

# West Heath Medical Centre

## Inspection report

194-196 West Heath Road  
Northfield  
Birmingham  
West Midlands  
B31 3HB  
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Website: sdsmyhealthcare.com

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

### Ratings

#### Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

# Overall summary

**South Doc Services Limited is the registered provider of West Heath Medical Centre. The service has not been inspected previously.**

**This service is rated as outstanding overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? - Outstanding

We carried out an announced comprehensive inspection at West Heath Medical Centre on 17 April 2018, as part of our inspection programme.

At this inspection we found:

- The service continually reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients and GP practices found the service benefited them and allowed patients to access care and treatment in a more responsive way.
- We saw that innovation and continuous learning was key to this organisation.
- There was strong leadership at all levels of the organisation.
- The provider actively engaged with staff when reviewing policies.
- The provider had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes. However, we did see gaps in sharing of learning with all relevant staff.

We saw the following areas of outstanding practice:

The provider had developed an App (MyHealthcare Patient App) which allowed patients access to appointments,

prescription management, medical records, lifestyle and long-term condition management advice. The App was available to patients in over 30 GP practices serving a patient population of 180,000 patients in the Birmingham and Solihull Clinical Commissioning Group (CCG). The provider gave us data that showed approximately 6000 patients had registered for the app, with 3000 patients using it at the time of the inspection. Patients were able to leave feedback about the App directly through the App. Initial feedback showed 97% of patients were happy with booking an appointment through the App and 97% of patients were happy with the process for registering on the App. During the development of the App, the provider had consulted with patients and external agencies such as the Birmingham Sight Loss Council to ensure the App was accessible to patients with impaired vision.

The provider had formed partnerships with external agencies to extend the range of services they could provide to patients. For example, patients were able to book appointments with a physiotherapist through the virtual service instead of being referred to community services first. This reduced their waiting time significantly from weeks to a few days. The provider also provided data to show patients attended fewer follow up appointments indicating they achieved faster results. Patients were also able to book appointments with case workers through the virtual service if they required additional support with social issues. An independent report found high levels of patient and staff satisfaction and the initiative also showed significant savings in primary care.

The areas where the provider **should** make improvements are:

- The provider should review their process for monitoring security of prescription stationery.
- The provider should review their process for sharing information with all staff following learning from incidents and complaints.
- The provider should consider how they ensure that all staff are aware of alerts relevant to their role.

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a CQC inspection manager.

## Background to West Heath Medical Centre

South Doc Services Limited is the registered provider of West Heath Medical Centre (also referred to as the Virtual Centre throughout this report). South Doc Services Limited is a GP co-operative based in South Birmingham and has another location registered with CQC, South Birmingham GP Walk-in Centre.

The Virtual Centre is part of a pilot project initially funded by the Prime Minister's Challenge Fund. It involves over 47 GP practices in Birmingham, and covers approximately 300,000 registered patients.

The Virtual Centre is based at West Heath Medical Centre, 194-196 West Heath Road, Birmingham B31 3HB. More information about the service can be found on the website [sdsmyhealthcare.com](http://sdsmyhealthcare.com).

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

The service has had a registered manager in post since April 2012.

The Virtual Centre provides two services for NHS patients:

- Non- complex telephone appointments with a GP or pharmacist (virtual service)
- Prescription Ordering Department (POD)

The virtual service started in 2015 and is open 08.00 to 20.00 Monday to Friday and 08.00 to 14.00 on Saturday and Sunday. The service does not see any patients face-to-face, all treatment and advice is given over the phone. The service does not provide home visits. The service is designed for non-complex patients with straightforward conditions.

The POD service began in October 2017 as a pilot project involving 10 GP practices. The service has recently received permission from the Birmingham and Solihull Clinical Commissioning Group to expand and offer the service to another five GP practices. Since October 2017 the POD service has taken over 30,000 calls. The POD is open Monday to Friday 08.30 to 17.30. The POD is a dedicated telephone service for patients to order their repeat medications or to discuss any medicine related queries.

The Virtual Centre employs one manager for the POD and one manager for the virtual service, nine GPs, (five male and four female) and one advanced nurse practitioner, seven pharmacists, supported by administration staff, and nine POD staff. Staff are supported by a senior management team, a human resources team and policies and procedures that operate across all services provided by South Doc Services Limited.

We have not inspected this service previously. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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.

