

Dr Roshan Khuroo

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 effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

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 Dr Roshan Khuroo (also known as Stockland Green Practice) on 19 January 2017. The overall rating for the practice was requires improvement. Data taken from the July 2016 national GP patient survey showed areas where patient satisfaction was below local and national averages and the overarching governance arrangements did not support effective management of risks. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Dr Roshan Khuroo on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 October 2017 to confirm that the practice had carried out their plan to improve in areas we identified in our previous inspection on 19 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- Data from the 2016/17 Quality and Outcomes Framework showed the practice was an outlier for some QOF clinical domains; however, data showed areas of improvement since our previous inspection. Staff were aware of the practice performance and were taking action to improve patient engagement.
- Since our previous inspection, the practice had reviewed their systems to improve the uptake of national screening programs and had used various methods such as attending local community events and accommodated additional clinics to increase uptake.
- The 2016/17 Child Health Information data provided by the practice showed improvement in the uptake of childhood immunisations. For example, vaccinations given to under two year olds ranged from 82% to 95%.
- Although, results from the July 2017 national GP patient survey showed patients' satisfaction remained below local and national averages; patients' satisfaction had slightly improved in some areas. For example, satisfaction with accessing the service by phone had improved and comments from patients we spoke with were positive about phone access.

Summary of findings

- Since our previous inspection, the practice had carried out their own patient survey, which showed patients were satisfied with some of the services provided. For example, patients were positive about phone access and experience of making an appointment. However, patients we spoke with during our inspection had mixed views regarding levels of satisfaction. In particular, patients were not always satisfied with consultations.
- The practice was aware of areas of low patient satisfaction; an action plan was in place and staff continued working to improve areas where satisfaction was below local and national averages.

- To address concerns relating to staffing levels and appointment availability the practice recruited additional staff and implemented a new rota system.

The provider should make improvements in the following areas:

- Continue to monitor and ensure on-going improvement to patient satisfaction, such as responses to clinical and non-clinical aspects of survey outcomes.

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 effective?

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing effective services, as the uptake of national screenings, childhood immunisations and performance for mental health related indicators was lower than local and national averages. These arrangements had improved when we undertook a follow up inspection on 10 October 2017. For example,

- The practices attended local community events, reviewed their recall system and accommodated additional nursing sessions on Saturdays to increase the uptake of screening. Data showed improvements in the uptake of cervical screening.
- The uptake of bowel and breast cancer screening remained below local and national averages. However, the practice continued to opportunistically encourage patients to engage and staff actively followed up non-responders.
- Data from the 2016/17 Quality and Outcomes Framework (QOF) showed patient outcomes had improved since our previous inspection.
- Staff were aware of the practice performance and able to demonstrate actions to further improve performance. For example, staff followed established protocols for managing exception reporting and were actively working towards improving the accuracy of their patient list.
- The practice took an active approach to joint working and engaged well with other health professionals. Unverified data from 2016/17 provided by the practice showed improvement in the uptake of childhood immunisations. For example, vaccinations given to under two year olds ranged from 82% to 95%.

Good



Are services caring?

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing caring services as the July 2016 nation GP survey results regarding patients satisfaction with consultations with GPs were lower than the CCG and National averages. Patients' satisfaction with their involvement in planning their care was also below local and national averages. At that time, the practice was unable to demonstrate that they had reviewed survey results and put actions in place to improve patient satisfaction. These arrangements had improved when we undertook a follow up inspection on 10 October 2017. For example:

- Data from the July 2017 national GP patient survey showed patients satisfaction had mainly improved since our previous inspection. However, satisfaction remained below local and national averages for areas such as consultations with GPs.

Good



Summary of findings

- Data from an in-house patient survey commenced September 2017 showed patients were satisfied with their consultations.
- An action plan to address areas of concern was in place and staff continued working to improve patient satisfaction.
- The practice had reviewed the national GP survey results and had carried out an internal survey to gain further feedback from patients. Unverified data from an internal survey showed patients were satisfied with the services provided.

Are services responsive to people's needs?

