

VH Doctors Ltd - Purfleet Care Centre

Quality Report

Purfleet Care Centre,
Tank Hill Road,
Purfleet,
Essex.

RM19 1SX

Tel: 01708 864834

Website: www.purfleetcarecentre.nhs.uk

Date of inspection visit: 30 May 2017

Date of publication: 08/08/2017

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

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to VH Doctors Ltd - Purfleet Care Centre	9
Why we carried out this inspection	9
How we carried out this inspection	9

Overall summary

Letter from the Chief Inspector of General Practice

On 30 June 2016 we carried out a comprehensive inspection at VH Doctors Ltd. Overall the practice was rated as requires improvement. The practice was found to be good in providing safe and well-led services. However, they required improvement in providing effective, caring and responsive services. Issues highlighted at the June 2016 inspection were related to the lower than average Quality and Outcomes Framework (QOF) data and lower than average national GP patient survey data. The full report for the June 2016 inspection can be found by selecting the 'all reports' link for VH Doctors Ltd on our website at www.cqc.org.uk.

As a result, we carried out a focused inspection of the practice on 30 May 2017 to establish whether the required improvements had been met. We found limited evidence of sustained improvement; overall the practice is rated as requires improvement.

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

- The practice had improved their clinical performance in respect of QOF. Figures from 2014/2015 showed the

practice had achieved 84% of their total QOF points, this had improved to 96% in 2015/2016. The practice had monitored patients on the diabetic, asthma and depression registers and improved their outcomes.

- The practice had improved exception reporting by monitoring their patient lists closely.
- The practice had reviewed their data from the national GP patient survey and developed clear action plans and internal patient surveys to monitor and improve patient satisfaction.
- The practice showed a proactive approach to patient feedback.
- The patients we spoke with on the day of the inspection acknowledged the practice had made improvements. However, four out of eight patients we spoke with on the day said they found it difficult to book an appointment and contact the practice by telephone.
- National GP patient survey data highlights poor patient satisfaction regarding the care provided and confidence in the clinical team. Internal surveys showed patients had reported higher levels of satisfaction with the practice nursing team and had trust and confidence in their GPs.

Summary of findings

- The practice had opened up the availability of appointments to patients, enabling them to book five weeks in advance with the GPs. Daily morning telephone appointments with the GP were also available to patients.
- The practice had worked with their patient participation group to make improvements related to patient feedback.
- The practice team shared a vision to providing high standards of care. Staff had clear visions and the drive for change.

- Staff understood their roles and responsibilities and how these contributed directly to improving patient experiences of the service and the practices performance.

Actions the practice SHOULD take to improve:

- Continue to monitor national GP patient survey data and identify where improvements can be made.
- Continue to monitor their performance indicator exception reporting.

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 effective?

The practice is rated as good for providing effective services.

Good



- The practice had shown an improvement of the total QOF points achieved for 2015/2016. They had achieved 96% compared with the previous year where they had achieved 84%. We looked at the practices unverified 2016/2017 QOF data and found the practice had achieved 98% of their QOF points.
- The practice had reviewed their coding practice (the practice code their patients with a specific condition so that they are highlighted on the correct lists in order for them to be reviewed appropriately); they had found that patients were previously being coded incorrectly. They provided their staff with the relevant training, as a result we found improvements to QOF data had been made.
- The practice had improved their clinical performance. QOF data for 2015/16 showed that data for diabetes, asthma and mental health was comparable with local and national averages.

Are services caring?

The practice is rated as requires improvement for providing caring services.