# Are services safe?

**We rated the service as good for providing safe services.**

## Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff checked the identity of patients at the commencement of every telephone consultation, by asking patients to confirm their personal details and checked this against their medical record.
- Policies were in place for all services provided by South Doc Services Limited. However, not all policies contained information that was specific to the Virtual Centre.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis, including Disclosure and Barring Service (DBS) checks (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- During this inspection we reviewed two staff files for staff members employed between April 2017 and March 2018. We found files to be comprehensive and well organised.
- We found the centre was visibly clean. There were appropriate infection control measures in place. Patients did not attend the Virtual Centre for their appointments, all appointments were on the telephone.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order.
- We saw the Prescription Ordering Department (POD) staff were located in a small room. We saw from meeting minutes, management had identified this as a risk and had completed a risk assessment. Risks included an increased temperature, making it uncomfortable for

staff working in the POD room. Following the inspection, the provider informed us some POD staff had been relocated into a second room and there was also a planned expansion into a third room.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Staff knew how to respond to patients on the phone in the event of an emergency and had access to information to help them identify and manage patients with severe infections including sepsis.
- We saw that there was a process in place for ensuring that only those patients appropriate for this service were reviewed by telephone, minimising risks to patients. We saw evidence that showed inappropriate calls had been passed back to the GP and the reason for rejecting the referral was given to the GP.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The Virtual Centre and all of the GP practices using the service, all used the same patient record system. This ensured that information needed to deliver safe care and treatment was available to staff and the Virtual Centre could effectively share information with the patient's GP and other agencies to enable them to deliver safe care and treatment.
- We saw clinicians updated patients' GPs in real time.

## Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- Staff prescribed medicines to patients and gave advice on medicines in line with current national guidance.

## Are services safe?

- The provider had amended their medicines and prescribing policies to ensure they were appropriate for the virtual service and the POD service.
- There were effective protocols for verifying the identity of patients during telephone consultations.
- Patients' health was monitored in relation to the use of medicines and were referred back to the patient's own GP practice if the patient required a face-to-face follow up.
- The service had a system for monitoring prescription stationery however it did not enable the provider to effectively monitor security of prescriptions.

### Track record on safety

The service had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, identified themes and took action to improve safety in the Virtual Centre.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.
- However, clinical staff we spoke to during the inspection were unable to recall any recent alerts or learning from significant event analysis. The senior management team informed us alerts and sharing from incidents were emailed to all relevant staff, however there was no system to ensure timely receipt and action.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

## We rated the service as good for providing effective services

The provider had developed an innovative service which promoted patient self-management, was popular with patients and demonstrated improved outcomes.

The provider proactively reached out to the community and worked constructively with other organisations to improve patient outcomes.

### Effective needs assessment, care and treatment

The provider actively encouraged and monitored the safe use of innovative approaches to delivering care.

- The provider had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service used technology to improve treatment and to support patients' independence.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The prescription ordering department (POD) allowed for patients from 10 GP practices to speak directly to a prescription call handler to discuss or order repeat medication. We saw that in April 2018, the POD had handled 2000 calls a week, which would normally be handled by GP reception staff in the 10 practices. The call handlers were able to access clinical records when taking requests for repeat prescriptions and would confirm that each item was required prior to issuing the repeat prescription. Should patients disclose that specific items were no longer necessary the information was passed back to the patient's GP. We were presented with data from the CCG which showed that since the inception of the POD scheme there had been significant cost savings on prescribing compared to rising costs for patients not using the POD scheme.

- The POD enabled more effective monitoring of medications by identifying when medication reviews were required and also identified compliance issues through conversations that GP practices may not have the time to do.
- We saw evidence of how the POD service offered additional benefits to patients including how staff had identified vulnerability and safeguarding concerns, for which all patients had been referred to appropriate services for follow up.
- During October 2017 to January 2018, the provider asked practices included in the POD pilot to calculate how much time was spent processing repeat prescriptions on a daily basis before and after the implementation of the POD. The survey found that the POD had reduced the amount of time practice staff spent processing prescriptions by more than 50%. This relieved workload pressures for them and allowed them to focus on other tasks.
- Unverified data from the provider showed how the virtual service had reduced the burden on other services such as hospital emergency departments. The data provided showed that 199 patients had been referred to the service from NHS 111 since the service began in 2015. The virtual service was able to deal with 152 patients either directly or by referring them onto other services provided by South Doc Services Limited. This resulted in only 12 cases out of the 199 going to hospital emergency departments. Without this service, 199 patients may have normally been directed to a hospital emergency department.
- The Virtual Centre had put in access to CRP (C reactive protein) testing, (a blood test to see if infection was present) for all patients where antibiotics were not clearly indicated. Before being prescribed antibiotics, where appropriate, patients would be seen at a local GP practice (Hub) and have a blood test for CRP, this would ensure antibiotics were only prescribed when needed, in line with national guidance.

