

## Church End Medical 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?	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 on 27 May 2016 at Church End Medical Centre. At that inspection the practice was rated good overall. However, we rated the practice as requires improvement for being responsive to the needs of patients. This was because the practice could not demonstrate it was facilitating effective access to the service particularly for patients who found it difficult to attend during normal working hours.

The full comprehensive report of the 27 May 2016 inspection can be found by selecting the 'all reports' link for Church End Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review undertaken from 11 September 2017 to check that the practice had addressed the requirements identified in our previous inspection. This report covers our findings in relation to those requirements.

Overall the practice remains rated as good. Following this desk-based review, we have revised the practice's rating for responsive services. The practice is now rated as good for providing responsive services.

Our key findings were as follows:

The practice had taken steps to improve access to the service including for those patients of working and school age. Action included:

- The promotion of a wider range of appointment booking options including online access.
- The restructure of the practice appointment system to include more advance booking availability in addition to urgent appointments and walk-in sessions.
- Investment in staff training and a programme of improvement which included improved access as a priority.

The practice's recent patient survey results suggested that patient access to the service had improved since our previous inspection.

However, there remains scope for further improvement. In particular:

• The practice should continue in its focus on improving access to the service and patient feedback in relation to telephone access and waiting times in the surgery.

#### 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 good for providing responsive services.

The practice had taken steps to improve access to the service including for those patients of working and school age. The practice's patient survey results also showed improvement.

Good





## Church End Medical Centre

**Detailed findings** 

## Our inspection team

Our inspection team was led by:

This review was carried out by a CQC inspector.

## Background to Church End Medical Centre

Church End Medical Centre provides NHS primary medical services to around 8000 patients in the Willesden and Harlesden area of North West London through a 'personal medical services' contract. The practice provides services from a single, purpose built surgery which is located on the Church End estate.

The practice team includes two GP partners, three salaried GPs, an advanced nurse practitioner, a practice nurse, health care assistants, receptionists and administrators and a practice manager. Patients can choose to consult with a male or female GP or nurse.

The practice population has a higher than average proportion of babies, children and young adults and a relatively low proportion of patients over 65. Registered patients are ethnically and culturally diverse with a high proportion of African-Caribbean patients by ethnicity. The area falls within the 10% most deprived areas of England (as measured by the index of multiple deprivation) with almost 40% of children in the area estimated to be affected by income deprivation.

The practice is a training practice and provides placements for GP registrars and student nurses.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; family planning; maternity and midwifery services and surgical procedures.

# Why we carried out this inspection

We undertook a comprehensive inspection of Church End Medical Centre on 27 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good, but we rated the practice as requires improvement for providing a responsive service. The full comprehensive report on the 27 May 2016 inspection can be found by selecting the 'all reports' link for Church End Medical Centre on our website at www.cqc.org.uk.

We undertook a desk-based review of Church End Medical Centre on 11 September 2017. This was carried out to review the actions taken by the practice to improve the responsiveness of the service and to review the rating awarded to the practice for this aspect of care.

# How we carried out this inspection

We carried out a desk-based review of Church End Medical Centre starting on 11 September 2017. This involved reviewing:

• The most recent national GP patient survey results which were published in July 2017.

## Detailed findings

- Documentary evidence supplied by the provider detailing including patient survey results; an audit of daily appointments by type; evidence of team discussion and review and staff training undertaken since our previous inspection.
- We also received a verbal update and overview on actions taken with the practice manager and one of the practice GP partners.



## Are services responsive to people's needs?

(for example, to feedback?)

## **Our findings**

At our previous inspection of 27 May 2016 we rated the practice as requires improvement for providing responsive services. This was because:

 The practice scored below the local and national averages on the national GP patient survey for access to its services.

We carried out a desk-based review on 11 September 2017. The practice had taken action to improve accessibility to the service. The practice's most recent national GP patient survey results had improved for several aspects of access.

The practice is now rated as good for providing responsive services.

#### Access to the service

The practice telephone lines were open between 8.30am-6.30pm with the practice doors opening from 9am during the week. Appointments were available from 9am-12.30pm every morning and between 4pm-6pm on Monday, Tuesday, Wednesday and Friday afternoons. The practice also offered extended hours opening until 8.15pm on alternate Tuesday and Wednesday evenings each week.

Results from the national GP patient survey published in July 2017 showed that patient satisfaction with access tended to be in line with the clinical commissioning group area average. (The survey was based on 94 completed responses from 390 questionnaires sent out.)

- 42% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 71%.
- 74% describe their experience of making an appointment as good compared to the CCG average of 67% and the national average of 73%. At our previous inspection, only 55% of patients responded positively to this question.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 84%

The practice had also carried out its own monthly patient survey of access based on a sample of around 50 patients. The results showed steady improvement over 2017 from 42% in April 2017 to 60% by October 2017.

The practice had also reviewed its appointment system and restructured this to enable patients to contact and book appointments in a range of ways. The practice provided us with a breakdown of the types of appointments available daily. This included a mix of online, pre-bookable and same day appointments. The practice also ran a walk-in session on Friday. All patients contacting the practice by mid-morning were guaranteed an appointment the same day.

The appointment review was part of a wider improvement project and focusing on improved access. The practice had developed an action plan which it was in the process of completing. This covered:

- Improving the information provided to patients, for example making it clearer when particular doctors were available during the week and making more written information available in different languages
- Improving the consistency and quality of communication at reception. The practice had invested in further training for relevant staff members.
- Better signposting and initiatives to reduce the volume of telephone calls made to reception from busy times, for example the practice was exploring the provision of routine test results by text messaging and online communication.
- Ensuring that appointments outside of school or working hours were made available to patients who needed these. The practice had also reserved some appointment slots daily with both the nurse and GP for school children if required.

At our previous inspection we reported that some patients were critical about waiting times when they arrived at the surgery for their appointment, saying waits of up to an hour were not uncommon. The practice scores on the national GP patient survey remained below average:

• 63% of patients said they usually wait more than 15 minutes after their appointment time to be seen compared to the CCG average of 39% and the national average of 27%.

The practice's more recent monthly patient survey of access showed improvement with 48% of (52) patients reporting in April 2017 that they had waited over 15 minutes. This had fallen to 38% by October 2017.