

# Bournbrook Varsity Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



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 Bournbrook Varsity Medical Centre on 6 July 2016.

Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice carried out an annual significant event audit to ensure learning from significant events was embedded.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The GPs were leads in different areas and had fortnightly meetings to discuss concerns and share learning.
- There was a clear leadership structure and staff felt supported by the GPs and the practice manager. The

practice proactively sought feedback from staff and patients which it acted on. There was a very proactive Patient Participation Group (PPG) of which we met with four members during the inspection.

- The practice was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Patients described staff as caring and helpful. Patients commented that they were treated with dignity and respect
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

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- As the practice was very busy in September and October with new student registrations from the university the practice used their conference rooms for a few weeks over this period to help students with registrations. The practice gave close attention to assisting overseas students. Members of staff were also there to educate students about the NHS and choosing appropriate services.

## **We saw an area of outstanding practice:**

- Each year the practice had an annual flu day which the Patient Participation Group supported. The number of patients who attended the 2015 flu day was 336 patients. Prior to this the practice ensured that housebound patients and care home residents

received their flu vaccine. Outside agencies also attended the local flu day to educate patients for example health trainers and the local safety officers. All patients would also have their blood pressure, height and weight measured.

## **However, there were areas of practice where the provider should make improvements:**

### **The provider should:**

- Review how care and treatment is planned for patients with a learning disability.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Lessons were learned and communicated widely to support improvement. When things went wrong patients received reasonable support, information and a written apology. They were told about any actions to improve processes.
- Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated good for providing effective services.

Good



- National patient data showed that the practice was in line with average scores for the locality on the whole. Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were at or above the national average. The practice had achieved 100% of the total number of points available which was above the CCG average of 97% and above the national average of 95%.
- Staff had received training appropriate to their roles and the practice believed in developing and training their staff.
- We saw evidence of appraisals and personal development plans for staff.
- Staff routinely worked with multidisciplinary teams to improve outcomes for patients and to meet the range and complexity of patients' needs.
- The practice also carried out NHS health checks for patients aged 40-74 years. 1105 patient health checks were carried out in the last year.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than average for

# Summary of findings

several aspects of care. For example 95% of patients said the last GP they saw gave them enough time compared to the CCG average of 86% and the national average of 87%. 95% of patients said they had confidence and trust in the last GP they saw which was the same as the CCG average and the national average of 95%. 92% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 89% and the national average of 91%.

- We received 37 comment cards, most of which were very positive about the standard of care received. Patients described staff as helpful and caring and felt they were treated with dignity and respect. Three patients commented on the waiting times for appointments.
- We spoke with the manager of a local care home which had residents who were registered at this practice. The manager spoke very highly of the practice and the care received by the GPs.
- Patients we spoke with told us that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

## Are services responsive to people's needs?

The practice is rated good for providing responsive services.

- The practice responded to the needs of its local population and engaged well with Birmingham South Central Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services.
- The practice was well equipped to meet the needs of their patients. Information about how to complain was available and easy to understand. Learning from complaints was shared and discussed at practice meetings.
- The practice scored above average in terms of access in the National GP Patient Survey published in July 2016. For example: 95% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national averages of 73%.
- The practice offered daily telephone triage which meant that patients had direct access to a GP Monday to Friday.

Good



## Are services well-led?

The practice is rated good for being well-led.

Good



# Summary of findings

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff told us there was an open culture and they were happy to raise issues at practice meetings.
- The partners were visible in the practice and staff told us they would take the time to listen to them.
- Staff we spoke with said there was a no blame culture which made it easier for them to raise issues. The practice proactively sought feedback from staff and patients, which it acted on and had an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with four members of the PPG on the day of the inspection.
- The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

# 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 people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice kept good records to ensure that home visits were completed in a timely manner and reminders were sent by a member of the administration team if required.
- The practice had quarterly multi-disciplinary team meetings with palliative care nurses, district nurses and health visitors.
- Patients over the age of 75 were seen within seven days of hospital discharge and had full medication reviews to ensure all changes were updated. Patients over the age of 75 had full annual reviews.

### People with long term conditions

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

Good



- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. All clinicians attended fortnightly clinical meetings.
- The percentage of patients with diabetes on the register, in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 87% which was above the national average of 78%. The practice had an at risk of diabetes register before the Local Improvement Scheme was introduced and managed this effectively with an effective recall system and educating patients.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

- The practice performed well in the CCG Respiratory Quality Improvement Scheme and held in-house training sessions. All clinicians at the practice attended an inhaler technique workshop.
- The practice held an annual flu day to which eligible patients were invited. This involved both the clinical and the administration teams as well as outside agencies. For example at the last flu day health trainers and a local safety officer also attended. Patients had their flu vaccines together with their blood pressure, height and weight checked. The PPG were very involved with this flu day and all proceeds from raffles went to the local hospice.