### Monitoring care and treatment

(Please note Quality Outcomes Framework (QOF) data was not applicable to the Virtual Centre which does not have patients registered for the service.)



## Are services effective?

All staff were actively engaged in activities to monitor and improve quality and outcomes. Outcomes for people who used services were positive, consistent and exceeded expectations.

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The POD was first introduced in October 2017 to support 10 practices. We saw the POD project had received approval to continue for a further 14 months and to include an additional five GP practices, and that the number of GP practices using the virtual service had also expanded to 47 practices.

- The provider told us they audited 20 sets of records for each clinician annually. We saw evidence of two clinicians' audits. Any issues identified as a result of the audit were fed back to the clinician, themes from audits were fed back during staff meetings.
- Pharmacist telephone calls and records were also monitored and reviewed monthly.
- The provider had carried out a survey in April 2018 and asked practices for their feedback on the virtual service. 90% of practices that responded felt the virtual service reduced demand on general practice and 70% felt the virtual service reduced inappropriate face to face appointments in general practice.
- The provider had organised an external review of the virtual service in 2016 which showed initial feedback from patients and GP practices was positive and had identified minor changes to the service.

### Effective staffing

The service regularly updated its policies and processes for using innovative practice.

- Staff had the skills, knowledge and experience to carry out their roles.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision

and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

The service was committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to people who used services.

- Staff worked together and with the patient's own GP practice to deliver effective care and treatment.
- The GP and pharmacist worked together to deal with more complicated consultations.
- The pharmacist also provided support to the POD manager (pharmacy technician) when necessary.
- We saw records that showed virtual service staff communicated with the patient's GP practice appropriately and in a timely way.
- The service shared clear, timely and accurate information with the patient's GP practice.
- Patients received coordinated and person-centred care. Virtual service staff could access patients' electronic records where patients had previously consented to sharing of their information.

### Helping patients to live healthier lives

The service was consistent in supporting people to live healthier lives, including identifying those who needed extra support, through a targeted and proactive approach to health promotion and prevention of ill-health.

- The service identified patients who may be in need of extra support or those needing a face to face appointment and directed them to relevant services.
- Clinicians were able to provide lifestyle advice during the telephone consultation if it was appropriate.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, the POD encouraged patients to take responsibility for ordering their medications. The provider shared feedback they had received from patients using the service, which included patients commenting they were able to order medicines as they needed them, reducing waste.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

## Are services effective?

- The provider had developed an App (a computer program designed to run on all devices including personal computers (PCs), mobile phones, and tablet devices) called MyHealthcare Patient App, that offered long-term condition management, and life style management resources. The App was linked to patients' records. At the time of the inspection, approximately 3000 patients had registered to use the App.

### **Consent to care and treatment**

Practices around consent and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

- At the start of every consultation, the clinician gained consent from the patient to access the patient's NHS record.
- The service had set criteria where only patients able to give consent could access the service. If the patient had a carer, this had to be clearly recorded on the patient's record by the patients GP practice, and consent was sought from the carer.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.

**Please refer to the Evidence Tables for further information.**



# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

- The service gave patients timely support and information.
- Patients using the virtual service were given a 60 minute time slot when they would receive their telephone consultation appointment. This allowed patients to continue with their daily activities while waiting for their appointment.
- The provider commissioned an external survey in 2016 which included collecting patient feedback. In total 27 patients gave feedback.
- 92% of respondents were happy to have a telephone consultation rather than a face to face appointment. Only one responded that they would have preferred a face to face appointment.
- 96% of patients were satisfied with the outcome of their telephone consultation. All callers related to a child were satisfied with the outcome.
- 100% would recommend the service.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand. Staff had access to interpreters if needed.
- The provider had a carers policy that covered all of its services, however there was no specific information relating to the Virtual Centre.

## **Privacy and dignity**

- The service respected patients' privacy and dignity.
- Carers were identified by the patient's own GP practice and identified on the patient's record. The Virtual Centre staff performed the same identity checks for carers as for patients to ensure they only spoke with authorised people and maintained patient confidentiality.