Requires improvement



- July 2016 data from the national GP patient survey showed patients reported high levels of dissatisfaction with the practice nursing team and had little trust and confidence in their GPs. As a result, the practice had carried out reviews on this data and developed an action plan to improve patient satisfaction.
- The practice carried out two internal surveys and promoted the friends and family test which showed patients satisfaction towards their care had improved.
- We saw an action plan created to overcome the issues highlighted from the results of the internal surveys. The practice had prioritised specific actions such as implementing a new telephone system, managing staff rotas and appointment availability.
- We spoke to eight patients on the day of the inspection and found that seven of them were happy with the care and treatment they had received. Patients told us staff were helpful, finding time to assist and support them. They were consistently treated with kindness, dignity and respect. One patient we spoke to on the day could not highlight the improvements that had been made to help improve patient satisfaction.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Requires improvement



Summary of findings

- Patients reported improved access to the clinical team since the implementation of the telephone triage. However patients still found it difficult to book an appointment in advance. The practice had opened up the availability of appointments to patients, enabling them to book five weeks in advance with the GPs. They could also speak to the GPs on the telephone and/or attend weekend hub appointments provided by the clinical commissioning group (CCG) at four different locations.
- The practice had continued to receive poor feedback regarding their appointment availability and their telephone system online and through comment cards. The practice had acknowledged this and had implemented changes to reduce these issues.
- A regular locum doctor was based at the practice to provide a continuity of care.
- A new telephone system was being implemented in June 2017 to make their systems more efficient.
- The practice had monitored their non-attendance figures to help reduce the number of unused clinical appointments.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people.

- The provider had not resolved the concerns for caring and responsive services identified at our last inspection on 30 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions.

- The provider had not resolved the concerns for caring and responsive services identified at our last inspection on 30 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people.

- The provider had not resolved the concerns for caring and responsive services identified at our last inspection on 30 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students).

- The provider had not resolved the concerns for caring and responsive services identified at our last inspection on 30 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The provider had not resolved the concerns for caring and responsive services identified at our last inspection on 30 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- The provider had not resolved the concerns for caring and responsive services identified at our last inspection on 30 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. These results were used during the previous June 2016 inspection, they showed the practice was performing lower than the local and national averages. 351 survey forms were distributed and 107 were returned. This represented a response rate of 31%.

- 93% of patients said the last appointment they got was convenient. This was comparable than the local average of 90% and the national average of 92%.
- 48% of patients find it easy to get through to this surgery by phone compared with the local and national average of 73%.
- 57% of patients described the overall experience of this GP practice as good compared with the local average of 80% and the national average of 85%.
- 51% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the local average of 70% and the national average of 78%.
- 31% of patients usually get to see or speak to their preferred GP compared with the local average of 57% and the national average of 59%.
- 57% of patients described their experience of making an appointment as good compared with the local average of 70% and the national average of 73%.

The practice was awaiting the July 2017 national GP patient survey results.

We spoke with eight patients during the inspection. Seven patients said they were happy with the care they received and had seen improvements with the practice. Patients thought the staff were approachable, committed and caring. They spoke highly of the reception and nursing team. Patients told us they found it difficult to make appointments however they acknowledged the practice was making changes to improve this. The patients we spoke to on the day appreciated the morning telephone triage consultations with the doctor as they found it difficult to attend the practice during working hours.

The practice had received 338 responses to the NHS Friends and Family test from February 2017 to May 2017. Of which 85% of the patients stated they were extremely or likely to recommend the practice. The practice had reviewed reasons why 1.5% would not recommend the surgery and they found it was due to their appointment availability and telephone system.

Areas for improvement

Action the service **SHOULD** take to improve

Actions the practice **SHOULD** take to improve:

- Continue to monitor national GP patient survey data and identify where improvements can be made.

- Continue to monitor their performance indicator exception reporting.

VH Doctors Ltd - Purfleet Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and supported by a GP specialist adviser.

Background to VH Doctors Ltd - Purfleet Care Centre

The practice is part of Virgin Care. It is based in an area with mixed housing and industrial buildings. The practice is the only GP service for the area and the building is shared with other community organisations, the current list size of the practice is 5894. The practice provides parking with an onsite car park. There are good transport links in the locality.

