

Bellevue Medical Practice

Quality Report

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Date of inspection visit: 23 August 2016

Date of publication: 21/11/2016

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 safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

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 Bellevue Medical Practice (known as Bellevue Medical Centre) on 23 August 2016. The overall rating for this service is good.

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

- A system was in place for reporting and recording significant events, keeping these under review and sharing learning where this occurred.
- Although processes and procedures were in place to keep patients safe these had not been followed for all patients prescribed high risk medicines.
- The practice was aware of and provided services according to the needs of their patient population. This included transient patients such as students, asylum seekers and refugees.
- Staff received regular training and skill updates to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Regular meetings and discussions were held with staff and multi-disciplinary teams to ensure patients received the best care and treatment in a coordinated way.
- Patients told us they were treated with dignity and respect and that they were fully involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand. Patients told us that they knew how to complain if they needed to.
- The practice had an active Patient Participation Group (PPG). The PPG were proactive in representing patients and assisting the practice in making improvements to the services provided.
- There was a clear leadership structure and staff told us they felt supported by management. The practice

Summary of findings

proactively sought feedback from patients, which it acted on. Staff appeared motivated to deliver high standards of care and there was evidence of team working throughout the practice.

We saw several areas of outstanding practice including:

- Care and support was provided for patients at a local asylum dispersal centre. Specialist weekly clinics were provided at the centre to establish trust and maintain continuity among patients. At the time of the inspection there were 14 different communities using the centre.
- The practice worked with a faith-based charity distributing meals to homeless people. They also

engaged in a project to reduce avoidable deaths in homeless people by prescribing an injection that could save their lives in the event of an accidental overdose and also reduce hospital admissions.

The area where the provider must make improvements are:

- Ensure that the systems and processes to address risks associated with high risk medicines are implemented to ensure patients' safety at all times.

Janet Williamson

Deputy 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 safe?

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

Requires improvement



- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients' safety. For example, we found that some patients who were prescribed high risk medicines had not had their treatment reviewed as required and that improvements were needed to ensure that risks were well managed.
- There was an effective system in place for reporting and recording significant events. Lessons learned were shared throughout the practice at regular meetings so that improvements were made and monitored. When there were unintended or unexpected safety incidents, patients were given an explanation and were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw evidence that staff received appraisals and had personal development plans in place.
- A programme of audits and reviews were carried out so that improvements were made to enhance patient care.
- Data from the Quality and Outcomes Framework (QOF) showed varied results for patient outcomes when compared with the local and national averages. The most recent published data for 2014/2015 related to the previous provider and was being used by the practice to identify areas for improvements. Unverified

Summary of findings

data demonstrated that improvements had been made. For example, the practice had achieved 100% for the number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review for 2015/2016.

- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.

Are services caring?

The practice is rated as good for providing caring services.

- Staff were calm, polite and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect.
- Results from the National GP Patient Survey published on 7 July 2016 showed that the practice was considered to be average or below for results in relation to patients' experience and satisfaction scores on consultations with the GP and the nurse. The practice had made changes to improve patients' experiences that included a more effective use of staff skills and expertise, additional training by clinical staff to offer a wider range of clinics by more clinicians and provision of educational support for patients to build confidence in alternative options for receiving their treatment. They had also increased the number of call-back slots for each GP so that patients could speak with a GP of their choice.
- The practice worked with a faith-based charity providing street feeds to feed homeless people. GPs were able to refer their patients directly to the charity when needs were identified.
- Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.
- Information to help patients understand and access the local services was available.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and the local community in planning how services were provided to meet patients' needs. Meetings were regularly attended with other practices and partner organisations from the locality so that services could be monitored and improved as required.

Outstanding



Summary of findings

- Patients said they found they were able to make an appointment with the GPs and that there was continuity of care, with urgent appointments available the same day.
- The practice was located in purpose-built premises and had good facilities. It was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice had responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.
- The practice provided a variety of clinics for vulnerable patients within the community. This included services for asylum seekers, immigrants, and homeless people.
- The practice was engaged in a project to reduce avoidable deaths in homeless people by prescribing an injection that could save their lives in the event of an accidental overdose and also reduce hospital admissions.
- The practice provided services for patients from a wide range of ethnic communities.
- As part of the Modality Group patients were able to access services such as rheumatology (treatment of arthritis) and dermatology (for the treatment of skin, nails and hair and its diseases). As a result Bellevue Medical Centre had seen a reduction in referrals to secondary care of 90% for new referrals (9 patients) and 69% in follow up appointments (39 patients) for rheumatology; and a reduction in new referrals to secondary care of 93% (25 patients) in the last year and 86% (76 patients) in follow up appointments for dermatology. Patients benefited from services offered to them which were closer to their own homes.

Are services well-led?

The practice is rated as good for being well-led.

- There was a clear vision and strategy to provide high quality care for all their patients. Staff were clear about the strategy and their role to achieve this.
- There was a clear leadership structure and staff understood their roles and responsibilities.
- There were governance systems in place to monitor, review and drive improvement within the practice.
- The practice was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- Regular formal clinical meetings and full team meetings were held to share best practice or lessons learnt.
- Staff felt supported by management and that everyone at the practice was approachable should they have any concerns.
- The practice had an active Patient Participation Group (PPG) and responded to feedback from patients about suggestions for service improvements. A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care.
- There was a strong focus on continuous learning and improvement at all levels, with involvement in research and engagement in pilot opportunities.

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 good for the care of older patients.

