one out of 10, with 10 being the least deprived.

The practice reception is open from 8am to 6.30pm Monday to Friday. GP appointments are available throughout the whole day from 9am to 6pm. Telephone consultations are available if patients request them; home visits are also available for patients who are unable to attend the surgery.

The practice is part of ICoF (Intelligent Commissioning Federation). A GP federation is a group of general practices or surgeries that work together to share responsibility for delivering high quality, patient-focussed services for its communities. As part of the federation, the practices had set up access 'hubs' across the locality so patients could access appointments between 6.30pm to 8pm Monday to Friday and during the weekend. These appointments could be booked in advance by the surgery for patients who were unable to attend the practice during the week or directly by the patients. When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and the NHS 111 service, information about this is available on the practice website.

The practice is part of NHS Sandwell & West Birmingham CCG which has 91 member practices. The CCG serve communities across the borough, covering a population of approximately 559,400 people. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 5 January 2017, we rated the practice as requires improvement for providing responsive services. This was due to the July 2016 national GP patient survey which showed that patient satisfaction with how they could access care and treatment was below local and national averages. We also received 24 completed Care Quality Commission comment cards during our previous inspection. All were satisfied with getting an appointment and waiting times with the exception of five which were less positive. However, patients we spoke with during the January 2017 inspection, told us that they were able to get an appointment when they needed one.

Staff we spoke with during the January 2017 inspection were aware of the issues. We were informed that the practice was continuously reviewing its appointment system to meet patient demand. One of the practice partners told us they were previously answering telephone calls directly and undertaking triage before the new approach was adopted, whereby patients requesting urgent appointments were telephoned back after leaving their contact details with reception staff. The partnership told us that they had identified that the previous approach had resulted in patients not being able to get through on the telephone line and they considered that this had significantly impacted upon the patient survey results.

The results of the GP Patient survey published in July 2017 did not show any improvements, however less than 1% of their practice population had taken part in the survey. The practice manager told us they had concentrated on making changes since their commencement at the practice in September 2017 and the results would not reflect the benefits of the changes yet.

The practice continued to be rated as requires improvement for providing responsive services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice offered an electronic prescription service which enabled prescriptions to be sent electronically from the GP practice to a patients chosen pharmacy for patient convenience.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- The practice had adopted a policy for visiting their patients who were close to the end of their life, every two weeks at their home address, if these patients agreed to the visits.

People with long-term conditions:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice worked with specialist consultants and nurses from the local hospital to support the more complex patients with diabetes through the use of community clinics.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life were coordinated with other services. Regular meetings with community teams took place to manage the needs of patients with complex medical issues.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice offered various clinics for this population group including antenatal, postnatal and baby clinics.
- A range of family planning and contraceptive services were available.
- Baby changing facilities were available in the premises.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend appointments were available through the improved access scheme.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

Are services responsive to people's needs?

(for example, to feedback?)

- An in-house weekly phlebotomy service (blood taking) was offered to patients.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice told us that any patients who have not been into this practice for their annual review were discussed at the practice clinical meetings and followed up by the senior partner and practice manager.

People experiencing poor mental health (including people with dementia):

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice provided a substance misuse clinic for its patients. This was run in conjunction with an external healthcare specialist and one of the practice partners.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The practice offered a range of pre-booked and same day access appointments as well as telephone consultations.
- The practice offered a GP led triage service for those patients who required an urgent appointment. Two of the GPs were allocated to work within the triage. GPs telephoned these patients and allocated them a same day appointment, if it was necessary for them to be seen for a face to face consultation. Since the previous inspection, the practice had analysed the national patient survey results and developed an action plan. To improve patient satisfaction the practice had increased

telephone consultations to manage patient demand and at peak times the number of staff was increased to answer telephone calls to reduce patients' waiting times.

- Patients with the most urgent needs had their care and treatment prioritised and at peak times the number of staff were increased to answer telephone calls to reduce patients' waiting times.
- The practice had support from the clinical commissioning group and had a Musculoskeletal (MSK) Practitioner and clinical pharmacist working one day a week at the practice to increase appointment access and offer patients more choice. The practice told us the MSK practitioner was well utilised for patients who have had chronic joint pain, who were booked directly with the practitioner. The practice had also seen an increase in GP appointments with the clinical pharmacists reviewing patients who required medicine reviews and offering consultations for patients who presented with minor ailments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction scores with how they could access care and treatment were lower than CCG and national averages. A total of 388 surveys were sent out and 72 were returned. This represented about 0.9% of the practice population. The surveys were distributed to patients during January and March 2017. As the practice had started to implement changes since the last inspection in January 2017 the actions taken by the practice were in their infancy and were not reflected in the results.

- 56% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 22% of patients who responded said they could get through easily to the practice by phone; CCG 60%; national average 71%.
- 69% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG 76%; national average 84%.
- 63% of patients who responded said their last appointment was convenient; CCG 72%; national average 81%.
- 34% of patients who responded described their experience of making an appointment as good; CCG 63%; national average 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 27% of patients who responded said they don't normally have to wait too long to be seen; CCG 46%; national average 58%.

The management team told us they were currently in the process of changing the telephones with a new system being introduced in April 2018, which will give patients more information on waiting times and position in the queue whilst on hold. The new system will also have a

monitoring system in place which will enable the practice to monitor when the busiest periods are and make adjustments accordingly to ensure patients' receive an effective service.

The practice now provided GP appointments outside of normal opening hours through the local commissioning group federation Improved Access Scheme (ICOF). This included appointments outside of the practice opening hours and weekend appointments.