

Summerfield GP and Urgent Care Centre

Quality Report

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Date of inspection visit: 1 December 2017

Date of publication: 18/01/2018

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 effective?

Good 

Are services caring?

Good 

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 Summerfield GP and Urgent Care Centre on 15 February 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the February 2017 inspection can be found by selecting the 'all reports' link for Summerfield GP and Urgent Care Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 1 December 2017 to confirm that the practice had carried out their plan to make improvements since our previous inspection in February 2017.

Overall the practice is now rated as good.

Our key findings were as follows:

- The service had made significant progress in relation to the concerns raised at our previous inspection in February 2017.
- There were effective systems in place to ensure appropriate action was taken in response to uncollected prescriptions.
- Audits undertaken demonstrated appropriate antibiotic prescribing in line with local guidance.

- There was significant improvement in relation to patient outcome data. Performance for most long term conditions was comparable to CCG and national averages. Action had been taken to improve patient outcomes for long term conditions which were previously noted as outliers, including diabetes and hypertension.
- The practice had taken action to improve uptake of childhood immunisations and national cancer screening programmes. There was limited new data available to demonstrate the impact of this at the time of this inspection however data provided by the practice was positive.
- The latest available national patient survey data (published July 2017) demonstrated improved patient satisfaction with the service. This was supported by feedback from the friends and family test data and CQC comment cards. For example, between July 2016 and July 2017 the proportion of patients who described the overall experience of the GP practice as good had improved from 62% to 80% and was in line with the CCG and national averages. There was evidence of action being taken to further improve satisfaction scores.

Summary of findings

- The provider had been proactive in identifying and supporting carers. The number of carers had dramatically increased and a range of support including carers' workshops made available. There had been positive feedback from carers on this.
- The provider had strengthened processes to ensure patients were not at risk during long waits for the urgent care centre. Reception staff had received formalised training to identify patients requiring urgent assessment and processes were in place for ensuring an appropriate clinical response. There was also evidence that average waiting times had significantly been reduced.

The areas where the provider should make improvement are:

- Continue to review the impact of actions taken to improve patient outcomes, uptake of childhood immunisations and national screening programmes to ensure improvements are sustained.

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 service is rated good for providing effective services.

Good



- The service had made significant improvements since our previous inspection in February 2017 in relation to the provision of effective services.
- The latest Quality and Outcomes Framework (QOF) data (for 2016/17) showed improved outcomes overall for patients with long term conditions. Overall QOF achievement was in line with CCG and national averages.
- Improvements were made in relation to diabetes and hypertension performance. Actions were in place to support continued improvements in these areas.
- The practice had put in place systems to improve uptake of child immunisation and national screening programmes. These were supported by standard operating procedures for follow up. Letters had been produced in various languages which were sent to patients to encourage attendance and a follow up telephone call from a clinician if patients still failed to attend. There was no newly published data so the impact of these processes on uptake had yet to be evaluated. However, processes had been audited to check they were being followed and data available from the practice was positive.

Are services caring?

The service is rated good for providing caring services.

Good



- The service had made significant improvements since our previous inspection in February 2017 in relation to the provision of caring services.
- Results from the latest national GP patient survey showed improved scores that were in line with CCG and national averages overall. Scores relating to GP consultations in particular had significantly improved. Results from the Friends and Family test showed an average of 93% of patients would recommend the service to others.
- CQC comment cards were positive overall and demonstrated patients were satisfied with the service they received.
- The practice had identified areas from patient feedback for further improvement and action plans were in place. For example, training of the Healthcare Assistant to free the practice nurse's time for other tasks.
- The practice had been proactive in identifying carers and ensuring that they received support. The number of identified carers had increased from 23 to 122 (0.4% to 2.1% of the practice list) and successful workshops to support carers had been carried out with positive feedback from carers attending.