Good



- The practice offered personalised care to meet the needs of the older people in its population. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- The practice provided care for patients at two local nursing homes. GPs visited weekly and also responded to urgent health care needs when required.
- The practice had signed up to the admissions avoidance service, which identified patients who were at risk of inappropriate hospital admission.

People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

Good



- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had received appropriate training in chronic disease management, for example asthma and diabetes.
- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met.
- Clinical staff had close working relationships with external health professionals to ensure patients received up to date care.
- As part of the Modality Group patients were able to access services such as rheumatology (treatment of arthritis) and dermatology (for the treatment of skin, nails and hair and its diseases). As a result Bellevue Medical Centre had seen a reduction in referrals to secondary care of 90% for new referrals (9 patients) and 69% in follow up appointments (39 patients) for rheumatology; and a reduction in new referrals to secondary

Summary of findings

care of 93% (25 patients) in the last year and 86% (76 patients) in follow up appointments for dermatology. Patients benefited from services offered to them which were closer to their own homes.

Families, children and young people

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

- Same day appointments were offered to all children under the age of five.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- The practice's uptake for the cervical screening programme was in line with local and national averages. Patients were actively encouraged to attend for screening.
- The practice also offered a number of online services including requesting repeat medicines and booking appointments.
- The practice provided care for patients at a young persons' high dependency unit. GPs visited weekly and also responded to urgent health care needs when required.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.

Good



Summary of findings

- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- Health promotion material was accessible at the practice and on its website.
- Repeat prescriptions could be requested online at any time, which was more convenient for patients.
- A range of contraceptive services was available at the practice (including coils and implants).

People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable.

Good



- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had concerns. There were lead members of staff for safeguarding, and GPs were trained to an appropriate level in safeguarding adults and children.
- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. Longer appointments were available for patients with a learning disability. The practice had carried out annual health checks for all patients 43% of the patients on their register (29) for this current year. Reviews had been completed for all patients (100%) for 2014/2015.
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were placed on these patients' records so that staff knew they might need to be prioritised and offered additional attention such as longer appointments.
- The practice maintained a register of those patients who were also carers and the practice's computer system alerted GPs if a patient was also a carer. At the time of the inspection there were 232 carers registered with the practice (3% of the practice population).
- Care and support was provided for patients at a local asylum dispersal centre. A named GP provided specialist weekly clinics at the centre to maintain continuity and establish trust among patients. The practice told us this involved using interpreters as there were often communication difficulties. At the time of the inspection there were 14 different communities using the centre. As patients' needs were often complex, appointments of varying lengths were needed. Additional clinics were provided each week if this was required.

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- Care and support was provided for homeless patients in the community. The practice worked with a faith-based charity providing street feeds to homeless people. This work was also beneficial to their patients as the GPs were able to refer directly to the charity when patient needs were identified.
- The practice was engaged in a project to reduce avoidable deaths in homeless people by prescribing an injection that could save their lives in the event of an accidental overdose and also reduce hospital admissions. The practice told us this was a complex project as there were conflicts for some agencies around using or carrying such an injection in the community.
- The practice provided services for a transient population which included refugees, asylum seekers and a student population.
- The practice looked after patients from a range of ethnic communities.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of patients experiencing poor mental health (including patients with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Unpublished data for 2015/2016 showed that the proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100%.
- Patients experiencing poor mental health were given advice about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The GPs and practice nurses understood the importance of considering patients ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005. There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing in line with or below local and national averages. There were 367 surveys sent to patients and 103 responses which represented a response rate of 28% (compared with national rate of 38%).

It should be noted that the National GP Patient Survey results published in July 2016 for the period 2014/2015 related to the previous provider. The practice had, however, used the data to identify areas for improvement.

Results showed:

- 62% of patients found it easy to get through to this practice by telephone which was below the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 85% of patients found the receptionists at this practice helpful which was in line with the CCG average of 86% and the national average of 87%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried which was below the CCG average of 81% and the national average of 85%.
- 82% of patients said the last appointment they got was convenient which was below the local average of 90% and the national average of 92%.
- 64% of patients described their experience of making an appointment as good which was below the CCG average of 70% and the national average of 73%.
- 61% of patients usually waited 15 minutes or less after their appointment time to be seen which was in line with the CCG average of 60% and the national average of 65%.

- 43% of patients felt they did not normally have to wait too long to be seen which was below the CCG average of 53% and the national average of 58%.

The practice had implemented changes in the last three months to improve the experience for patients. More appointments had been made available by telephone and through the website. They had increased the number of call-back slots for each GP so that patients could speak with a GP of their choice. They told us these changes had made it easier and more convenient for patients to make appointments.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients commented that they thought staff were very good, very professional, friendly and welcoming. They said the GPs listened to them and made them feel at ease during their consultation; and that the GPs were understanding and professional.

We spoke with eight patients during the inspection, three of whom were also members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. Patients were mainly positive about the service they received although three commented that it was hard to get an appointment and they sometimes had to wait to see a GP when the practice was busy. Patients commented that GPs were very good at providing information; patients felt they were very lucky to get the service provided by this practice. Anxieties were shared by patients about the merger with a corporate provider. They felt the service they received was excellent and they hoped this would not change.

Areas for improvement

Action the service MUST take to improve

- Ensure that the systems and processes to address risks associated with high risk medicines are implemented to ensure patients' safety at all times.