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing responsive services as the results from the July 2016 national GP patient survey had showed that patient's satisfaction with how they could access care and treatment were much lower than local and national averages. At that time, the practice was unable to demonstrate that they had reviewed survey results and put actions in place to improve patient satisfaction. From the completed CQC comment cards we received there were a mixture of positive and less positive views regarding access to the service and getting appointments. These arrangements had mainly improved when we undertook a follow up inspection on 10 October 2017. For example:

- Since our previous inspection, the practice had made improvements to increase the amount of learning disability health checks carried out. Unverified data provided by the practice showed an increase in the number of health checks completed.
- Patients we spoke with said they found accessing the service by telephone had improved since the practice changed their phone system.
- There were longer appointments available at flexible times for people with a learning disability and for patients experiencing poor mental health. Same day appointments were also available for children and those who needed to see a doctor urgently.
- To address concerns relating to staffing levels and appointment availability the practice recruited additional staff and implemented a new rota system. Staff explained that this enabled the practice to increase clinical capacity and sessions.

Requires improvement



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 provider had resolved the concerns for effective and caring identified at our inspection on 19 January 2017; however, concerns relating to responsive, which applied to everyone using this practice, including this population group requires further improvement. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for effective and caring identified at our inspection on 19 January 2017; however, concerns relating to responsive, which applied to everyone using this practice, including this population group requires further improvement. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for effective and caring identified at our inspection on 19 January 2017; however, concerns relating to responsive, which applied to everyone using this practice, including this population group requires further improvement. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for effective and caring identified at our inspection on 19 January 2017; however, concerns relating to responsive, which applied to everyone using this practice, including this population group requires further improvement. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for effective and caring identified at our inspection on 19 January 2017; however, concerns relating to responsive, which applied to everyone using this practice, including this population group requires further improvement. The population group ratings have been updated to reflect this.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective and caring identified at our inspection on 19 January 2017; however, concerns relating to responsive, which applied to everyone using this practice, including this population group requires further improvement. The population group ratings have been updated to reflect this.

Good



Summary of findings

What people who use the service say

When we carried out our inspections in January 2017, we looked at the results from the July 2016 national GP survey, which at the time of the inspection was the most recent published data. These results showed patient satisfaction in relation to GP and nurse consultations were below local and national averages. Patient satisfaction regarding appointment access, appointment waiting times were also below local and national averages; however, interactions with receptionists were comparable to local and national averages.

The most recent national GP patient survey results were published on 6 July 2017. The results showed areas of improvements; however, the practice was mainly performing below local and national averages in a number of areas. A total of 381 survey forms were distributed and 88 were returned. This represented a 23% response rate, compared to the national average of 38% and approximately 2% of the total practice population.

- 70% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%. This showed an increase of 16% since the previous inspection.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%. This showed an increase of 9% since the previous inspection.

- 52% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and national average of 77%. This showed an increase of 9% since the previous inspection.

As part of our inspection, we spoke with 10 patients. We received mixed views regarding levels of patient satisfaction. Patients were satisfied with the improvements made regarding access to appointments and getting through to the practice by phone. We spoke with one member of the Patients Participation Group (PPG) who was positive about the service provided and commented on the improvement in access.

Data from the friends and family test (FFT) provided by the practice showed improvements. For example, the June 2017 FFT showed that 29 patients completed the survey, 59% of patients who completed the survey would recommend the practice to a friend or family. The July, August and September 2017 FFT demonstrated further improvements. For example, the September 2017 FFT showed that 42 patients completed the survey, 74% of patients who completed the survey would recommend the practice to a friend or family.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor and ensure on-going improvement to patient satisfaction, such as clinical and non-clinical aspects of survey outcomes.

Dr Roshan Khuroo

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a second CQC inspector and a GP specialist adviser.

Background to Dr Roshan Khuroo

Dr Roshan Khuroo's Practice (also known as Stockland Green Practice) is located in Erdington, Birmingham. The practice is situated in Stockland Green Primary Care Centre which is a multipurpose modern built building shared with other health care providers, providing NHS services to the local community.

Based on data available from Public Health England, the levels of deprivation in the area served by Dr Roshan Khuroo Surgery showed the practice is located in a more deprived area than national averages, ranked at one out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The practice serves a higher than average patient population aged between zero to 59. The number of patients aged 60 and over is below local and national averages. Based on data available from Public Health England, the Ethnicity estimate is 6% Mixed, 19% Asian and 15% Black. The practice covers an ethnically diverse population which consists of approximately 50% white British, 30% Pakistani and British origin, 20% Eastern European.

The patient list is 4,700 of various ages registered and cared for at the practice. Services to patients are provided under a Personal Medical Services (PMS) contract with the

Birmingham Cross City Clinical Commissioning Group (CCG). PMS is a contract between general practices and the CCG for delivering primary care services to local communities.

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

On-site parking is available with designated parking for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair and push chairs.