- The practice operates from a single location: Tank Hill Road, Purfleet, Essex, RM19 1SX.
- Services provided include: a range of clinics for long term conditions, health promotion and screening and minor surgical procedures.
- At the time of inspection, the practice had one male salaried GP and one male long term locum (A doctor who temporarily fulfils the duties of another GP).
- The all female nursing team consists of an advanced nurse practitioner, a practice nurse, a nurse prescriber and a part time healthcare assistant.
- The non-clinical team comprises of a practice manager, reception and administrative staff.

- The practice opens between 8am and 6.30pm Monday to Friday. Appointments are offered from 8am to 12.40am and from 1.45pm to 6.20pm Monday to Friday.
- On evening, weekends and bank holidays out of hours care is provided by IC24, another healthcare provider. This can be accessed by patients dialling 111.
- Thurrock Clinical Commissioning Group (CCG) has a weekend system called 'Thurrock Health Hubs'. Patients are able to book through the practice to see either a doctor or a nurse between 9.15am and 12.30pm at the weekend, at one of four 'hub' locations. The practice premises houses the local Saturday 'hub'.
- The practice has a comprehensive website providing information on opening times, appointments, services, staff and patient group information.
- The practice area demographic comprises of mainly white British, with other nationalities including Eastern European and Afro-Caribbean.
- There are higher than local and national average levels of income deprivation affecting children and older people. There is with a high population of working age people.

Why we carried out this inspection

We carried out a focused follow up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This service was previously inspected on 30 June 2016 and overall they were rated as requires improvement. The practice received a good rating for providing safe and well-led services and required improvement for providing effective, caring and responsive services. The inspection was planned to check

Detailed findings

whether the provider had made the necessary improvements and whether they meet the legal requirements and regulations associated with the Health and Social Care Act 2008. We looked at the quality of the service to provide a rating under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 30 May 2017. During our visit we:

- Spoke with a range of staff (practice manager, GPs, and reception team) and spoke with patients who used the service.

- Reviewed an anonymised sample of patient records.
- Reviewed survey comments where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

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 effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in June 2016

The practice was rated as requires improvement for providing effective services. We found that data from the Quality and Outcomes Framework (QOF), for 2014/2015, showed patient outcomes were lower compared with the local and national average in relation to the treatment of diabetes, asthma and for some patients suffering from poor mental health.

What we found at this inspection in May 2017

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF data for 2015/ 2016 showed the practice achieved 96% of the total number of points available which was an improvement from the previous year where the practice had achieved 68%. Unverified data from the practice showed further improvements in 2016/ 2017 which showed the practice had achieved 98%.

Their exception reporting was 4.8% which was comparable to the local average of 4.6% and the national average of 5.7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice had above local and national averages exception reporting in these areas:

- 57% exception reporting for patients with cancer compared with the CCG average of 32% and the national average of 25%. Unverified data showed the practice had lowered exception reporting for cancer to 0% in 2016/2017.
- 35% of patients diagnosed with depression were exception reported compared with the CCG and national average of 22%. Unverified data showed the practice had lowered exception reporting for depression to 5% in 2016/2017.

- 24% of rheumatoid arthritis patients were exception reported compared with the CCG average of 5% and the national average of 8%. Unverified data showed the practice had lowered exception reporting for rheumatoid arthritis to 15% in 2016/2017.

Where there were exception reports the practice had justified and appropriately documented their reasoning and actions.

The practice told us they had improved their QOF data for 2015/2016 and 2016/2017 by reviewing the coding of their patient data and amending it to accurately reflect the clinical needs of their patients. Staff had been reminded of the importance of accurately recording all actions taken and had been provided with relevant training. The practice felt that this had significantly improved their QOF data and patient reviews. The practice informed us that previous locum usage had accounted for around 70% of the GP sessions and this had impacted on performance figures as the continuity of care needed was not provided. The practice had overcome this by reducing their locum usage. At the time of the inspection they had one long term locum who was provided with the same training to help standardise the quality of recoding data by all clinicians at the practice.

The QOF data below represents how the practice had improved performance from 2014/15 to 2015/16.