Summary of findings

Outstanding practice

- Care and support was provided for patients at a local asylum dispersal centre. Specialist weekly clinics were provided at the centre to establish trust and maintain continuity among patients. At the time of the inspection there were 14 different communities using the centre.
- The practice worked with a faith-based charity distributing meals to homeless people. They also engaged in a project to reduce avoidable deaths in homeless people by prescribing an injection that could save their lives in the event of an accidental overdose and also reduce hospital admissions.

Bellevue Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Bellevue Medical Practice

The practice is registered with the Care Quality Commission (CQC) as Bellevue Medical Practice but is known locally as and referred to as Bellevue Medical Centre within the body of the report. The practice is located in Edgbaston, a district in south west Birmingham in the West Midlands. The practice became part of The Modality Partnership, a corporate partnership provider during 2015 which resulted in changes to their registration with CQC in 2016.

Bellevue Medical Centre is a location within the Modality Partnership, with five GP partners (all male) and nine salaried GPs (five female and four male), operating from a purpose built property. At the time of the inspection the GPs were being supported by a temporary practice manager as the previous practice manager had recently left the practice. Other supporting staff includes a reception manager, four practice nurses, two healthcare assistants, administration and receptionist staff. There were 8163 patients registered with the practice at the time of the inspection.

The practice provides primary medical services to patients in a residential suburban area. The practice area is one of a higher than average rate of deprivation (45%) compared

with the local average of 37% and the national average of 22%. The practice population is multi-cultural and diverse, with an Asian population of 28%, black 17%, mixed 7% and other non-white 7%.

Bellevue Medical Centre holds a Primary Medical Services (PMS) contract with NHS England for delivering primary care services to the local communities. This is an alternative to the standard General Medical Services contract and is used when services are agreed locally with a practice which may include services beyond the standard contract.

The practice opens Monday to Friday from 8am to 6.30pm, with appointments available between these times. The practice is closed from 1pm to 2pm on Thursdays and at weekends and cover is provided by Southdoc during these times. Appointments can be booked up to four weeks in advance. Extended hours are not currently provided at the practice but they plan to offer these with effect from October 2016. As part of the Modality Partnership arrangements, GPs provide Saturday and Sunday clinics held at a nearby medical centre. These clinics are shared with other Modality GPs on a rotational basis. Practice patients have access to these clinics. On the day of the inspection we were told by staff that practice patients had access to these clinics. The provider has subsequently clarified that this service was not available to patients but was planned in the near future.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare) is available on the practice's website and in the patient practice leaflet.

Detailed findings

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions, book appointments and to make changes to personal details. The practice also provides an email address for patients to contact reception staff for non-urgent queries, with future plans to extend this to include online and email consultations.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care, mental health, circumcision services and travel vaccinations. The practice provides care for patients at two nearby care homes. GPs visit patients at the homes weekly and also respond to urgent health care needs when required. The practice has a national dispersal hostel within its catchment area and provides care for asylum seekers and homeless people. They also provide care for patients with dementia living in a residential home, and hold clinics at a nearby school of dance and at the Royal Ballet.

Bellevue Medical Centre is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. At the time of the inspection two trainee GPs were working at the practice. The practice is also fully involved in the teaching of medical students and other professionals.

The practice became a research practice in 1985. There are academic GPs (three professors) working at the practice who support research in primary care, to improve patients care and treatment both at their practice and across the NHS.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) data, this relates to the most recent information available to the CQC at that time.

It should be noted that results from the National GP Patient Survey published in July 2016 and the latest published quality monitoring data (2014/2015) related to the previous provider. The practice had however referred to the data to identify areas for improvement.

How we carried out this inspection

Before our inspection of Bellevue Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 23 August 2016. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.
- Spoke with a range of staff that included three GPs, the temporary practice manager, a practice nurse, a healthcare assistant, and reception and administration staff.
- Looked at procedures and systems used by the practice.
- Spoke with eight patients, including three members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.
- Observed how staff interacted with patients who visited the practice. We observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 25 comment cards 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 safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

Detailed findings

- Is it well-led?

We also looked at how well services are provided for specific groups of patients and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Are services safe?

Our findings

Safe track record and learning

Bellevue Medical Centre used an effective system for reporting and recording significant events.

- Staff told us they were encouraged to report all incidents and events as part of their everyday role and responsibilities. A form was completed for each incident and reviewed by the lead GP. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff gave us examples where they had reported incidents and the process that had been followed to ensure learning was shared. They confirmed that findings were discussed at three monthly significant event meetings (or sooner if required).
- Discussions with GPs confirmed their awareness and requirement to escalate incidents nationally, with clear guidance in place for all staff to follow.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information, reasonable support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- We looked at five incidents that had occurred during 2015 and tracked discussions about these through minutes of clinical meetings. We found that learning had taken place and changes had been made to prevent further occurrences. Action plans were put in place to monitor the effectiveness of any changes made. Information had also been shared locally and nationally where appropriate.

We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Alerts (MHRA), patient safety alerts and minutes of meetings where these were discussed.