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

## We rated the service as outstanding for providing responsive services

### Responding to and meeting people's needs

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

- People's individual needs and preferences were central to the delivery of tailored services.
- The services were flexible and provided informed choice.
- Telephone consultations supported improved access to services for the whole community including patients who were unable to leave their home or allowed patients to access care and treatment during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The provider made reasonable adjustments when patients found it hard to access services. Staff had access to interpreters, however the service did rely on the patient's GP practice to inform them on making the referral that an interpreter was required.
- The service did have a set criteria for patients being able to access the virtual service, with an exclusion list. Set criteria included patients had to be able to give informed consent over the telephone.
- The Virtual Centre provided effective care coordination for patients who had less complex needs. It responded to the specific needs of its community by supporting them to access services both within and outside the service. If the referral for the Virtual Centre was inappropriate, staff arranged for the patient to be followed up in a more appropriate setting.
- The service monitored patient activity closely and made changes where necessary. For example, the provider found more female patients accessed the virtual service than male patients, in response to this the provider increased the number of female clinicians they employed.
- The service demonstrated creative and innovative working, for example, the POD was developed directly as a result of identifying service developments for patients and achieving better outcomes for patients by giving them a dedicated phone line that was accessible five days a week. The POD was based on existing models which had already proven their concept in CCGs (Clinical Commissioning Groups) across England. The POD was promoted as an extension of the GP practice and patients had the choice to use the service. Each of the 10 pilot practices were given their own dedicated phone number for patients to call and call handlers were assigned to take calls from specific practices. This promoted familiarity and created a better working relationship between the POD team, practices and patients and aided continuity of care.
- The Virtual Centre offered extra services which provided care closer to patients' homes and reduced the burden on GP practices. For example, the Virtual Centre had identified patients often contacted GP practices for support with non-clinical needs and had set up a scheme with Gateway Family Services to support patients to access more appropriate sources of care and empower them to undertake more self-care when appropriate. The scheme was aimed at patients who presented at GPs more frequently than was expected with non-clinical needs. Feedback from patients was positive.
- The Virtual Centre had developed a partnership with Birmingham Community Healthcare NHS Trust (BCHC) to deliver a Physio First programme. The partnership allowed clinicians working at the virtual centre and at Hub practices to book patient's appointments with the relevant extended scope practitioner or physiotherapist directly and no longer needed to be referred to the community service first, which previously resulted in up to an 11 week wait for treatment. Initial evaluation by BCHC had shown that the waiting times had almost been eliminated and the number of follow-up appointments had reduced showing that patients' injuries or problems were resolved faster due to faster access and resources were being used more appropriately.
- While developing the MyHealthcare patient App, the provider consulted with organisations such as the Birmingham Sight Loss Council (BSLC) to adapt original designs, including colour contrasts, to meet accessibility requirements for those with impaired sight.
- The provider had also sought patient feedback while developing the App and made changes to the App. For example, the App was changed to allow carers to access a patient's online profile or allow a parent/carer to access a child's profile, with consent where appropriate.
- The provider gave us evidence to show they regularly sought feedback from patients and GP practices to help

# Are services responsive to people's needs?

improve services. For example, patients were able to leave feedback directly through the App. We saw the provider had responded appropriately and used patient feedback to improve their services.

- The provider had collected patient feedback on the POD service in November 2017, one month after the POD was introduced. All patients surveyed commented positively about the service and commented they would recommend it.
- The provider had systems in place to collect feedback from practices on the POD service. Data we saw showed feedback from practices was mostly positive and the provider had made changes in response to feedback to improve services further.
- The provider collected patient feedback each year from a sample of patients using the virtual service. We saw from the data provided for 2016, patient feedback about the virtual service was mostly positive.

## Timely access to care and treatment

Patients could access services and appointments in a way and at a time that suited them.

Technology was used innovatively to ensure patients had timely access to treatment, support and care.

- Appointments with the virtual service GP/pharmacist were made by the patient's own GP practice. The patient was informed of a 60 minute time slot and the clinician would aim to contact the patient during this time.
- Patients using the virtual service had timely access to medical records, test results, treatment and reviews of medication.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients using the POD could ring into the POD themselves at a time that suited them.

- The POD manager told us they were aware of times when demand for the POD service was particularly high, however they reminded patients of their opening times to encourage patients to call at different times when the service was less busy.
- The POD monitored call data and provided data to show they received 6748 calls in March 2018. The average length of time patients were waiting for their call to be answered was approximately three minutes and most calls were dealt with within three to four minutes. The provider sent us data after the inspection to show call waiting times had reduced to one minute in May 2018.
- We saw data that showed the POD service was taking approximately 1500 calls a week at the start of January and this had increased to 2000 calls a week in April 2018.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- The provider informed us learning from complaints was shared with all relevant staff during team meetings and sent us evidence following the inspection to show this.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

## We rated the service as outstanding for providing a well-led service.

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

### Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was an embedded system of leadership development and succession planning, which aimed to ensure that the leadership represented the diversity of the workforce.