Practice staffing comprises of three GPs, one female and two male, a nurse practitioner, a practice nurse, a health care assistant and a phlebotomist. The management team consists of one practice manager, who is supported by a team of administrators, secretaries and receptionists.

The practice is open between 8am and 6.30pm Mondays to Fridays except on Wednesdays when the practice closes at 1.15pm.

Morning GP consulting hours are from 8.30am to 12.30pm Mondays to Fridays. Evening consulting hours are from 2pm to 6pm Mondays to Fridays; except on Wednesdays when the practice is closed from 1.15pm.

The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Roshan Khuroos' Surgery on 19 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Dr Roshan Khuroo practice on our website at www.cqc.org.uk.

This inspection was carried out to ensure improvements had been made.

How we carried out this inspection

We carried out a focused inspection of Dr Roshan Khuroo Practice on 10 October 2017. This involved reviewing evidence that:

- Spoke with a range of staff including a GP, a practice manager and senior receptionists.
- Spoke with patients and a member of the Patient Participation Group (PPG).
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing effective services as the uptake of national screenings, childhood immunisations and performance for mental health related indicators was lower than local and national averages. These arrangements had improved when we undertook a follow up inspection on 10 October 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published QOF results (2016/17) showed the practice achieved 96% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%.

Overall exception rates were comparable to CCG and national averages. For example, 12%, compared to the CCG and national average of 11%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). However, exception reporting rates for some individual clinical indicators were significantly higher than the CCG or national averages.

The practice had been an outlier for some QOF (or other national) clinical targets during 2015/16. Data from the 2016/17 QOF year demonstrated areas of improvement.

- Overall performance for diabetes related indicators was 93%, which was comparable to CCG average of 93% and national average of 91%.
- However, there was some variation for individual clinical indicators. For example, 78% of patients had a HBA1C (a measure of how well diabetes is being controlled) reading within a specific range in the preceding 12

months, compared to CCG average of 82% and national average of 80%. With an exception reporting rate of 21%, compared to CCG average of 13% and national average of 12%.

- 75% of patients with diabetes diagnosed with a diabetic kidney disease were treated with recommended medicines compared to CCG average of 95% and national average of 93%.
- Patients whose last blood pressure reading was within acceptable range increased from 65% to 76%, compared to CCG average of 76% and national average of 78%.
- Patients diagnosed with dementia that had their care reviewed in the preceding 12 months increased from 75% to 86%, compared to CCG average of 85% and national average of 84%. Exception reporting rate fell from 20% to 7%, which was comparable to CCG and national averages.
- The percentage of patients diagnosed with a mental health related disorder who had a care plan in place remained comparable to local and national averages. For example, patients who had an agreed care plan documented in the record, in the preceding 12 months increased from 80% to 88% compared to CCG average of 92% and national average of 91%.
- The percentage of patients with COPD who had a review undertaken using recognised methods remained above local and national averages. For example, 94%, compared to CCG average of 92% and national average of 91%. This demonstrates a 3% increase since our previous inspection.

Staff we spoke with explained that since our previous inspection, the practice had established a lead person to monitor QOF performance and areas of concerns were actively discussed with other clinicians. Staff were aware of the practice performance and were able to demonstrate actions taken to improve areas of poor performance. For example, staff continued promoting the fortnightly diabetic clinics which were held within the practice. Staff explained that these clinics enabled the practice to effectively monitor patients diagnosed with diabetes. Staff followed established protocols for managing exception reporting such as sending up to three appointment reminder letters; this was followed up by phone calls to encourage patients to attend appointments and required reviews. An anonymised sample of records we viewed showed staff

Are services effective?

(for example, treatment is effective)

were following established protocols and appropriate decisions were made to remove patients from QOF calculations. Clinicians we spoke with explained issues relating to their patient list and the impact this was having on exception reporting rates. For example, the practice was taking action to improve the accuracy of their patient list by identifying patients who failed to respond to appointment invitations as well as patients who had not accessed the service during a two year period. The practice had a transient population group and were making efforts to establish which patients were still residing within the practice catchment area. For example, letters were sent to patients who had not accessed the service for a long periods of time inviting them in for a review.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- The practice invited patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) to a 12 week programme with a COPD health professional. Staff explained that they sent out 50 letters and 10% attended week one. However, engagement declined which lead to non-engagement after week four. The practice identified that patients were not aware that this was a 12 week programme. Staff explained they were actively raising patient's awareness regarding the length of the programme and planned to provide a second round during November 2017.
- There was a range of health promotion information displayed in the practice to support patients. Information was also available on the practice website.