- There was a system in place to ensure that all alerts were received and acted upon with details recorded.
- GPs and nurses described examples of alerts where appropriate changes had been made as a result. For example, audits were carried out in response to a recent alert which had identified potential interactions

between two medicines when prescribed together. The outcomes of the audits showed that changes made had achieved a reduction in the prescribing of the medicines.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard adults and children from the risk of abuse and reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding and staff confirmed they knew who this was. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs and nurses were trained to level three in child and adult safeguarding. Clinical staff gave us an example where they had shared concerns about a patient with social services.
- Practice staff had received training in Female Genital Mutilation (FGM) awareness and one of the GP partners was a designated FGM lead.
- Monthly child protection meetings were held at the practice, attended by health visitors and GPs. Minutes of meetings showed that discussions had taken place about children who were considered to be at risk of harm.
- Staff told us they would not hesitate to share any concerns they had about patients and demonstrated their awareness of signs and indicators of potential abuse, such as domestic violence.
- A notice was displayed in the waiting room and on all consultation room doors advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Staff training records and staff we spoke with confirmed this. All practice staff had also received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of patients' barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy. A practice nurse was the clinical lead who liaised with the local infection prevention and

Are services safe?

control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were carried out and we saw that action was taken to address any improvements identified as a result. The latest audit had been completed in February 2016 with an action plan in place where improvements had been needed. Minutes of meetings demonstrated that action had been taken although the actions had not yet been recorded on the action plan. For example, hand gel dispensers had been installed in 2016 outside each of the consulting rooms, disposable curtains had been installed and disposable tourniquets had been obtained.

There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing and security of medicines.
- Prescriptions were securely stored and there were systems in place to monitor their use. Reception staff confirmed they would alert the GPs to prescription requests when the number of authorised repeats had passed, and when prescriptions had not been collected. Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GPs.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary.
- The practice kept records to confirm staff protection against Hepatitis B.
- All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients' safety. For example, we found that some patients who were prescribed high risk medicines had not had their treatment reviewed as required and that improvements

were needed to ensure that risks were well managed. We reviewed a sample of anonymised patient records where particular high risk medicines had been prescribed. Although some of the high risk medicines had been reviewed by hospitals we found there was an overall issue with the effectiveness of the system. For example:

- A medicine prescribed for a number of conditions including cancer and arthritis was prescribed for 11 patients and we found that four of these patients had not received blood monitoring in the past three months as required. Following the inspection the practice informed us they had found only two patients where monitoring had not been completed. They provided further evidence that demonstrated their blood monitoring had been appropriately managed.
- Reviews had not been carried out in the last 12 months for 105 out of 556 patients who were prescribed a medicine used for the treatment of heart failure and high blood pressure. Following the inspection the practice told us they had analysed their patients and found that 139 had not been reviewed. Of these, 49 patients had failed to arrange an appointment, 17 had a form processing failure and 27 had been done by another provider. The provider had not told us what action they had taken to address these or whether a significant event process had been followed.
- A medicine used to treat mood disorders was prescribed for 10 patients and we found that five of these patients had reviews which were overdue. Following the inspection the practice told us that they had identified only four patients who required reviews of their medicine, with attempts made to engage with only one of those patients. However, no explanation was offered for the absence of a review for the remaining three patients they had identified.

Improvements were needed to ensure all patients received reviews of their high risk medicines. We discussed this with the lead GP who acknowledged that their system required review. This was seen to be a result of changes to systems and procedures with their partnership changes. GPs told us there had been a trial to manage recalls of patients centrally but this had not been continued. We were assured that the recall system would be made safer with immediate effect and that patients would be recalled for their treatment reviews appropriately. Following the inspection the practice told us that they had not managed recalls of patients centrally.

Are services safe?

The practice had appropriate recruitment policies and procedures in place.

- We looked at files for different staff roles including a receptionist, a practice nurse, and two GPs to see whether recruitment checks had been carried out in line with legal requirements. These files showed that appropriate recruitment checks had been carried out prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS. We saw that processes were also in place when locum GPs were employed to ensure appropriate checks had been carried out. There was also a system in place to check and monitor clinical staff registrations and professional membership regularly. GPs told us they operated a buddy system for completing administrative tasks and pathology links when a locum GP was employed, to ensure consistency.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Detailed rotas were in place for each staffing group to show that enough cover was in place each day. Staff told us they worked flexibly covering for each other when they were on leave or when staff were unexpectedly on sick leave.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available with a poster in the reception office.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Latest electrical and equipment checks had been carried out in May 2016 and included equipment such as blood pressure machines and weighing scales.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in

buildings). There was an up-to-date Legionella assessment in place. Risk assessments were in place for general cleaning. The practice also ensured that all cleaning staff completed health and safety training.

- The practice had an up to date fire risk assessment in place (August 2016). Regular fire drills and fire safety checks were carried out. Training records showed that all staff had completed fire training and staff we spoke with confirmed this.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on all the practice's computers which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency medicines and equipment were easily accessible in an area of the practice and all staff knew of their location. Medicines held included those recommended for use in an emergency such as treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely.
- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate equipment and these had been regularly checked and maintained. A first aid kit and an accident book were also available.
- A detailed business continuity plan was in place to deal with a range of emergencies that may affect the daily operation of the practice. This was dated January 2016 and reflected the changed partnership arrangements for the practice. Copies of the plan were kept both onsite and offsite by key members of the practice. The document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident such as break-ins or bomb threat. An evacuation plan and contact details for all staff were included.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- There were systems in place to ensure all clinical staff kept up to date. They had access to best practice guidance from the National Institute for Health and Care Excellence (NICE) and used this information to develop how care and treatment was delivered to meet patients' needs. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.
- Records showed that the practice ensured guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

It should be noted that the most recent published data for 2014/2015 related to the previous provider. The practice had however, used the data to identify areas for improvement. QOF data showed the practice achieved 98% of the total number of QOF points available, compared with the local average of 97% and the national average of 95%.