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 provider had addressed the concerns for effective and caring identified at our inspection on 15 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had addressed the concerns for effective and caring identified at our inspection on 15 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had addressed the concerns for effective and caring identified at our inspection on 15 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had addressed the concerns for effective and caring identified at our inspection on 15 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had addressed the concerns for effective and caring identified at our inspection on 15 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had addressed the concerns for effective and caring identified at our inspection on 15 February 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summerfield GP and Urgent Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP and urgent care specialist adviser.

Background to Summerfield GP and Urgent Care Centre

Summerfield GP and Urgent Care Centre contracts with Sandwell and West Birmingham CCG to provide a GP practice service to registered patients and an urgent care centre. Patients do not need to be registered to use the urgent care centre. The provider organisation is Virgin Care Coventry LLP who also provide a number of other GP and walk in centre services across the midlands area.

The service is provided in a purpose built primary care centre which the provider shares with three other practices, community health teams and an independent pharmacist. The service is located in an area of Birmingham which has high levels of deprivation (based on information from Public Health England it is situated amongst the 10% most deprived areas nationally). The area served is also very diverse with a high proportion of patients whose first language is not English. A wide range of languages are spoken in the area and during 2016 the practice used interpreters for over 25 different languages. The practice population is significantly younger than the national average with the majority of patients under 40 years old.

The GP practice list size has continued to grow from no patients when it was established in 2010 to approximately

6000 patients currently. The GP practice is open 8am to 8pm Monday to Sunday. The GP practice offers appointments 8am-1pm on a Saturday and a Sunday. Appointment times vary between the clinicians but are typically available between 8.20am to 12.40pm and 4pm to 7pm Monday to Friday. When the service is closed patients receive care from an out of hours provider (Primecare).

The urgent care centre is open to walk in patients 8am to 8pm daily, 365 days a year (including all bank holidays). Approximately 12,000 patients are seen in the urgent care centre per quarter. Staff explained that although the service is called an urgent care centre the contractual specifications are more in line with a walk in centre. Urgent medical care is excluded from the service specification for example chest pain, major injury and suspected fractures. The service is located within a short walking distance of a local hospital with accident and emergency facilities.

Summerfield GP and Urgent Care Centre sits within the wider provider organisation (Virgin Care). There is a regional corporate team led by a regional director of operations. The regional team also includes a regional clinical lead, a professional lead for nursing and governance and regional operational managers who support the service. At a local level staffing consists of seven GPs and four Advanced Nurse Practitioners (ANPs), one practice nurse and a pharmacist. There is a local management team which consists of a service manager and assistant service manager, and a clinical lead. Staffing at any one time usually consists of two GPs and a practice nurse for the GP practice and for the urgent care centre one GP and three Advanced Nurse Practitioners (ANP). The majority of staff work across both the GP service and urgent care service.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Summerfield GP and Urgent Care Centre on 15 February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Summerfield GP and Urgent Care Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Summerfield GP and Urgent Care Centre on 1 December 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 meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Summerfield GP and Urgent Care Centre on 1 December 2017.

During our visit we:

- Spoke with a range of staff (including members of the local and regional management team, GPs, and reception staff).
- Reviewed systems for managing uncollected prescriptions.
- Reviewed patient outcome data and discussed action taken to improve.
- Reviewed information relating to childhood immunisations and national cancer screening programmes and discussed action taken to improve uptake.
- Reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service and other patient satisfaction information available.
- Reviewed how the practice identified and supported carers
- Reviewed how patients attending the walk-in centre were assessed during long waiting times.

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

At our previous inspection on 15 February 2017, we rated the practice as requires improvement for providing effective services as there were areas in which patient outcome data was significantly lower than local and national averages (in particular diabetes and hypertension). Uptake of national cancer screening programmes and childhood immunisations for five year olds was also below local and national averages and needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 1 December 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

At our previous inspection the latest QOF data at the time was for 2015/16 which showed the practice had achieved 87% of the total points available. This was lower than both the CCG and national average of 95%. Data available at this inspection for 2016/17 showed an improved position. The practice had achieved 93% of the total points available which was comparable to the CCG average of 95% and national average of 96%.