## Families, children and young people

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

- 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The quarterly multi-disciplinary team (MDT) meeting has helped to ensure effective communication between the practice and health visitors.
- 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.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. The practice wrote to patients to remind them and had an alert on the clinical system to flag a patient as overdue. Staff offered smears opportunistically when the patient contacted them over the phone and/or during a consultation.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



## Working age people (including those recently retired and students)

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

Good





# Summary of findings

- 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 that reflects the needs for this age group.
- The practice offered in house counselling and support to students who had mental health problems such as anxiety and stress.
- The practice offered extended hours on Saturday mornings for the convenience of working people.
- The practice offered sexual health services. Three of the GPs were able to fit implants and coils.
- The practice offered COPD spirometry screening offered to smokers age 40+
- As the practice was very busy in September and October with new student registrations from the university the practice used their conference rooms for a few weeks over this period to help overseas students with registrations. Members of staff were also there to educate students about the NHS and choosing appropriate services. This helped the practice to keep A&E attendance low. It also meant that the impact on the reception area could be minimised in spite of a large number of people registering.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. All staff at the practice had recently completed domestic violence awareness training.

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

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

Good



- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 90 % which was above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice referred patients with mental health needs to the Edgbaston Well Being Hub if considered appropriate.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had carried out mental capacity training.

# 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 above local and national averages. There were 74 responses and a response rate of 20%.

- 95% of patients found it easy to get through to this practice by telephone compared to a Clinical Commissioning Group (CCG) average of 70% and national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and national average of 85%.
- 96% of patients described the overall experience of their GP practice as fairly good or very good compared with a CCG average of 82% and national average of 85%.
- 93% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards, most of which were very positive about the standard of care received. Patients described staff as helpful and caring and felt they were treated with dignity and respect. Three patients commented on the waiting times for appointments.

We spoke with 18 patients during the inspection (four of whom were members of the PPG). Most patients we spoke with were extremely happy with the care they received. They were complimentary about the staff and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. All patients felt they had enough time during consultations. The majority of patients we spoke with told us that they got an appointment when they needed to. Patients were aware that they could choose to see a specific GP if they required. We did receive some comments about appointments running late. However, patients did not seem to be dissatisfied with this issue.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review how care and treatment is planned for patients with a learning disability.

## Outstanding practice

- Each year the practice had an annual flu day which the Patient Participation Group supported. The number of patients who attended the 2015 flu day was 336 patients. Prior to this the practice ensured that housebound patients and care home residents

received their flu vaccine. Outside agencies also attended the local flu day to educate patients for example health trainers and the local safety officers. All patients would also have their blood pressure, height and weight measured.

# Bournbrook Varsity Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience. Experts by experience are members of the inspection team who have received care and experienced treatment from a similar service.

## Background to Bournbrook Varsity Medical Centre

Bournbrook Varsity Medical Centre is a purpose built health centre situated in South Birmingham close to the university campus. The practice has a list size of 9174 patients and there is a moderate level of social deprivation. A large proportion of patients are aged between 20-24 given that this is a university practice.

The practice has two GP partners and four salaried GPs (all GPs at the practice are female). The practice has two practice nurses and two healthcare assistants (HCAs).

The clinical team are supported by a practice manager, two deputy practice managers and a team of reception and administrative staff.

The practice has a Patient Participation Group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

Bournbrook Varsity Medical Centre is a training practice providing one GP training place. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer.

The GPs did minor surgery such as joint injections, cauterisation of warts and verrucas, incision and drainage of cysts and abscesses.

The practice holds a Personal Medical Services (PMS) contract with NHS England. This is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice is open at the following times:

- Monday 8am to 12.30pm and 2pm to 6.30pm
- Tuesday 8am to 6.30pm
- Wednesday 8am to 6.30pm
- Thursday 8am to 1pm
- Friday 8am to 6.30pm
- Saturday 8.30am to 10.45am

The practice does not provide out of hours services beyond these hours. Information for NHS 111 and the nearest walk in centre is available on the practice website and on the practice leaflet. When the practice closes on a Thursday afternoon at 1pm until 6.30pm they are covered by South Doc Services. The practice answerphone reflects this information and offers an alternative number to call for help. This is also highlighted in the practice leaflet and posters at the practice.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme 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 is 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 references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

## How we carried out this inspection

Before this inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. These organisations included Birmingham South Central Clinical Commissioning Group (CCG), NHS England Area Team and Healthwatch. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services.