- In 2014/2015 the practice achieved 72% for patients with diabetes receiving an annual foot examination and risk classification compared with the CCG and national average of 88%. In 2015/2016 they achieved 86% compared with CCG average of 82% and the national average of 81%.
- In 2014/2015 the practice achieved 72% for patients with diabetes on the register whose last cholesterol measurement was 5 mmol/l or less compared with the CCG and national average of 88%. In 2015/2016 they achieved 73% compared with CCG average of 77% and the national average of 80%. Exception reporting in this indicator was 9% which was below the CCG average 11% and national average 13%.
- In 2014/2015 the practice achieved 29% for patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses with an agreed care plan documented in their notes in the last 12 months compared with the CCG average of 80% and national

Are services effective?

(for example, treatment is effective)

average of 88%. In 2015/2016 they achieved 91% compared with CCG average of 84% and the national average of 89%. Exception reporting in this indicator was 13% which was below the CCG average 10% and national average 13%.

- In 2014/2015 the practice achieved 48% for patients on the asthma register who have had an annual review compared with the CCG average and national average of 75%. In 2015/2016 they achieved 70% compared with CCG average of 75% and the national average of 76%. Exception reporting in this indicator was 1% which was below the CCG average 2% and national average 8%.
- In 2014/2015 the practice achieved 77% for the uptake for the cervical screening programme compared with the CCG average of 80% and national average of 82%. In 2015/2016 they achieved 80% compared with CCG average of 80% and the national average of 81%. Exception reporting in this indicator was 4% which was below the CCG average 5% and national average 7%.

Unverified data from the practice for 2016/2017 showed they had made further improvements towards their QOF figures, for example:

- The practice achieved 73% in 2015/2016 for the number of patients with diabetes on the register whose last cholesterol measurement was 5 mmol/l or less. Unverified data showed the practice had achieved 85% for 2016/2017.

- The practice had achieved 70% in 2015/2016 for the number of patients on the asthma register who have had an annual review; this had improved to 76% in 2016/2017.

The practice felt that the improvements made were due to changes they had implemented, for example:

- The practice told us their use of one regular GP locum had improved their patient reviews and continuity of care.
- The practice had reviewed their patient lists and checked that they were appropriately coded so that patients with a specific condition were highlighted on the correct lists allowing them to improve monitoring.
- They had provided skill progression for a member of the administration team by providing the relevant training to code patients correctly from the start of their diagnosis.
- They had focused on carrying out opportunistic reviews for patient registers to improve their QOF indicator reviews and to improve patient outcomes.
- They were providing relevant staff with ongoing refresher training for coding and the use of their patient computer system.

Are services caring?

Our findings

What we found at our previous inspection in June 2016

The practice was rated as requires improvement for providing caring services. The practice data from the national GP patient survey, published in July 2016, showed that satisfaction rates were lower than other practices in the local area and nationally for several aspects of care. Actions the practice told us they had taken had not been sufficient to improve patient satisfaction. Patients' had mixed views on whether staff treated them with dignity and respect.

What we found at this inspection in May 2017

Kindness, dignity, respect and compassion

Results from the national GP patient survey, published in July 2016 (also used at the June 2016 inspection) showed patients reported low levels of satisfaction with the nursing team and confidence and trust in their GPs. For example:

- 63% of patients said the GP was good at listening to them compared with the CCG average of 82% and the national average of 89%.
- 58% of patients said the GP gave them enough time compared with the CCG average of 80% and the national average of 87%.
- 77% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 91% and the national average of 95%.
- 55% of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 78% and a national average of 85%.
- 66% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 88% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The practice told us that providing kindness, dignity, respect and compassion was at the forefront of their care. They had reviewed the results from their July 2016 national GP survey data and produced their own patient satisfaction surveys which allowed them to review patient satisfaction.