Since our previous inspection the clinical lead explained that a GP lead had been identified for each QOF area. Progress against QOF was discussed at the clinician's in-house annual appraisal. Improvements were made to the recall system in which recall letters were now available in multiple languages. Any non-attendances were followed up with a telephone call and discussed with the clinical lead before exception reporting.

The latest data for 2016/17 showed practice performance for diabetes had improved to 90% (from 65% in 2015/16) and was comparable to CCG and national averages. The practice had continued to make use of the 'virtual clinic' with secondary care consultant and specialist diabetes nurse in the management of their more complex diabetes patients. In addition we saw that the practice had carried out a prediabetes audit (in August 2017) in order to identify patients at risk and improve the diabetes register so that these patients may receive appropriate treatment and support.

The latest data available for 2016/17 showed practice performance for hypertension related indicators had improved to 76% (from 61% in 2015/16). This was despite an increase of approximately 25% in the size of the hypertension register in which more patients were identified for support (262 to 327 patients). There was also slightly lower exception reporting than the CCG and national averages.

Supporting patients to live healthier lives

At our previous inspection the latest published data for childhood immunisations was for 2015/16 which showed the practice had a significantly lower uptake of MMR vaccinations given at 5 years than the CCG and national average. At this inspection there was no newly published data available. However the practice was able to provide data that showed the number of immunisations given had improved. Between February 2016 and February 2017 the practice had given 101 MMR vaccinations to children aged 5 years during the 12 month period. Between February 2017 and December 2017 the practice had achieved a similar amount, 103 in just under 10 months.

Practice staff told us that following the inspection they had introduced a letter (available in different languages) which we saw, inviting patients who did not attend for their immunisations to attend the practice to discuss. Staff were made aware of the process through team meetings. There was also a plan to do an audit at the end of the year to follow up all those who had not attended and invite them in. The practice was currently developing the role of the Healthcare Assistant (HCA) at the practice to undertake some of the practice nurse roles and free the practice nurse to undertake tasks such as immunisations. The practice anticipated that the HCA would be ready to take on additional duties within the next two to three months.

At our previous inspection the published latest data for the cervical screening programme uptake for 2015/16 was 59% significantly lower than the CCG and national average. Data reviewed for 2016/17 was also below CCG and national averages at 57%. However, data available from the practice for the current year (since April 2017) showed the practice had already reached 58% uptake with four months still left to go until the end of the QOF year. We asked the practice about action taken since our previous inspection to improve uptake. The practice had introduced a letter available in different languages which they sent to eligible patients, those who did not turn up were contacted by

Are services effective?

(for example, treatment is effective)

phone by one of the clinicians at the practice. The practice had a high proportion of patients whose first language was not English. Practice staff told us that they were planning to review the population to try and identify which patients were not attending and whether this was due to language barriers. In addition the Healthcare Assistant was being trained to undertake some of the practice nurses duties to free the practice nurse to undertake other tasks such as child immunisations and cervical screening.

There was no newly published data to demonstrate whether there had been improvement in the uptake of breast and bowel cancer screening among the practice population. However the practice had implemented new

standard operating procedures for encouraging patients to participate. A letter was being sent to eligible patients with a follow up telephone call from one of the GPs to encourage participation. An audit was carried out between August and November 2017 to check this process was being followed. Records for twenty four patients coded as not attending bowel or breast cancer screening were reviewed. Results showed all patients had been followed up with a letter and 80% with a follow up telephone call. The practice planned to carry out a further audit within three to six months to check if the follow up had been effective and patients had gone on to complete their cancer screening.

Are services caring?

Our findings

At our previous inspection on 15 February 2017, we rated the practice as requires improvement for providing caring services as results from the national GP patient survey (published in July 2016) showed scores that were lower than CCG and national averages. The practice also had low numbers of identified carers.

At this inspection on the 1 December 2017 we found there had been significant improvements with regards to patient satisfaction from survey data and progress towards identifying and supporting carers at the practice. The practice is now good for providing caring services.

