

# Highgate Medical Centre

## Inspection report

St Patricks Community Health Centre  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at Highgate Medical Centre on 16 October 2019 as part of our inspection programme.

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection focused on the following key questions:

- Are services at this location effective?
- Are services at this location caring?
- Are services at this location responsive?
- Are services at this location well-led?

Because of the assurance received from our review of information we carried forward the ratings for the following key question:

- Are services at this location safe?

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## We have rated this practice as good overall.

We rated the practice as **good** for providing effective, caring and well-led services because:

We found that:

- Patients received effective care and treatment that met their needs.
- Patient outcome data (Quality Outcome Framework (QOF) 2017/18) showed practice performance for long term conditions to be in line with local and national averages. Following the inspection, the 2018/19 QOF data became available and showed improved outcomes for diabetes and respiratory conditions.
- The practice had a high prevalence of diabetes and had sought to develop staff skills and support to help improve the management of diabetic patients.

- The practice had implemented actions to improve uptake of breast and bowel screening which were above local averages. They were now focussing on cervical screening.
- We saw evidence of service improvement activity, including clinical audit.
- Staff dealt with patients with kindness and respect. Results from the 2019 GP National Patient Survey had improved significantly since 2018 for questions relating to the quality of consultations. Survey results were in line with local and national averages with the exception of the question about involvement in decisions about care and treatment.
- The practice had taken action to improve patient access to care and treatment. Results for the 2019 GP National Patient Survey had improved since 2018. However, there were still areas that were below local and national averages.
- CQC comment cards were positive about the staff and the care and treatment they received. Patients told us that they felt listened to and staff took account of their needs and preferences. Comments relating to on access to services were mostly positive.
- The practice provided a system of open access to patients who were most vulnerable.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We rated the practice as **requires improvement** for providing responsive services and for all population groups (with the exception of vulnerable people population group) because:

- Uptake of cervical screening was below national minimum standards.
- Although the practice advised us that they had plans to try and improve uptake these had not yet been fully implemented in order to demonstrate any clear improvement. Performance was largely unchanged from previous years.
- Although, the practice had made improvements to improve patient satisfaction and was generally moving in the right direction, patient satisfaction in relation to access was still low and as yet the practice was unable to fully confirm patient satisfaction.
- Issues relating to access impacted on the population groups.

# Overall summary

Whilst we found no breaches of regulations, the provider **should:**

- Review the increase in diabetes exception reporting for the Quality Outcome Framework 2018/19 data to determine whether it could be improved.
- Continue to review action taken to improve uptake of cervical cancer screening and antibiotic prescribing to ensure action taken is working.
- Review systems for monitoring staff training to ensure staff remain up to date.

- Continue to review action to improve patient satisfaction, in particular to access, in order to deliver further improvements.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor who was shadowing the team and a second CQC inspector.

## Background to Highgate Medical Centre

Highgate Medical Centre is located in an inner city Birmingham area. The premises are purpose built for providing primary medical services and include car parking facilities.

Highgate Medical Centre is part of Birmingham and Solihull Clinical Commissioning Group (CCG) and provides services to approximately 4,200 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice is part of the Balsall Heath Primary Care Network (PCN) and is also part of SDS My Healthcare Federation providing additional services to their patients such as extended access appointments.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The provider is a partnership of two GPs (one male and one female) who registered with the CQC in 2013. Practice staffing include a Healthcare Assistant, phlebotomist,

clinical pharmacist, a practice manager and a team of administration / reception staff. The practice team is supported by a long term locum GP and locum practice nurse.

The practice is a GP training practice for qualified doctors training to become a GP. At the time of inspection they had one GP trainee. They had also been involved in training physician associates, student nurses and clinical pharmacists.

The practice opening times are 8am to 7.30pm on a Monday and Friday and 8am to 7pm on a Tuesday, Wednesday and Thursday. Extended access appointments are available in the evening and weekends at various local extended access hubs provided via the SDS MyHealthcare Federation. During the out of hours period, patients can access primary medical services through the NHS 111 telephone number. The Out of hours provider for the practice is (BADGER).

The area served by the practice has high levels of deprivation. Information published by Public Health England rates the level of deprivation within the practice population area as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population age distribution is younger than the CCG and national averages. For

example, 30% of the local population is under 18 years compared to the CCG average of 25% and the national average of 21%. The local population is diverse and is made up of patients from an Asian background (55%), white (24%) and black, mixed or other non-white ethnic groups (22%) (source: Public Health England and 2011

Census). The practice advise that their practice population is approximately 98% Asian, black, mixed or other non-white ethnic groups. Male life expectancy is 77 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.