As the July 2017 national GP patient survey data had not been published prior to this inspection, we looked at internal surveys the practice had carried out following their changes. The internal survey asked questions regarding:

- Likely recommendation of the practice
- Experience on the day of the appointment
- The ease of booking an appointment
- Satisfactory explanation of treatment
- Consent and waiting times

We reviewed three months of feedback results from January to March 2017. The practice had received a total of 32 feedback forms. Overall the feedback was positive, the practice had received comments such as 'the service was friendly, organised and effective', 'receptionists were always efficient, very friendly staff, had good understanding, kindness of doctors and staff, very caring and ready to talk' and 'The surgery provides great care'. However, we found there were three negative comments regarding appointment availability. The practice were aware of their feedback and as a result they had used one long term locum and recruited additional staff such as an advanced nurse practitioner to provide patients with continuity of care. They were also in the process of changing their telephone systems to improve patient satisfaction.

The practice used the friends and family survey (a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience) as another method of monitoring their performance. We reviewed the last four months of friends and families test results. The practice had received 338 responses to the NHS Friends and Family test, of which 85% of the patients stated they were extremely or likely to recommend the practice. 1.5% said they were extremely unlikely to recommend the practice as it was difficult to book an appointment.

Following these internal surveys the practice produced an action plan to improve patient satisfaction. The actions taken were:

- The practice had responded to negative comments by contacting patients that felt the service was poor to understand why.
- The produced individual nurse and GP feedback forms to get a greater insight to why patients felt they were not being listened to which allowed the GP and nurse to improve on their attitudes.

Are services caring?

- They had updated posters and other forms of communication in the patient waiting area to improve the overall satisfaction.
- The practice had reduced the use of Locum GPs to improve the continuity of care and improve appointment availability.
- Provided patients with various methods of feedback to help understand and improve patient satisfaction.
- Practice offered limited weekend hub appointments for patients that found it difficult to get an appointment during the week.
- The practice had provided staff with further training such as coding training to help improve patient care and outcome.

The practice told us that until August 2015 they had utilised approximately 70% of GP provision from locums, this had changed as the practice had implemented a full time long term GP locum and made use of their new nurse advanced practitioner who was qualified to carry out prescribing duties. They worked closely to deliver telephone triaging. They had permanent clinical staff in place and felt assured that new staffing arrangements would start to be reflected the continuity would start to be reflected in their GP survey data for the future.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey, published in July 2016, showed that when patients were asked questions about their involvement in planning and making decisions about their care and treatment responses were lower than local and national averages. For example:

- 66% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 80% and the national average of 86%.
- 56% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 74% and the national average of 82%.

- 66% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average and national average of 85%.

This data was used at the previous June 2016 inspection, unfortunately new GP patient survey data had not been published at the time of this inspection therefore it was difficult for the practice to compare how the improvements had effected the national patient satisfaction.

At the 30 June 2016 inspection patients' views were mixed on the level of involvement they had in decision making about the care and involvement they received. During our 30 May 2017 inspection we spoke to eight patients, seven of which had positive comments regarding the care they had received at the practice, one patient could not identify changes that had been made. They told us that the clinical staff had taken the time to explain results and decisions and that they had sufficient time during consultations to make an informed decision.

The practice had previously sent us their action plan to make improvements to patients' satisfaction levels. This showed that actions had been taken to improve the service provision. For example, they had identified through surveys and complaints that some of the negative data was due to specific staff members and they had taken steps to resolve this. Further to this they had visited a local GP practice that was providing good services to see what other improvements could be made to their own service. As a result the practice had implemented a text messaging service that allowed patients to receive information regarding their care in a timely and efficient way. They had also introduced patient decision aids (information the patient can use to follow their care pathway) to help patients feel more involved in their care. When we spoke to patients they said their care at the service had improved which was reflected with the practices internal patient surveys. Although the practice had completed actions to improve patient satisfaction there was limited evidence to show that improvements had improved patient satisfaction.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in June 2016

The practice was rated as requires improvement for providing responsive services. Previously we found that some patients said they found it difficult to make a same day appointment. The practice was in the process of recruiting another GP and were also looking at their telephone systems to try to resolve this issue. National patient survey data showed patients were not satisfied with access and steps taken to resolve this had not been sufficient to improve patient satisfaction.