Kindness, dignity, respect and compassion

Results from the latest national GP patient survey (published in July 2017) for patients registered with the GP practice showed overall improved scores from the previous survey (published in July 2016). This was based on 54 responses or 0.9% of the practice population. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%. The practice had previously scored 81%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%. The practice had previously scored 74%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%. The practice had previously scored 79%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%. The practice had previously scored 74%.
- 82% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 91%. The practice had previously scored 79%.
- 81% of patients said the nurse gave them enough time compared to the CCG average of 87% and the national average of 92%. The practice had previously scored 79%.

- 95% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 95% and the national average of 97%. The practice had previously scored 84%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 91%. The practice had previously scored 82%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and the national average of 87%. The practice had previously scored 73%.

In the vast majority of areas the practice had made significant improvements in relation to patient satisfaction with consultations with GPs and nurses and with helpfulness of reception staff. This was most noticeable with the GP consultations which were now consistently in line with CCG and national averages. Although scores for nurses and reception staff had improved there were areas where these were still slightly below CCG and national averages for example, for the nurse giving patients enough time. We spoke with staff about the reasons for this and action being taken. There was only one practice nurse who worked full time however, due to building constraints there was little capacity for increasing nurse staffing. Staff told us that the nurse would frequently see additional patients for example to undertake opportunistic screening. In response they were therefore training the Healthcare Assistant to undertake some of the nurse's roles to free more time. It was anticipated the HCA would be ready to take on these roles early in the new year. They also told us that reception staff had completed customer service training.

The practice received positive feedback from the Friends and Family Test (FFT) which invites patients to say whether they would recommend the practice to others. The latest data for the FFT as shown on the NHS Choices website showed 710 responses were received during September 2017 (approximately 12% of the practice population), of these 96% of patients said they would recommend the practice to others. Data on the FFT of responses received between April 2017 and November 2017 provided by the practice showed of 5768 responses 93% of patients said they would recommend the practice to others. This was an improvement on the FFT reviewed at our previous inspection in which 80% of patients (between October 2016 and December 2016) said they would recommend the practice to others.

Are services caring?

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards, the majority of cards were positive about the service they received and found the staff helpful and caring.

Care planning and involvement in decisions about care and treatment

Results from the latest national GP patient survey (published in July 2017) showed patients responses to questions about their involvement in planning and making decisions about their care had significantly improved for GPs but not for nursing staff since the previous survey published in July 2017. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%. The practice had previously scored 73%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%. The practice had previously scored 66%.
- 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 82% and national average of 85%. The practice had previously scored 77%.

We saw the practice was actively working to try and free the nurses time for patients.

Patient and carer support to cope emotionally with care and treatment

The practice had made substantial progress to identify and support carers at the practice. Since our previous

inspection in February 2017 the practice had been proactive in identifying and significantly increasing the numbers of carers on their carers' register from 23 (0.4% of the practice list) to 122 (2.1% of the practice list). The practice had achieved this through questions asked as part of the new patient registration and health check and opportunistically through the sending of text messages to patients on the practice list. There was a named member of staff who was the carers' lead for the practice.

There were standard operating procedures for identifying and supporting carers and these were set as part of staff appraisal objectives. Reception staff we spoke with were aware of the process for supporting patients. Support given to carers included an invitation to an annual health check, annual flu vaccinations, access to urgent appointments, a carers information pack and access to the virgin carers club where further information about local support was available (including support for young carers). The practice had carried out two carers workshops at local community venues. The first workshop held in June 2017 was attended by 8 carers and at the second event in October, the number of carers attending had increased to 20. There was another event planned for January 2018. Local support organisations were present at the events to give advice and support this included Birmingham Carers Hub, The Health Exchange, Summerfield Local Residents Group and Virgin Cares Club. Carers were able to receive health checks and flu vaccinations at these events. Carers were asked to provide feedback on the workshops and their usefulness on a scale of one to ten (ten being the best). All 20 patients rated the session as 9 or 10 and said they would attend future sessions, 75% had their flu vaccinations and health check.