Data showed:

- Performance for diabetes related indicators was higher than average. For example, the percentage of patients who had received an annual review including foot examinations was 99%, which was 9% above the local average of and 11% above the national average. The practice exception rate of 18% was 13% above the Clinical Commissioning Group (CCG) average and 11% above the national average. Exception reporting relates

to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

- The percentage of patients with hypertension (high blood pressure) whose blood pressure was measured in the last 12 months was 77%, which was 6% below the CCG and national averages. The practice exception rate of 7% was 3% above the CCG and the national averages. Unpublished data for 2015/2016 shared by the practice indicated that they had achieved 92%.
- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 97%, which was 5% above the CCG average and 8% above the national average. The practice exception rate was 19%, which was 11% above the CCG average and 7% above the national average.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 74% which was 15% below the local average and 11% below the national average. The practice exception rate was 11% which was 6% above the CCG average and 3% above the national average of 8%. The practice shared unpublished data for 2015/2016 which indicated that 100% had been achieved.

The practice was aware of their high exception reporting and had taken action to address these. They had reviewed the rates and found errors in patient exception reporting. For example, patients had been exception reported after three invitations for non-attendance at the practice, although some patient population groups were recognised as high non-attenders for appointments. The practice had made changes to their system and future data was expected to show more realistic exception reporting.

The practice carried out regular quality audits to monitor and identify where improvements to practise could be made.

- An audit had been carried out over a three year period to monitor patients with high blood pressure where review requirements had not been met. The audits had determined reasons where reviews had not been completed, such as patient choice or coding errors. The audits demonstrated that improvements had been made.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation and peer review. QOF and Modality Partnership benchmarking was used to monitor the practice's performance. These were discussed at Modality Clinical Management Group meetings and changes identified by the data were shared. Meeting minutes were seen and showed where the practice had shared information with other practices, such as a more efficient way of informing patients of normal blood test results. Follow up audits had been completed to ensure changes had become embedded.
- Data for 2014/2015 showed the practice was above local average for antibiotic prescribing, accident and emergency attendance and emergency admissions. Audits had been done for each of these areas with appropriate action taken. This included sending letters to those patients who had attended accident and emergency to remind them of the procedure they should follow for non-emergency treatment. A second audit was due to be carried out to monitor improvements and identify if any further action was required.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety, infection control, bullying and harassment and complaints.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support during sessions, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months, while GPs had completed appraisals through NHS England. The nursing team received additional supervision from the provider's lead nurse.
- Staff received appropriate training to meet their learning needs and to cover the scope of their work. They had access to and made use of e-learning training modules to complete training in safeguarding, fire procedures, basic life support, information governance, dignity and respect, and confidentiality. In-house training, external training events, seminars and conferences were also available.

- Nursing staff told us they had completed training specific to their roles including management of long term conditions such as high blood pressure, diabetes and lung diseases. Records confirmed this.
- Staff who administered vaccines stayed up to date with changes to the immunisation programmes by accessing online resources and engaging in discussion at clinical meetings.
- Protected learning time was provided for all staff so they could maintain their training and development.

Bellevue Medical Centre was an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. They were also fully involved in the teaching of medical students and other professionals. At the time of the inspection two trainee GPs were working at the practice.

Coordinating patient care and information sharing

The practice had systems in place to provide staff with the information they needed through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

There were systems in place to enable the practice to work effectively with other services to provide the care patients needed.

- Clinical staff worked with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- Palliative care meetings were held monthly and these were attended by district nurses, local hospice staff, GPs and other representatives as required such as consultants. We saw that patients who needed end of life care and support were discussed. Information was shared with staff through messages or meeting minutes.
- GPs took case management roles for patients with dementia, long terms conditions and those patients considered to be at risk. Case managers had responsibility for managing the registers and co-ordinating patient care.

Are services effective?

(for example, treatment is effective)

- The practice used referral letters and special notes when co-ordinating patients care with other agencies. Full records were shared within the provider services.

Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- The process for seeking consent was monitored through patient records audits.
- When providing care and treatment for children and young patients', assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

GPs and practice nurses understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- The practice kept a register of all patients with a learning disability and ensured longer appointments were available for them when required.
- The practice had carried out annual health checks for 43% of the patients on their register (29) since April 2016. Reviews had been completed for all patients (100%) for 2014/2015.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition, and those in vulnerable circumstances were kept under review with additional support provided.
- The practice had signed up to the admissions avoidance service, which identified patients who were at risk of inappropriate hospital admission so that support could be provided.

The practice had a comprehensive screening programme. The most recent published data for the period 2014/2015 related to the previous provider. Data showed that:

- Uptake for the cervical screening programme was 66% which was in line with the local average of 67% and below the national average of 74%. The practice exception rate was 18% compared with local rates of 11% and national rate of 6%.

The practice had reviewed their exception reporting rates. They found that patients had been exception reported for non-attendance at the practice after three invitations. The practice told us they had changed their system for exception reporting patients particularly as they recognised there was a high rate of non-attenders in some of their population groups. The practice expected more realistic exception reporting would be demonstrated in future data.

The practice had taken action to encourage patients to attend for cervical screening.

- They had increased opportunistic advice to eligible patients and emphasised the value of the screening programme.
- The practice used prompts on patients' records to encourage uptake.
- A practice nurse had taken on the lead role and carried out patient searches to identify patients who had not attended for their screening.
- Patients were contacted by telephone, letter and text messages to remind them to make appointments.
- Follow up texts were sent to patients prior to their appointment to reduce the number of failed appointments.
- A GP had been trained and had developed special interests in women's health to support this type of screening.
- The practice had actively recruited female GPs who were trained in cervical smears to give increased choice to eligible women (GP or practice nurse).