The practice's uptake for the cervical screening programme had increased from 60% to 67%; however, performance remained below CCG average of 79% and the national average of 81%. Staff explained since our previous inspection the practice extended their clinics which they used as an opportunity to increase cervical screening uptake and promote national screening programmes. Staff explained as well as the nursing team, the principal GP undertook opportunistic cervical screening. During October 2017 the practice were offering Saturday cervical screening clinics as a temporary measure to increase uptake. Staff also used a text messaging service to recall patients. The principal GP and member of the patient participation group attended a local festival in March 2017 with a stand

promoting the various cancer screening programmes. Following our inspection, the practice provided unverified data from December 2017 which demonstrated an uptake of 70%.

There was a policy to offer telephone or written reminders to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and formats for those with a learning disability. The practice ensured a female sample taker was available. The practice also flagged non-attenders on the practice clinical record, which prompted further discussion during appointments. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. However, 2015/16 data we viewed showed that performance remained below local and national averages. For example:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) declined from 63% in 2014/15 to 59% in 2015/16 compared to CCG average of 69% and national average of 73%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 36% compared to CCG average of 66% and national average of 74%. 2016/17 unverified data provided by the practice showed uptake had increased to 58%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) remained at 35%, compared to CCG average of 50% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 39%, compared to CCG average of 48% and national average of 56%.

Staff we spoke with explained that they were opportunistically encouraging patients to engage in testing. Dedicated reception staff actively followed up non-responders for the bowel-screening programme to discuss the benefits of screenings. We saw various informational leaflets in patient waiting areas. Staff also explained that a National organisation attended the practice to provide staff with guidance and advice on how

Are services effective?

(for example, treatment is effective)

to increase the uptake of national screening. Following our inspection, the practice provided an action plan, which detailed processes to further improve the uptake of national screenings.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two's remained below CCG and national averages. However, vaccinations given to five year olds remained above local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 86% overall which was below national expected coverage of 90%. Immunisation rates for Measles Mumps and Rubella (MMR)

vaccinations given to five year olds was 97% for first dose and 85% for the second dose, compared to CCG averages of 95% for first dose and 83% for second dose; and national averages of 94% for first dose and 88% for second dose. Staff we spoke with explained since our previous inspection, the nursing capacity had increased, the practice were less reliant on bank staff and systems for recording and submitting immunisation data were reviewed. 2016/17 unverified data provided by the practice showed improvement in the uptake of childhood immunisations. For example, vaccinations given to under two year olds ranged from 82% to 95%.

Are services caring?

Our findings

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing caring services as the July 2016 national GP survey results regarding patients satisfaction with consultations with GPs were lower than the CCG and National averages. Patients' satisfaction with their involvement in planning their care was also below local and national averages and the practice were unable to demonstrate actions taken to improve patient satisfaction.

These arrangements had improved when we undertook a follow up inspection on 10 October 2017.

Kindness, dignity, respect and compassion

We spoke with 10 patients during our inspection and received mixed views regarding levels of patient satisfaction. On the whole patients were satisfied with their consultations; however, not all were positive; for example, some patients felt there were times when their needs were dismissed during consultations. We spoke with one member of the Patients Participation Group (PPG) who was satisfied with consultations.

The results from the national GP patient survey published July 2017 showed areas where patient satisfaction remained below local and national averages. Survey results showed patient satisfaction in relation to consultations with GPs had slightly improved. For example:

- 77% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%. This demonstrates a 9% increase since the 2016 national GP patient survey.
- 72% of patients said the GP gave them enough time compared to the CCG and national average of 86%. This demonstrates an 8% increase since the previous national GP patient survey.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%. This demonstrates an increase of 14% since the previous national GP survey.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 86%. This demonstrates an 11% increase since the previous national GP survey.
- 82% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and national average of 91%. This demonstrates an 5% decline since the previous national GP survey.
- 84% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%. This demonstrates a 3% increase since the previous national GP survey.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%, demonstrating a 2% increase since the previous national GP survey.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%. This showed a slight decline of 4% since the previous national GP survey.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%. This showed a slight decline of 2% since the 2016 national GP patient survey.

Staff we spoke with explained that the practice were aware of the national GP survey results and had developed an action plan to improve patient satisfaction. The plan we viewed showed actions to improve patient access; however, did not include how the practice intended to improve patient satisfaction with consultations. Staff told us that results relating to consultations had been discussed and training to improve communication skills had been explored, but not yet implemented. Following our inspection, the practice reviewed their action plan and included actions to improve patient satisfaction with consultations'.