We carried out an announced inspection on 6 July 2016. We sent CQC comment cards to the practice before the inspection and received 37 completed cards with information about those patients' views of the practice.

During the inspection we spoke with 18 patients including four members of the Patient Participation Group (PPG) and a total of nine members of staff including the practice manager, GPs and one of the practice nurses.

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?
- Is it well-led?

We also looked at how well services are provided for specific groups of people 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

The practice prioritised safety and reported and recorded significant events. During the inspection we saw that within the last 12 months 25 significant events had been reported. Staff used incident forms on the practice's computer system and completed these for the attention of the practice manager. Incidents were a rolling item on the agenda at both the clinical and non-clinical staff meetings, which took place on a two weekly basis. 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). The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed and saw evidence of changing practice in response to these. The practice shared an example where a patient had been given incorrect test results by a member of the administration team. The patient was contacted and an apology given. The administration team were retrained and the practice changed procedure so that if there are any positive results a clinician would always contact the patient.

Patient safety alerts and MHRA alerts were sent to the practice manager who distributed these to the other GPs, practice nurses and healthcare assistants. We saw evidence that alerts were sent to the relevant staff then printed off and dealt with as required.

### Overview of safety systems and processes

The practice had processes and practices in place to keep people safe, which included:

- The practice had systems to manage and review risks to vulnerable children, young people and adults. One of the practice nurses was the safeguarding lead for the practice. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. The GPs had received level three children's safeguarding training. Safeguarding was on the agenda at each two weekly clinical meeting and we saw minutes of these. Staff knew how to recognise signs

of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were displayed in every clinical room. There was a system to highlight vulnerable patients on the practice's electronic records. Staff described examples of situations where they had identified and escalated concerns about the safety of a vulnerable child and adult. We saw evidence that there was clear dialogue between the GPs at the practice and the health visitors.

- There was a chaperone policy in place and information to tell patients the service was available was visible in the waiting room, consulting rooms and on the practice website. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff acting as chaperones had been trained. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. DBS checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. When a member of staff had carried out chaperone duties a note was made on the electronic system for individual patients.
- We observed the premises to be visibly clean and tidy. One of the practice nurses was the clinical infection control lead and the practice management team was the lead for non-clinical infection control. There was an infection control protocol in place and staff had received up to date training. An infection control audit was carried out annually. The last one was carried out in March 2016. This resulted in pedal bins being introduced to all rooms. Following this audit the practice manager decided to have monthly meetings with cleaning staff to discuss and address any concerns as they arose.
- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been

## Are services safe?

undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

- The practice had a policy and procedures in place for the safe management of medicines and monitoring the use of blank prescriptions. We saw that prescriptions were updated when patients' medicines changed and there was a system for repeat prescriptions which included reviews of patients' medicines. The practice had clear arrangements for the safe administration and storage of vaccines. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had a robust system for the management of high risk medicines.
- 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. The practice had written confirmation that all staff were protected 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risk to patients and staff safety. We saw a variety of risk assessments such as storage, manual handling, lone-working and slips and falls. There was a health and safety policy available and fire training had been given to all staff using online training. Fire risk assessments and fire drills were carried out. We saw evidence of fire evacuation sheets which were fully logged and discussed at meetings. A Legionella risk assessment had been carried out within the last twelve months. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- Staff confirmed they had the equipment they needed to meet patients' needs safely. Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment, equipment used for patient examinations and treatment, and items such as weighing scales and refrigerators. We saw evidence of calibration of equipment used by staff (this had been done in February 2016). Portable electric appliances were routinely checked and tested. This was last done in February 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff we spoke with told us that they covered for each other. We reviewed staff rotas and saw that there was adequate cover in place.

### Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. An oxygen cylinder, defibrillator and emergency medicines were available to staff and were stored securely. All staff knew of the location. The expiry dates and stock levels of the medicines were being checked and recorded weekly by the nursing team. This was checked on the day of the inspection. The GPs did not carry medicines in their bags.