Unpublished data for the 2015/2016 year showed that the screening rate had increased by 11% to 77%. The practice ensured that patients were appropriately referred where they had abnormal results.

Patients were encouraged to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

- Results were below local and national averages. The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 54% which was lower than the local and the national averages of 65% and 72% respectively.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 41% which was below the local average of 46% and below the national average of 58%.

The practice had taken action to encourage and increase patient uptake for cancer screening.

- Alerts on patients' records prompted discussions with patients during consultations to encourage participation.
- Display posters and a video loop on the screen in the waiting room advertised screening opportunities and health promotion.
- A lead GP for cancer care supported the practice to adopt best practice. Performance was monitored and reviewed at team meetings.
- Cancer care was promoted through engagement with Cancer Research UK at the practice and through fund raising events.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages.

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 93% and five year olds from 74% to 98%. This compared with local averages of 79% to 96% and 84% to 95% respectively.

It was practice policy to offer health checks to all new patients registering with the practice, to patients who were 40 to 75 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. There were processes in place for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks. GPs described the processes in place to schedule further investigations if needed.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spent time in the waiting area talking with patients and observing how staff engaged with patients.

- Staff were very attentive to patients, speaking calmly and quietly to patients both attending at the reception desk and on the telephone.
- Patients told us they found the staff very kind, welcoming and always willing to help. They said they were always treated with respect.
- Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 25 comment cards which were very positive about the standard of care received by patients. Patients were very complimentary about the practice and commented that:

- They always had a very good service.
- GPs were understanding and professional.
- They could always get an appointment when they needed one.
- Reception staff were always pleasant and helpful.
- Medical conditions were always well explained.

Patients we spoke with confirmed the positive comments given in the comment cards. Patients told us that:

- This was the best practice.
- Staff were always willing to help.
- Everyone was very kind, attentive and welcoming.
- This was a great place to come when you need care and support.
- Staff were always caring and compassionate.

Results from the National GP Patient Survey published in July 2016 showed that the practice had achieved scores that were in line with or below local and national averages. It should be noted that these results related to the previous provider. The practice had however, used the data to identify areas for improvement. Data showed:

- 88% of patients said the GP was good at listening to them which was in line with the Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time which was slightly below the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw or spoke to which was in line with the CCG and the national averages of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern which was below the CCG average of 83% and the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at giving them enough time which was below the CCG average of 89% and the national average of 92%.
- 85% of patients said they found the receptionists at the practice helpful which was in line with the CCG average of 86% and the national average of 87%.
- 76% of patients would recommend this surgery to someone new to the area which was in line with the local average of 75% and the national average of 78%.

The practice had taken action to make improvements in patient experiences which included:

- Increased availability of variable appointment lengths according to the needs of patients.
- The online appointment booking facility was increased to offer up to 60% of appointments.
- They had changed the afternoon clinic format so that more appointments were available with clinicians with specialisms.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they were fully involved in their treatment including making decisions about their care and treatment options.

- Patients said the GPs really cared about their patients and were pleased they were a patient at this practice.
- They told us that all staff listened to them and that they were given enough time by GPs.
- Comments made by patients on the comment cards supported these views.

Data from the National GP Patient Survey (July 2016) showed:

Are services caring?

- 78% of patients said the last GP they saw was good at explaining tests and treatments which was below the local average of 85% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care which was lower than the CCG average of 80% and national average of 82%.

The practice had taken action to improve experiences for patients. For example:

- They had reviewed the skill mix of the staffing teams and used staff skills more effectively in order to take the pressure off GPs so they had more time available for patients.
- Clinical staff had undertaken additional training in areas such as women's health, dermatology (skin conditions) and diabetes to become practice leads, providing specialist care in a variety of fields for patients.
- Provided educational support for patients to see staff with appropriate skills rather than an expectation of GP only providing care and treatment.

The practice provided support so that patients could be fully involved in decisions about their care.

- Care plans were in place for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns. Leaflets were used to provide explanations to help patients understand their diagnosis and treatment. Information was available in different formats, such as large print and pictorial format.
- GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurses told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask a GP to review them.
- Translation services were available for patients including sign language interpreters. There were 185 patients registered with the practice who were dependent upon interpreters. Information leaflets were

not available in different languages but staff told us that language support, if needed, was identified when patients registered with the practice. We saw patients attending during the day with interpreters.

Patient and carer support to cope emotionally with care and treatment

The practice supported patients and carers in a number of ways:

- There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations.
- Care and support was provided for homeless patients in the community. The practice worked with a faith-based charity providing street feeds to homeless and poor people in Birmingham. Together with other agencies and volunteers they served hot meals and provided food each week on Mondays, Wednesdays and Fridays. GPs told us this also gave them the opportunity to identify healthcare issues as well as being involved in providing extra help for those who had drug and alcohol related problems. The service was also beneficial to practice patients as GPs could refer them directly when their needs were identified.
- The practice maintained a register of those patients who were also carers and the practice's computer system alerted GPs if a patient was also a carer. At the time of the inspection there were 232 carers registered with the practice (3% of the practice population).
- The practice held open days for carers, with the most recent one held on 20 April 2016. Agencies attended to provide information and support. These included Alzheimer's Society; Multiple Sclerosis Society; Parkinsons Society; Birmingham Carers UK; and the Citizens Advice Bureau (CAB).
- Staff told us that the practice did not routinely call families when they experienced bereavement. They would however refer patients to support organisations such as CRUSE and well-being counselling available at the practice. Leaflets about bereavement support were available in the patients waiting area.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.