The practice carried out their own patient survey in 2016 and repeated September 2017. Staff we spoke with explained that the 2017 survey would close when the practice received 200 completed survey forms. At the time of our inspection, the practice had received and analysed

Are services caring?

58 completed forms which showed patients were satisfied with consultations with GPs. For example, 100% of patients felt the last GP they saw or spoke with was good at listening to them; demonstrating that patients remained satisfied since the 2016 survey. Staff explained that the reduction in the use of locum GP, increased clinics and planned changes to the practice clinical system were all aimed at improving patients' experience.

Care planning and involvement in decisions about care and treatment

Results from the July 2017 national GP patient survey showed areas where patients' satisfaction regarding care planning and involvement in their care had either increased or declined. Results were below local and national averages in a number of areas. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%. This demonstrates a 8% improvement since the 2016 national GP patient survey.
- 60% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%. This demonstrates a 7% improvement since the previous national GP survey.

- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%. This demonstrates a 4% decline since the previous national GP survey.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%. This demonstrates an 11% decline since the previous national GP survey.

Staff we spoke with explained that the practice planned to analyse GP and nurse related questions with a view of developing an action plan to address identified concerns; however, had not yet taken any action.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 93 patients as carers (approximately 2% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Carers were sign posted to local carers' services and written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing responsive services as the results from the July 2016 national GP patient survey had showed that patient's satisfaction with how they could access care and treatment were much lower than local and national averages. From the completed CQC comment cards we received there were a mixture of positive and less positive views regarding access to the service and getting appointments.

These arrangements had mainly improved when we undertook a follow up inspection on 10 October 2017. However, the practice continues to be rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile, which enabled a greater understanding of the impact of being located in a neighbourhood of high levels of deprivation and the ethnic diversity of their registered patients.

- At our previous inspection in January 2017 we identified improvements were required to increase the amount of learning disability health checks carried out. During our follow up inspection, staff explained that the practice continued offering longer appointments for patients with a learning disability, reviewed their recall system, and a dedicated clinical lead for learning disabilities remained in place. Staff we spoke with explained that since our previous inspection health checks had been carried out for 30 out of the 34 patients on the practice's learning disability register. This demonstrated an increase from 71% to 88%.
- Patients on the unplanned admissions register were provided with a designated number which allowed direct phone access to the practice.
- Same day appointments were available for children and patients with a medical problem that require same day consultation.

Access to the service

The practice is open between 8am and 6.30pm Mondays to Fridays except on Wednesdays when the practice closes at 1.15pm. Morning GP consulting hours are from 8.30am to 12.30pm Mondays to Fridays. Evening consulting hours are from 2pm to 6pm Mondays to Fridays; except on

Wednesdays when the practice is closed from 1.15pm. The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.

Previously results from the July 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment were much lower than local and national averages. Results from the July 2017 survey showed satisfaction remained below local and national averages; however, there were areas where satisfaction had improved since our previous inspection. For example:

- Patient's satisfaction with the practice's opening hours increased from 49% to 66% compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 44% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%. Although satisfaction remained below local and national averages, patients' satisfaction had increased by 17% since the 2016 national GP patient survey.
- 72% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 79% of patients said their last appointment was convenient compared with the CCG average of 75% and the national average of 81%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%, demonstrating a 9% increase since the previous national GP patient survey.
- 39% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%, demonstrating a slight increase of 2% since the previous national GP survey.

Staff were aware of this data and explained that since our January 2017 inspection the practice carried out an action plan to improve patient satisfaction in five key areas. For example, GP access, patient choice, waiting time, telephone access and respecting patients' right for a second opinion. Staff explained at times the practice was

Are services responsive to people's needs?

(for example, to feedback?)

understaffed. To address these concerns and improve patient satisfaction the practice recruited additional clinical and non-clinical staff as well as implemented a new rota system. Staff explained that this enabled the practice to increase clinical capacity and sessions by three hours per week, which resulted in a total of seven additional clinical appointments. Patients we spoke with during our inspection explained their experience of getting through to the practice by phone had improved since the change of phone system. Staff we spoke with explained that they were communicating with the phone provider to obtain data, which would enable the practice to measure patient

satisfaction. Following our inspection, the practice provided evidence, which showed training to improve communication skills during consultations had been completed by GPs.

Members of the Patient Participation Group we spoke with explained that practice staff discussed survey results during PPG meetings and explained actions to increase patient satisfaction. For example, the reliance on locum GPs had reduced as the practice increased their clinical team, which enabled the practice to offer more appointments.