

Naseby 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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Naseby Medical Centre	5
Why we carried out this inspection	5
How we carried out this inspection	5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Naseby Medical Centre on 19 May 2016. The overall rating for the practice was good; however, the practice was rated as requires improvement for providing responsive services. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Naseby Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced desk-based focused inspection carried out on 25 August 2017 to confirm that the practice had carried out their plan to make improvements in relation to patient satisfaction, availability of non-urgent appointments and uptake of health screenings and reviews that we identified in our previous inspection on 19 May 2016. 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.

Our key findings were as follows:

- Since the previous inspection, the practice analysed the national patient survey result and developed an action plan. To improve patient satisfaction the

practice employed a full time GP to increase appointment access, a new phone system was introduced and better use of online services were made.

- As a result, data from the July 2017 national GP patient survey showed patient satisfaction had improved in most areas. Unverified data from internal surveys carried out by the practice also showed improvements.
- Previously the practice uptake of national screening such as bowel and breast cancer was below local and national averages.
- Members of the management team we spoke with explained that following a survey carried out in February 2017 to assess reasons for low uptake, the practice identified a number of barriers. For example, misunderstanding regarding the purpose of screening, literacy barriers and language barriers as well as cultural and religious reasons. As a result, greater awareness of the benefits of screening was discussed with patients. Alerts were added to patient notes which prompted clinicians to opportunistically provide health promotion and advice during appointments.

Summary of findings

- More effective systems for following up patients who missed screening appointments were introduced and reception staff were able to communicate with patients in various languages.
- Data from the 2015/16 Quality and Outcomes Framework (QOF) showed that uptake rates for bowel cancer screening had declined; however breast screening slightly improved. Staff explained

that they were aware of their performance and continued to educate patients on the benefits of screening. GPs were also engaging with local cancer intelligence networks to improve online literature in various languages.

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?

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing responsive services. During the August 2017 desk-based follow up review we saw that patient satisfaction in most areas had improved. For example:

- Since the previous inspection, the practice followed an action plan to address areas where patient satisfaction was lower than local and national averages. For example, the practice employed a full time GP; reviewed their phone lines and made better use of online services.
- Data from the July 2017 national GP patient survey showed patients satisfaction had improved in most areas. For example, experience of making an appointment and GP access. The practice was aware of the issues and followed an action plan to address key areas.
- The practice engaged with their patient participation group and carried out internal surveys between April and May 2017. Unverified data provided by the practice showed improvements in patients' satisfaction.

Good



Naseby Medical 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 Naseby Medical Centre

Naseby Medical Centre is located in Saltley, Birmingham situated in a purpose built building owned by the GP partners, providing NHS services to the local community. Naseby Medical Centre is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England.

Based on data available from Public Health England, the levels of deprivation in the area served by Naseby Medical Centre are below the national average, ranked at one out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. Public Health England data shows that the practice has a younger population than the national average. Ethnicity estimates' are 4% mixed, 63% Asian, 9% black and 2% other non-white ethnic groups.

There are 5,271 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

Practice staff includes two male GP partners, a salaried GP (male) one practice nurses, a practice manager and a team of reception and administrative staff.

The practice is open from 8am to 6.30pm Mondays, Tuesdays, Wednesdays and Fridays. Thursday's opening hours are from 9am to 1pm.

Appointments are available between 9.30am and 11.30am and between 4pm and 6pm, Mondays, Tuesdays, Wednesdays and Fridays. Thursday's appointment times are from 9am to 1pm. The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by NHS 111. During in hour closure times on Thursdays from 1pm to 6.30pm services are provided by (BADGER) which is an out of hour's provider who provides primary medical services.

Why we carried out this inspection

We undertook a comprehensive inspection of Naseby Medical Centre on 19 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as overall good; however, rated as required improvement for delivering responsive services. The full comprehensive report following the inspection on May 2016 can be found by selecting the 'all reports' link for Naseby Medical Centre on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up desk-based inspection of Naseby Medical Centre on 25 August 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 now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Naseby Medical Centre on 25 August 2017. This involved reviewing evidence that:

- Actions for improving areas where patient satisfaction was below local and national averages had been taken.

- Steps taken to improve the availability of non-urgent appointments and reduce waiting times had been implemented
- The practice continued efforts to increase the uptake rates of health screening and reviews.

During our desk-based review we:

- Spoke with members of the management team.
- Looked at information the practice used to deliver care and monitor performance.

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

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing responsive services. This was due to the January 2016 national GP patient survey which showed that patient satisfaction with how they could access care and treatment was below local and national average. However, patients we spoke with during the May 2016 inspection, told us that they were able to get an appointment when they needed one. We also received 34 completed Care Quality Commission comment cards during our previous inspection. All were satisfied with getting an appointment and waiting times with the exception of three which were less positive.

Staff we spoke with during the May 2016 inspection was aware of the issues and we saw that the practice had carried out an internal survey which also highlighted some issues with appointment waiting times and access. As a result, the practice had developed an action plan to improve access. For example, the plan included updating the practice telephone system, making online booking available and recruitment of an additional full time GP partner to reduce waiting times.

These arrangements had significantly improved when we undertook a follow up review on 25 August 2017. The practice is now rated as good for providing responsive services.

Access to the service

Results from the July 2017 national GP patient survey showed some improvements in patient's satisfaction regarding how they could access care and treatment since the last inspection. However, patient satisfaction remained below local and national averages. For example:

- Percentage of patients who were able to get an appointment to see or speak to someone the last time they tried increased from 56% to 72% compared to CCG average of 80% and a national average 84%.
- The percentage of patients who described their experience of making an appointment as good improved from 58% to 62%, compared to CCG average of 66% and a national average 73%.
- Appointment waiting times had slightly improved. For example, the number of patients who said that they

usually waited 15 minutes or less after their appointment time to be seen improved from 22% to 25% compared to a CCG average of 59% and a national average 64%.

- The percentage of patients who said that did not normally have to wait too long to be seen improved from 21% to 30% compared to CCG average of 51% and a national average 58%.
- 72% of patients described their overall experience of the surgery as good compared to a CCG average of 81% and a national average 85%.
- Previously 65% of patients were satisfied with the practice opening hours. Patient satisfaction with the practice opening hours was now 62% compared to a CCG average of 74% and a national average 76%.
- Percentage of patients who found it easy to get through to this surgery by phone fell from 61% to 47%, compared to CCG average of 59% and national average of 71%.
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 73% and a national average 77%.

Members of the management team explained that since our previous inspection, the practice had reviewed the national survey results and engaged with the patient participation group (PPG). We were provided with PPG meeting minutes which showed active discussions regarding actions to improve patient satisfaction. The practice followed an action plan to address key areas. For example, recruited an additional GP to improve appointment access and updated the telephone system. Online appointment booking was available as well as online prescription request service. Staff we spoke with as part of our review explained that the practice were making better use of electronic prescription services which had reduced the number of calls received for repeat prescriptions.

In order to evaluate the actions taken in response to the survey results the practice had carried out an internal survey between April and May 2017. Staff we spoke with explained that 70 survey forms were handed out and 50 were returned, and had shown improved satisfaction. Unverified data provided by the practice showed 72% of

Are services responsive to people's needs? (for example, to feedback?)

patients were satisfied with appointment access and 62% were satisfied with their experience of making appointments. Unverified data also showed 86% of patients were satisfied with getting through to the practice via phone following the introduction of a new phone system and 100% were satisfied with waiting times.

Results from the May 2017 friends and family test also showed that 93% of patients would recommend the practice to a friend or family.