The practice had a comprehensive business continuity plan for major incidents such as power failure or adverse weather conditions and two copies were kept off site with different members of the team. This contained contact details of all members of staff. The business continuity plan had last been reviewed in May 2016. The practice had a good relationship with the church across the road and there was an agreement that the church could be used in an emergency if required.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and practice nurses were able to give a clear rationale for their approaches to treatment. Fortnightly meetings took place for clinical members of staff and for non-clinical members of staff. We saw evidence of robust care plans for patients, although we did note that the practice did not have care plans for patients with learning disabilities. At the time of the inspection there were four patients on the learning disabilities register. All four of the patients had their annual review completed in the last year. The practice undertook 60 minute appointments for these patients to ensure everything was covered at a comfortable pace. We also found that the practice did not routinely update care plans on discharge from hospital. This is something that the practice manager has implemented following the inspection. Our discussions with the GPs and nurses showed that they were using the latest clinical guidance such as those from National Institute for Health and Care Excellence (NICE). The practice shared examples of cancer guidelines that had been discussed at clinical meetings at the practice.

The practice supported the nurses in providing regular nursing journals to help them to keep up to date. Nurses also attended study days when these were available.

The GPs at the practice engaged well with the Clinical Commissioning Group (CCG) Board. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services. There was awareness amongst the GPs and practice nurses of local issues and needs.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system 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. Current results were 100% of the total number of points available which was above the CCG average of 97% and above the national average of 95%. Their exception reporting was 1% which was marginally below 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.

Data from 2014/15 showed:

- The percentage of patients with diabetes on the register, in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 87% which was above the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was 89% which was above the national average of 84%.
- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 90 % which was above the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 96% which was above the national average of 84%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. There had been a number of clinical audits carried out in the last two years.

One of the audits was carried out in line with the Gold Standard Framework. This was an audit of deaths at the practice, cross-referenced with the palliative care register to assess if the practice was correctly registering palliative care patients and what proportion of the palliative care register had a cancer diagnosis. The audit was repeated one year later and findings evidenced that the practice had improved identification of patients needing to be added to the palliative care register especially patients without cancer.

Another audit was carried out in line with current regulations to review anti-coagulation (blood thinning) services. The practice did not carry out anticoagulation clinics but wanted to ensure that each patient was correctly documented. The outcome showed a marked improvement in recording this information and therefore increased patient safety.

### Effective staffing



# Are services effective?

## (for example, treatment is effective)

We found that the GPs and practice management team valued the importance of education and effective skill mix. Staff had the skills, knowledge and experience to deliver effective care and treatment. Two members of the administration team had been developed and trained to be deputy practice managers. Each of the deputy practice managers had lead roles and the practice had supported them to undertake the training they required. At the time of the inspection both deputy practice managers were undertaking leadership management training and were doing some training electronically such as webinars to help them develop in their roles.

The practice was a training practice providing one GP training place. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer.

The learning needs of staff were identified through a system of appraisals and meetings. All staff had the essential training for their role and had completed online training modules such as safeguarding, equality and diversity and fire training.

### Coordinating patient care and information sharing

The practice used electronic systems to communicate with other providers and to make referrals. The practice used the Choose and Book system which enabled patients to choose which hospital they wanted to attend and book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patients' care. Scanned paper letters were saved on the system for future reference. All investigations, blood tests and X-rays were requested and the results were received online.

Staff worked together and 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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a system in place to ensure a GP called patients soon after discharge for those patients on the unplanned admissions register

and then arranged to see them as required. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated. The meetings involved Macmillan nurses, district nurses and health visitors.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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. When providing care and treatment for children and young people, 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.

We saw good examples of consent forms used for when patients wanted a family member or a carer to access medical information. We also saw good examples of consent forms completed for minor surgery. The practice had also developed an evaluation form for patients who had undertaken minor surgery. They had received some positive feedback from patients in this way.

### Supporting patients to live healthier lives

- Health promotion information was available in the waiting area of the practice. Patients who might need extra support were identified by the practice, such as those needing end of life care, carers and those at risk of developing a long-term condition.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. The practice wrote to patients to remind them and they had an alert on the clinical system to flag a patient as overdue. The staff offered smear tests opportunistically when the patient contacted them over the phone and/or during a consultation.
- The practice also carried out NHS health checks for patients aged 40-74 years. 1105 patient health checks were carried out in the last year.
- All patients over 75 years who had not attended in the previous 12 months were contacted and encouraged to attend for a health check. There were no set clinics so

# Are services effective?

(for example, treatment is effective)

patients were able to attend at a time convenient for them. Frail elderly patients were always seen even if no appointments were available. In the last year 82 patients over the age of 75 had their health checks completed. There were 119 patients on the over 75s register.