What we found at this inspection in May 2017

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were staggered depending on the day and to allow patients the ability to book earlier or later appointments. The range of appointment times available were from 8am to 12.40pm in the morning and from 1.45pm to 6.20pm in the afternoon.

Both face to face and telephone consultations were available, the practice had encouraged telephone consultations for the working age population to alleviate the pressures of booking an appointment and appointments could either be pre-booked or on the day. There was a pre-bookable weekend service offered through Thurrock CCG that was based on the practice premises. We asked the practice when the next available appointment was to book, they had morning telephone triage available for the following day and the next pre-bookable appointment was the following week. Appointments were available five weeks in advance.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was lower than the local and national averages.

- 58% of patients were satisfied with the practice's opening hours compared with the CCG average of 71% and the national average of 76%.
- 48% of patients said they could get through easily to the practice by phone compared with the CCG and national average of 73%.

- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 82% and national average of 85%.

- 57% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and national average of 85%.

- 51% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 70% and national average of 78%.

We reviewed the internal survey results and found that all patients apart from one would recommend the practice to someone else. The surveys also highlighted that the majority patients were happy with the overall experience at the GP practice.

On the day of the inspection seven patients told us that getting through to the practice by telephone was extremely hard and that there was a two week wait for a booked appointment. The friends and family test results showed that 1.5% would not recommend the surgery due to their appointment availability and telephone system.

The practice had reviewed the national GP patient survey and other internal survey results and acknowledged patients were still unhappy with the telephone and appointment system. They had ordered a new telephone system however they had difficulty installing the new telephone lines due to technical issues, therefore the installation had been delayed but was due to be completed in June 2017. The new telephone system would allow patients to be put in a holding queue rather than the phone continuously ringing. The system would also inform patients of their number in the queue and provide them a waiting time frame. The practice had also introduced telephone consultations for their patients. The practice believed this would improve patient satisfaction as they would be kept more informed. In the meantime the practice had added another member of staff to answer the telephone during peak times to reduce the waiting time. The reception staff aimed to answer the phone within four rings.

In order to overcome the appointment availability the practice had introduced:

- Morning telephone triaging appointments, patients told us they liked these appointments.

Are services responsive to people's needs?

(for example, to feedback?)

- Used a regular full time locum, patients told us it was nice to see a familiar face.
- Booked patients on the weekend hub appointments, patients said it was difficult to get an appointment at the hub as appointments only became available from Thursday onwards each week. We asked the practice and they said they had already contacted the hub regarding this issue but were not receiving information back.
- Allowed patients the flexibility to book an appointment times that suited them if it was available.
- Employed an experienced advanced nurse practitioner who carried out prescribing responsibilities. The practice felt that this had enabled the doctors with time to carry out other appointments.
- The practice had monitored their non-attendance figures to reduce the amount of unused appointments. They found that this had helped with their appointment availability.
- They had upskilled staff. For example, a member of their administration team had been trained to conduct phlebotomy.
- The practice had promoted booking appointments online to reduce waiting times over the telephone.

The practice had launched a scheme which was advertised in the patient waiting area called 'You said, We did'. This allowed patients to suggest changes the practice could make and for the practice to act upon the feedback they had received. For example, patients had asked for more telephone appointments and the practice had added three additional appointments per day to their lists, magazines were out of date so the practice replaced them, patients felt the flower bed was overgrown so the practice worked with their PPG to add new flowers. The practice felt it allowed patients to feel more involved and listened to.

The practice was aware of their ongoing patient dissatisfaction in relation to appointment availability and telephone system and they planned to continue to improve by researching other methods to help alleviate their issues. For example, they had contacted their CCG regarding a future European Union GP recruitment scheme for additional doctors to improve their workload and accessibility. The practice was awaiting the July 2017 national GP survey results to review if their changes had improved patient satisfaction.