- Same day appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- There was also an online service which allowed patients to order repeat prescriptions, book appointments and access medical records.
- There was an automated booking-in system in the reception area for patients to record their arrival for their appointments.
- Home visits were available for patients who were too ill to attend the practice for appointments. Routine home visits were carried out by GPs for housebound patients to monitor their health and care needs.
- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma and heart disease.
- A circumcision service was provided by the provider for babies, children of all ages and adults. This service was commissioned by the local Clinical Commissioning Group (CCG) to ensure that patients accessed safe circumcision clinics.
- All patients had a named GP.
- The practice offered a range of minor surgical procedures, which included removal of minor skin lesions and joint injections.
- Annual reviews were carried out with patients who had long term conditions such as diabetes, lung diseases, for patients with learning disabilities and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this.
- The practice provided services for a transient population which included refugees, asylum seekers and a student population.
- Regular clinics were provided on site at the Birmingham Royal Ballet for appointments and reviews of patient care.

- The practice provided care for patients at local care homes and a young persons' high dependency unit. GPs visited weekly and also responded to urgent health care needs when required.
- There were facilities for patients with disabilities, translation services, baby changing and breast feeding facilities available.
- A physiotherapy service for musculoskeletal conditions (any injury, damage or disorder of the joints or other tissues in the upper/lower limbs or the back) was scheduled for patients to access from October 2016.
- As Bellevue Medical Centre was now part of the Modality Group, patients were able to access services such as rheumatology (treatment of arthritis) and dermatology (for the treatment of skin, nails and hair and its diseases). Bellevue Medical Centre had seen a reduction in referrals to secondary care of 90% for new referrals (9 patients) and 69% in follow up appointments (39 patients) for rheumatology; and a reduction in new referrals to secondary care of 93% (25 patients) in the last year and 86% (76 patients) in follow up appointments for dermatology. Patients benefited from services offered to them which were closer to their own homes.

The practice provided a range of services for vulnerable patients.

- Care and support was provided for patients at a local asylum dispersal centre. A named GP provided specialist weekly clinics at the centre to maintain continuity and establish trust among patients. The practice told us this involved using interpreters as there were often communication difficulties. At the time of the inspection there were 14 different communities using the centre. As patients' needs were often complex, appointments of varying lengths were needed. Additional clinics were provided each week if this was required.
- The practice was engaged in a project to reduce avoidable deaths in homeless people by prescribing an injection that could save their lives in the event of an accidental overdose and also reduce hospital admissions. The practice told us this was a complex project as there were conflicts for some agencies around using or carrying such an injection in the community.
- The practice looked after patients from a range of ethnic communities.



Are services responsive to people's needs?

(for example, to feedback?)

A range of services were provided for patients with poor mental health.

- Patients who experienced depression or had other mental health problems could be referred to local services provided by agencies such as the Well Being Hub and liaison with the Community Mental Health Team (CMHT).
- Those patients who failed to attend their appointments were contacted and follow up arrangements were made to make sure their health was monitored.
- At the time of the inspection there were 153 patients with poor mental health; 64 patients at high risk of harm; and 54 patients who were diagnosed with dementia were registered with the practice.

Access to the service

Telephone lines were open from 8am to 6.30pm Monday to Friday with the exception of Thursday when they were closed between 1pm to 2pm to allow for whole practice meetings. The practice also closed once a month on a Thursday afternoon to support staff updates and training. During day times when the practice was closed cover was provided by Southdoc. Appointments could be made online, by telephone or in person up to four weeks in advance. Patients could also book routine nurse appointments with the practice and request repeat prescriptions online.

As part of the Modality Partnership patients with a medical issue that needed to be addressed quickly could arrange to speak to a GP or a nurse from within the partnership by telephone or online on that same day. Patients had to register for this facility.

The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare) was available on the practice's website and in the patient practice leaflet.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with or below

local and national averages. It should be noted that the published figures from 2014/2015 related to the previous provider. The practice had however, used the data to identify areas for improvement.

Data showed:

- 62% of patients said they could get through easily to the practice by telephone which was below the CCG average of 70% and the national average of 73%.
- 64% of patients described their experience of making an appointment as good which was below the CCG average of 70% and the national average of 73%.
- 61% of patients said they usually waited 15 minutes or less after their appointment time which was in line with the CCG average of 60% and the national average of 65%.

The practice had made changes in response to the data. Actions completed included:

- Availability of variable appointment lengths according to the needs of patients.
- Changed afternoon clinic format for appointments with clinical specialisms
- Online appointment booking facility offering up to 60% of appointments.
- Telephone and email consultations.

They had an action plan in place to further improve patient access to appointments. These included:

- Developments for increased use of online interaction and the use of apps.
- To become a Modality Hub to provide seven day access from the practice.

Patients we spoke with told us they were happy with the appointments system and were always able to get an appointment when they needed one. They told us they could always see a GP if the appointment was urgent. We received 25 comment cards which were all positive about the appointment system and availability at the practice.

The practice had a system in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. All visit requests were assessed by GPs as they were received to allow for an informed decision to be made on prioritisation according to clinical need. The lead GP told us that the practice was considering employing their own paramedic when urgent responses were needed.



Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The complaints policy and procedure dated April 2016 was in line with recognised guidance and contractual obligations for GPs in England. The registered manager was the designated responsible person who handled all complaints in the practice.
- Information was made available to help patients understand the complaints system. The practice's

information leaflet included details on reporting concerns to the practice as well as to external organisations. This information was also available on their website.