The uptake of national screening programmes was in line with local and national averages. For example:

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 68% which was in line with the CCG average of 65% and the national average of 72%.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 52% which was above the CCG average of 46% and just below the national average of 58%

Flu clinics were advertised on the practice website and in the practice waiting area. Text messages were also sent out to remind patients about the flu vaccination during the flu season.

Each year the practice had an annual flu day which the Patient Participation Group supported by organising raffles and games to raise money for a local hospice. The number of patients who attended the 2015 flu day was 336 patients.

Prior to this the practice ensured that housebound patients and care home residents received their flu vaccine. Outside agencies also attended the local flu day to educate patients for example health trainers and the local safety officers. All patients would also have their blood pressure, height and weight measured. Refreshments were provided to all the patients who attended this day. Carers were also encouraged to have their flu vaccinations. The practice maintained a register of carers and 3% of the practice list were on this register. The practice informed us that this year the flu day was going to be supported by the Alzheimer's Society to promote awareness. They also were going to promote the National Bowel Screening Programme during the 2016 flu day.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, the vaccinations given to under two year olds ranged from 69% to 92% compared with the CCG average of 79% to 96% and five year olds from 82% to 100% compared with the CCG average of 84% to 95%. In order to increase uptake the practice contacted families by phone if they did not attend and informed the Health Visitor of repeated defaulters so that they could help the practice encourage attendance for immunisations.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection we observed that members of staff were professional, attentive and very helpful to patients both attending at the reception desk and on the telephone.

- Reception staff addressed patients by their first names and demonstrated a personal knowledge of patients in some cases. The practice always checked with patients that they were happy to be addressed by their first name.
- We saw that patients were treated with dignity and respect.
- Curtains were provided in the consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation 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. Staff shared an example of a patient who wanted to talk in private about a sensitive issue.

Most of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect. We received a small number of comments about the waiting time for appointments.

We spoke with 18 patients during the inspection (four of whom were members of the PPG).

A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Most patients we spoke with were extremely happy with the care they received. They were complimentary about the staff and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options.

All patients felt they had enough time during consultations. The majority of patients we spoke with told us that they got

an appointment when they needed to. Patients were aware that they could choose to see a specific GP if they required. We did receive some comments about appointments running late. However, patients did not seem to be dissatisfied with this issue.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice scored above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the last GP they saw gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said the last GP they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 95% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 89% and the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice looked after a number of patients at a local care home. We spoke with the manager of the care home who spoke highly of the care provided by the GPs at the practice.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that their care and treatment was discussed with them and they felt involved in decision making. They also told us they felt listened to and supported by staff. They felt they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was positive and aligned with these views.

## Are services caring?

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 80% and national average 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients that these services were available. The practice also used a mobile device to download information in different languages. If an interpreter was used during consultations then a longer appointment was booked. The practice had a range of information leaflets and posters available in an easy read format. The practice shared an example where they kept a spare talking blood checking machine to help a patient who was visually impaired and had a long-term condition.

### Patient/carer support to cope emotionally with care and treatment

- Patients we spoke with were positive about the emotional support provided by the practice and rated it well in this area. Notices in the patient waiting room signposted patients to a number of support groups and organisations including well-being classes and parent education classes.
- The practice maintained a register of carers. Carers known to the practice were coded on the computer system so that they could be identified and offered support. All carers were seen annually. The practice had identified 3% of the practice patient list as carers. All the carers were offered the flu vaccination. Written information was available to direct carers to the various avenues of support available to them. The carers register was reviewed and maintained constantly. When patients registered at the practice staff asked about whether they were a carer. This was also a routine question asked during annual reviews. When the practice ran their flu day they asked every patient who attended to complete a slip with questions about smoking, height, weight and whether they are a carer.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This was then followed up by a call or consultation as required. The practice also sent out condolence cards to the families.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with Birmingham South and Central Clinical Commissioning Group (CCG) to plan services and improve outcomes for patients in the area. The CCG informed us that the practice engaged well with them. The practice attended monthly network meetings which were led by the CCG.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- The practice offered daily telephone triage and patients had direct access to a GP Monday to Friday. Patients told us how helpful they found this service.
- The practice actively took parts in CCG projects available to them such as the Edgbaston Wellbeing Hub and Winter Pressure Clinics. The practice shared examples of patients who had been referred to the Edgbaston Wellbeing Hub and had been able to stop taking anti-depressants as a result of counselling.
- There were longer appointments available for patients with a learning disability. Same day appointments were available for children and those patients with medical problems that required same day consultation. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- As the practice was very busy in September and October with new student registrations from the university the practice used their conference rooms for a few weeks over this period to help overseas students with registrations. Members of staff were also there to educate students about the NHS and choosing appropriate services. This helped the practice to keep A&E attendance low. It also meant that reception could be kept calm in spite of a large number of people registering. The practice did have low rates of A&E referral. For example: the number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population was 8% compared with the CCG average of 16% and national average of 15%.
- There were disabled facilities, a hearing loop and translation services available.

