

Dr T Abela & Partners

Quality Report

Chafford Hundred Medical Centre
Drake Road,
Chafford Hundred
Grays
Essex
RM16 6RS

Tel: 01375 480000

Website: chaffordhundredmedicalcentre.co.uk

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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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr T Abela & Partners on 20 February 2017. The overall rating for the practice was good. Safe, effective, caring and well-led were rated as good and responsive was rated requires improvement. The full comprehensive report on the February 2017 inspection can be found by selecting the 'all reports' link for Dr T Abela & Partners on our website at www.cqc.org.uk.

This inspection was a focused desk-based inspection carried out on 26 October 2017 to confirm whether the practice had carried out their plan to meet the legal requirements in relation to the issues that we identified in our previous inspection on 20 February 2017. This report covers our findings in relation to those requirements since our last inspection.

Overall, the practice remains rated as good and responsive continues to be rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- Feedback from the GP patient survey showed that patients continued to experience difficulty in accessing appointments.
- Changes had been made to the appointment system with a view to improving feedback.
- The patient participation group were yet to meet this year. A meeting had been scheduled to take place in November 2017.
- The practice advertised the patient participation group meeting on its website in the waiting room with a view to attracting new members.
- The practice had identified 57 patients as carers. This amounted to 0.4% of the practice list.

The practice should:

- Continue to identify and support patients who are carers.
- Continue to encourage the development of an active patient participation group.
- Monitor, review and improve patient satisfaction with regards to access.

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 requires improvement for providing responsive services.

- Feedback from the GP patient survey showed that patients continued to experience difficulty in accessing appointments.
- The practice had made changes to the appointment system with a view to improving feedback. These changes were being monitored.

Requires improvement



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to identify and support patients who are carers.
- Continue to encourage the development of an active patient participation group.
- Monitor, review and improve patient satisfaction with regards to access.

Dr T Abela & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector.

Background to Dr T Abela & Partners

Dr T Abela & Partners, also known as Chafford Hundred Medical Centre is situated in Chafford Hundred, Essex. The practice registers patients who live in the town of Chafford Hundred. The practice provides GP services to approximately 16,000 patients.

The practice is commissioned by the Thurrock Clinical Commissioning Group and it holds a General Medical Services (GMS) contract with NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has higher number of children aged five to 18 years compared to the England average and fewer patients aged over 65 years. Economic deprivation levels affecting children and older people are significantly lower than average, as are unemployment levels. The life expectancy of male patients is higher than the CCG average by three years. The life expectancy of female patients is higher than the CCG average by two years. There are fewer patients on the practice's list that have long standing health conditions.

The practice is governed by a partnership that consists of three male GPs and two female GPs. The partnership is supported by one salaried doctor. There is also a nurse practitioner, three practice nurses and a healthcare

assistant employed. Administrative support consists of a full-time practice manager, a practice administrator, a head receptionist, an IT manager, IT assistant and secretary. There is also a number of part-time reception staff.

The practice is open 8.30am until 6pm every day except Thursday, when it is closed from 11am. It is also closed on the weekends. On a Thursday afternoon, the practice is closed and the duty doctor responds to emergency calls with the assistance of a member of the reception team. When the surgery is closed, urgent GP care is provided by Integrated Care 24, another healthcare provider.

Morning surgery times are from 8.30am until 11am. Afternoon surgeries are from 3pm until 5.20pm every day except Thursday. Patients can make pre-bookable appointments at the Health Hub located at Thurrock Community Hospital from 9.15am until 12.30pm on a Saturday and Sunday and also on a Wednesday evening.

Why we carried out this inspection

We inspected this service as a focused follow up inspection to check the provider has made improvements to the legal requirements and regulations associated with the Health and Social Care Act 2008.

How we carried out this inspection

After our last inspection, we asked the provider to submit to us an action plan telling us how they were going to improve services at the practice. We carried out a desk-based focused inspection on 26 October 2017. During our inspection we:

Detailed findings

- Reviewed documents which included the GP patient survey, meeting minutes and posters.

We revisited the following questions:

- Is it responsive?

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 responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our inspection of 20 February 2017

At our previous inspection of 20 February the practice were rated as requires improvement for providing responsive services. The national GP patient survey results available to us at that time indicated that patients experienced issues accessing the practice, particularly in relation to getting through on the phone and seeing a preferred GP. Results were similar to those received the year previously. The practice had intended to recruit an apprentice and it was anticipated that this would alleviate some pressure on the phone systems. In the past, the practice had trialled and amended changes to the telephone systems, but these had not been effective in improving performance.

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

What we found at our inspection of 26 October 2017

Access to the service

The results of the national GP survey were published in July 2017. 352 surveys were sent to patients and 128 were returned. This represented a completion rate of 36%. Patients' satisfaction with how they could access care and treatment continued to be below CCG and national averages. Results were comparable or lower than those of 2016:

- 28% of patients usually got to see a preferred GP compared to the CCG average of 52% and national average of 56%. In 2016, 35% of patients usually got to see a preferred GP.
- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 76%. In 2016, 63% of patients were satisfied with the practice's opening hours.

- 46% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 60% and national average of 64%. In 2016, 51% of patients usually waited 15 minutes or less after their appointment time to be seen.
- 49% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and national average of 71%. In 2016, 46% of patients found it easy to get through to this practice by phone.

The practice had completed a further patient survey in June 2017 which posed the same questions as those raised the previous year; these related to how easy it was to get through on the phone, how easy it was to speak to a preferred GP and how easy it was to speak to a healthcare professional on the same day.

The practice had received 43 responses from their survey. 74% of patients said it was easy, fairly easy or they hadn't tried to get through on the phone, with 26% saying it was not easy to do so. 52% of patients said that they found it easy or hadn't tried to speak to their preferred GP, with the remaining patients indicating it was not easy or they weren't given a choice. Finally, 77% of patients said they either could speak to a healthcare professional on the same day or hadn't tried, with the remaining percentage saying it was not easy to do so. Results from 2016 were comparable.

The practice held its regular appointments review meeting in July 2017. In this, further changes were made to the appointments system, which included promoting online booking and allowing routine appointments to be booked up to 4 weeks in advance by patients and 6 weeks in advance by GPs, for example. The practice had also subscribed to a text messaging service which would allow patients to instantly cancel appointments following a reminder text. These changes were to be assessed by way of a further in-house survey in December 2017, which would then be discussed at a further appointments review meeting in the new year.