- A summary of complaints for the period August 2015 to August 2016 showed that 26 complaints had been received. We saw that complaints had been dealt with and patients were given a written apology where appropriate. Learning was also identified and shared at appropriate team meetings. Staff meetings minutes confirmed that complaints were discussed routinely.
- The practice had completed a full analysis of all complaints to identify themes and trends.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had been through a period of significant change in becoming part of a corporate provider when they merged with the Modality Partnership in 2015. As a result, the practice registration with CQC was updated during 2016.

We looked at the providers statement of purpose which detailed the aims of the Modality Partnership:

- To deliver exceptional patient care.
- To provide patients with greater access to care through a choice of centres.
- Develop and sustain a learning environment.
- To be recognised as an employer of excellence.
- To demonstrate excellence in all business practices.
- To provide and look for opportunities for business growth.

Governance arrangements

The practice had a governance framework in place that supported the delivery of the strategy and good quality care.

- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. It should be noted that the QOF data for the period 2014/2015 related to the previous provider. The practice had, however, used the data to identify areas for improvement.
- The QOF data showed that in all relevant services it had been performing mostly in line with local and national standards although improvements had been identified in some areas. We saw that QOF data was regularly discussed at monthly and bi-monthly meetings and action taken to maintain or improve outcomes.
- The practice had established a QOF monitoring team which included clinical, management and administrative staff to monitor QOF achievements and respond to areas where action was needed.

Arrangements were in place to identify, record and managing risks, issues and ensure that mitigating actions were implemented.

- Systems were in place for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held meetings to share

information, to look at what was working well and where improvements were needed. We saw minutes of these meetings and noted that complaints, significant events and patient safety alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.

Leadership and culture

The practice was part of a provider partnership of 25 practices, having joined the Modality Partnership in 2015 and changed their CQC registration in 2016. They told us they had plans to consolidate their partnership with Modality and establish corporate ways of working with other members. The practice recognised that the process of change had brought about new systems, procedures and new ways of working for all staff. This had resulted in some anxieties within the staff team, which were shared with us during the inspection.

During the inspection the GPs and the management team demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.
- They were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- They encouraged a culture of openness and honesty.

The GPs and the temporary practice manager were visible in the practice:

- Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at any time and at their regular team meetings.
- Staff told us that management were approachable and always took the time to listen to all members of staff whatever their role.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- They told us they were confident they would be supported if they needed to raise any issues or concerns.
- Staff enjoyed working at the practice. They told us that everyone worked well together as a team and everyone supported each other.
- Staff told us they were uncertain about the changes within the practice and how this would affect them. They told us that morale was high despite these difficulties and they felt confident their strong team would support them through the changes.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

The practice had gathered feedback from patients through the Patient Participation Group (PPG). PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG met every three months and minutes of these meetings were made available to patients in the waiting area and on the practice website. From minutes of meetings held in January 2016 and May 2016 we saw that discussions had taken place about the recent changes and the future of the practice. This included changes introduced in July 2016 as a result of PPG comments and suggestions, such as:

- Online web access to book appointments.
- Increased numbers of consultations by 21 appointments per day.
- Online patient access to their records.

We spoke with three members of the PPG during the inspection. They told us the practice listened to their views and involved them in practice operations. Complaints received and changes made as a result of these were reviewed with the PPG on a quarterly basis. The members confirmed that discussions about patient survey results were a regular agenda item for their meetings.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussions.

- Many of the staff who worked at the practice were long serving members who told us they enjoyed working at the practice providing the best care for their patients.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice provided services for patients.
- Staff said they were encouraged and supported to share their views.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. This included research, engaging in pilot opportunities and providing learning and development opportunities for all staff.

- The practice had become a research practice in 1985 and demonstrated a track record in research for the benefit of practice patients and the wider population. There were three academic GPs (professors) working at the practice who supported research to improve patients' care across the NHS and at their own practice.
- For example, a series of studies, led by a practice GP which involved Bellevue Medical Centre patients, helped show that borderline thyroid disease did not need treating and did not need regular monitoring. These studies had helped their patients avoid unnecessary treatment and reduced the need for follow up blood testing from three monthly to every two years. The data had also been incorporated into guidance to all UK doctors.
- Another example of research led by a Bellevue Medical Centre GP was conducted during 2015/2016, at the request of NHSE to feed into their GP Forward Plan. The results showed that based on clinical consultation records the clinical workload for GPs in the UK had increased by 17% overall every year from 2008 to 2015.
- Earlier examples of research carried out included preventing stroke and atrial fibrillation (abnormal heart rhythm), heart failure and hypertension (high blood pressure).
- The practice planned to employ a physician's assistant to improve access to services for patients and a paramedic for urgent responses to patients' needs.
- The provider achieved wave one Vanguard status (Multi-specialist Community Provider model) in 2015 as part of a five year development plan to move specialist care out of hospitals into the community. The vanguard was made up of a single, local GP partnership called Modality Birmingham and Sandwell, which operated from 16 practice sites across Birmingham and Sandwell

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

and served a registered population of 70,000 patients. Bellevue Medical Centre had joined the Modality Partnership in 2015 and had contributed to the overall plan.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to monitor and manage risks to the health and safety of service users. Reviews of patients who were prescribed high risk medicines had not been carried out at the required level of frequency for all patients.</p> <p>This was in breach of regulation 12(1) (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>