

Care Quality Commission

Inspection Evidence Table

Farrier House Surgery

Inspection date: 31 July 2018

Effective

Providing effective services for the population group working people (including those recently retired and students).

Question	Y/N
The practice was to continue to encourage patients to take part in national screening programmes for breast and bowel cancer.	Yes
	Narrative
Bowel and breast screening	<p>Farrier House provided evidence to show the action they had taken since the last inspection to increase awareness with patients and maximise the opportunity to encourage them to attend screening programmes.</p> <ul style="list-style-type: none">• Farrier House had made changes in hours in terms of encouraging patients to attend bowel screening programmes and have further improvement plans through local initiatives.• They currently had 459 patients aged 55 or over eligible for bowel screening.• The practice received correspondence from the programme to notify them about patients that have not attended or returned the sample to the lab. The patient was sent a letter from the programme and they also coded this on their clinical system to make all clinicians aware. Administrators then sent a further letter to the patient advising them of the letter received from the programme and outlining the importance of these screenings.• The practice intended to discuss the change in testing during clinical meetings and encourage clinicians to talk to eligible patients about the bowel cancer screening test within consultations.• Locally in South Worcestershire they are implementing Faecal Immunochemical Testing (FIT). This test will use an automatic analysis process versus the current testing which requires subjective human judgement of colour change. FIT will measure micrograms of human haemoglobin per gram of faeces. Those with an abnormal result will be invited for a further colonoscopy. There have been pilots investigating the use of FIT in eligible participants. These have reported a higher uptake in those invited, compared to that seen with current screening. These increases have been noted across demographics, including in men and in lower socioeconomic groups. Once the new testing had been implemented, the practice planned to write to patients with information about the testing and invite them into the surgery for a consultation to discuss any concerns or queries they might have.

	<ul style="list-style-type: none"> • There were 233 patients eligible for breast screening. The practice had identified that 81 patients had been invited and of those who had attended for screening 18 patients had declined. The practice had written to those patients and invited them in for a consultation with a clinician to discuss the importance of this testing. • Alerts were added to patient records so that clinicians were able to discuss the breast screening programme within consultations.
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Caring

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
2017/2018	<p>The practice carried out their own survey and combined the results with the feedback from other sources such as the NHS Friends and Family Test, the PPG and general comments.</p> <ul style="list-style-type: none"> • Results from the in-house survey showed a marked improvement in patients involvement in planning and making decisions about their care and treatment. • 19 Patients took part in the appointment access survey. • 17 Patients in the Maggs clinic survey. • 22 Patients returned FFT cards between December 17 and April 18 which is what was used to get the data for the report. <p>The summary of the SMS FFT data received from 4/8/17 – 3/8/2018 showed:</p> <ul style="list-style-type: none"> • 334 responses • 4502 appointments • 7% response rate • 87% of patients surveyed would recommend the practice.

Any additional evidence
<p>Results from the National GP Patient Survey published in July 2017 showed that patients surveyed had responded less positively to questions about their involvement in planning and making decisions about their care and treatment when compared with local and national averages. For example:</p> <ul style="list-style-type: none"> • 80% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and the national average of 89%. Results for the National GP Patient Survey published in August 2018 showed improved results of 87%, an increase of 7% on the previous year.

- 74% of patients said in 2017 that the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%. Results for the 2018 survey showed improved results of 83%, an increase of 9% on the previous year.

The National GP Patient Survey results published in 2018 showed improvements in areas related to their experience of services and access to these.

- 87% say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment
- 88% were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment
- 78% felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment.
- 91% find it easy to get through to this GP practice by phone
- 99% find the receptionists at this GP practice helpful
- 72% are satisfied with the general practice appointment times available
- 61% usually get to see or speak to their preferred GP when they would like to

These results were improvements on results for the previous year.

The practice had taken action to improve the experiences for patients.

- The employment of additional clinical staff had improved stability for patients and the introduction of telephone consultations by one of the ANPs had increased appointment availability.
- Face to face consultations by clinical pharmacists had also been introduced and developed.
- The ANP made proactive telephone calls to all patients on the cancer and palliative care registers by the ANP to see how the surgery could support them further. A good rapport had been established with these patients and contact had increased with regular follow ups carried out.
- Specific appointments for students via the university clinics offered (offering 30 appointments per week) and extended hours clinics.
- Action taken to address patient feedback continued to be monitored and reviewed. Feedback gathered from a range of sources had been reviewed monthly, analysed and action taken or scheduled to drive improvements.
- Feedback was discussed, monitored and reviewed at practice team meetings and shared with the Patient Participation Group (PPG) at quarterly meetings.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Friends and	Results from the in-house survey showed a marked improvement in their involvement in planning and making decisions about their care and treatment.

Family Test cards, email communication, thank you letters from patients, verbal comments (recorded with patients consent).	Feedback from patients confirmed their overall experience of making an appointment was a good one. Patients commented that they could always see the same GP; that all staff were friendly and approachable; that they felt they were listened to; they received great care and an excellent service.
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Carers	Narrative
Percentage and number of carers identified	<ul style="list-style-type: none"> At the previous inspection there were 19 carers (0.4%) registered with the practice. There were now 34 carers registered with the practice, increasing to 0.7%.
How the practice supports carers	<ul style="list-style-type: none"> Alerts were added to patient records to increase awareness for practice staff to offer support where needed. Regular contact was made by the care navigator and was available for carers to contact them at any time during opening hours if needed. Increased sharing of information to increase awareness with patients, to their website, practice leaflet and registration forms.
Bowel and breast screening	<p>Farrier House provided evidence to show:</p> <ul style="list-style-type: none"> They currently had 459 patients aged 55 or over eligible for bowel screening. Once the new testing had been implemented, they planned to write to these patients with information about the testing and invite them into the surgery for a consultation to discuss any concerns or queries they might have. The practice received correspondence from the programme to notify them about patients that have not attended or returned the sample to the lab. The patient was sent a letter from the programme and they also coded this on their clinical system to make all clinicians aware. Administrators then sent a further letter to the patient advising them of the letter received from the programme and outlining the importance of these screenings. The practice intended to discuss the change in testing during clinical meetings and encourage clinicians to talk to eligible patients about the bowel cancer screening test within consultations. There were 233 patients eligible for breast screening. The practice had identified that 81 patients had been invited and of those who had attended for screening 18 patients had declined. The practice had written to those patients and invited them in for a consultation with a clinician to discuss the importance of this testing.