- The practice offered online repeat prescriptions. A daily phlebotomy (blood taking) service was provided.
- Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred.
- Antenatal and postnatal checks were carried out in the practice with the support of the midwives.
- The practice offered in house counselling and support from GPs to students who had mental health problems such as anxiety, stress, eating disorders or who came to the practice when in a crisis. This included exam times when there was an increased level of stress.
- The practice carried out minor surgery such as removal of cysts and joint injections.
- The practice offered sexual health services. Three of the GPs were able to fit implants and intrauterine devices.
- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients that these services were available. If an interpreter was used during consultations then a longer appointment was booked. The practice had a range of information leaflets and posters available in an easy read format.

### Access to the service

The practice was open at the following times:

- Monday 8am to 12.30pm and 2pm to 6.30pm
- Tuesday 8am to 6.30pm
- Wednesday 8am to 6.30pm
- Thursday 8am to 1pm
- Friday 8am to 6.30pm
- Saturday 8.30am to 10.45am

Appointments were available during these hours. Urgent appointments were available on the same day. When the practice closes on a Thursday afternoon at 1pm until 6.30pm they are covered by South Doc Services. The practice answerphone reflects this information and offers an alternative number to call for help. This is also highlighted in the practice leaflet and posters at the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was significantly higher than local and national averages. Most patients we spoke with on the day of the inspection said they were able to make appointments when they needed to.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 95% of patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 93% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints at the practice.

We saw that information was available to help patients understand the complaints system on the practice's website. Leaflets were available which set out how to complain and what would happen to the complaint and the options available to the patient.

We looked at the six formal complaints received in the last year and found they had been dealt with according to their policy and procedures. We saw evidence that the complaints were discussed at the practice meeting and lessons were learned. Sometimes the complaints were also logged as significant events if this was considered appropriate. For example one of the complaints we reviewed was about the referral process being slow. The practice learned from this by ensuring that in future patients' expectations about how long a referral might take were managed.



# 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 values which were embedded at all levels across the practice. The aim of the practice was to provide a good standard of care and to embrace opportunities to work collaboratively. The practice had a focus on training and development for staff.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity.

- There were named GPs and nurses in lead roles.
- There were robust arrangements for identifying, recording and managing risk.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. QOF was regularly discussed at practice meetings. Current results were 100% of the total number of points available which was above the CCG average of 97% and above the national average of 95%.
- The GPs at the practice attended regular meetings with the Clinical Commissioning Group (CCG) leads to review data and look at referral management.
- The practice held fortnightly clinical meetings. We saw evidence of action points raised and follow ups recorded following these meetings.

### Leadership, openness and transparency

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was 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). The partners encouraged a culture of openness and honesty. The

practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave people affected reasonable support, a full explanation and a verbal and written apology.

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. For example, two members of the administration team had been developed and trained to be deputy practice managers

All staff were encouraged to identify opportunities to improve the service delivered by the practice. Staff interacted with each other socially.

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

The importance of patient feedback was recognised and there was an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with four members of the PPG during the inspection. The PPG had six members.

The practice worked closely with the PPG and had made several recommendations which the practice had implemented. For example, the PPG had made a recommendation that there were too many paper notices in the reception area and the notices were thinned out as a result. They made another suggestion to have fresh water available for patients. This had also been introduced and the practice had put up a sign for patients so they knew it was available.

In order to protect patient confidentiality the PPG made a suggestion about background music in reception which had also been introduced by the practice. The PPG took an active part in the annual flu day and helped to raise money for the local hospice.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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 was run

### Continuous improvement

The practice was continuously looking at ways of improving and actively took part in CCG initiatives available

## Are services well-led?

Good 

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

to them. The practice encouraged learning and the two deputy practice managers had been encouraged to develop their roles further. The practice supported them with their training needs.