- Leaders at all levels were visible within the practice and held positions external to this service that enabled them to influence improvements across the group of practices within the CCG.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### Vision and strategy

The strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable.

- Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.
- There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.
- There was a clear vision and set of values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service was actively working with stakeholders and partner organisations to support health improvements locally and nationally.

### Culture

Leaders had an inspiring shared purpose, and strived to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff.

- Staff stated they felt respected, supported and valued. They were proud to work in the Virtual Centre.
- The culture of the service was to deliver person-centred care and treatment to all its patients and to involve patients in their own care by increasing education, promoting self-care and providing support with encouragement to lead healthier lives.
- Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider had a supportive approach to staff development. There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Newly employed staff received one to one meetings at defined intervals. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The provider actively promoted equality and diversity and staff had received equality and diversity training. Staff felt they were treated equally.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

## Are services well-led?

understood and effective. The governance and management of joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and managing significant events and complaints.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, some policies, for example the safeguarding policy, did not contain information that was specific to the Virtual Centre.

### Managing risks, issues and performance

There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations and prescribing decisions. The senior management team had oversight of national and local safety alerts, incidents, and complaints. However, not all staff could recall receiving information on such issues.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The provider had a business continuity plan and risk assessment in place.
- The service held a staff meeting every two months to discuss all services under the provider including the Virtual Centre. This included a service update, updates to policies and the opportunity for staff to raise any concerns.
- The senior management team met at regular intervals to discuss all significant events and complaints.

### Appropriate and accurate information

The provider continued to proactively use data to review and improve services for patients.

The service invested in innovative and best practice information systems and processes. The information used in reporting, performance management and delivering quality care was consistently found to be accurate, valid, reliable, timely and relevant.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients and external organisations.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The provider used performance information which was reported and monitored and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.
- There were appropriate arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

There were consistently high levels of constructive engagement with staff and people who used services. Rigorous and constructive challenge from people who used services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.

- The provider had worked to engage with local and national CCGs (Clinical Commissioning Groups) and other GP practices and as a result, provide an innovative range of services that would benefit the wider community.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service was transparent, collaborative and open with staff and stakeholders about performance.
- Feedback received from patients and GP practices was positive about the service.
- The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.

### Continuous improvement and innovation

## Are services well-led?

There was a fully embedded and systematic approach to improvement.

- Improvement was seen as the way to deal with performance and for the organisation to learn. Staff were empowered to lead and deliver change.
- Safe innovation was celebrated.
- The provider worked to share innovation with other GP practices to produce benefits to the local community. For example, the trial of the POD had been extended to include a total of 15 local practices. The provider was able to give us data that showed there had been significant benefits to patients, GP practices and reducing the cost to the NHS.
- Following the inspection, the provider sent us evidence from Birmingham and Solihull Clinical Commissioning Group (BSOL CCG) that showed due to the success and impact of the Virtual Service, it was an approach that the CCG would be using in 2018/19 across other areas of Birmingham as part of the General Practice Forward View.
- The service had also developed an App that was available to use by over 30 GP practices. The provider informed us they would be relaunching the App in May 2018 and it would be available to all GP practices within the Birmingham and Solihull CCG. We saw evidence from the CCG that the App would be implemented in 177 practices across a population of 1.3 million. This would result in a much larger patient population benefiting from this service. The App allowed patients to book appointments, order repeat medication and to access medical records. It also provided patients with long-term condition and lifestyle advice that was relevant to their health needs. The provider gave us data that showed over 3000 patients were using the App and initial feedback was very positive.

- We saw evidence of the provider engaging with other CCGs nationally to share their technology and roll out the App beyond Birmingham Solihull CCG.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The service had won an award from the Birmingham South Central CCG, Prime Ministers Challenge Fund for Innovation in 2015. We saw that the good practice which led to the service winning this award had been developed further and that this was still leading to benefits for patients, staff and the local health economy.
- The provider informed us they had applied to take part in the Group Practice Enhanced Research Delivery Scheme and were awaiting the outcome of their application. Following the inspection, the provider informed us they had been successful in their application.
- The service also provided training to clinical and non-clinical trainees. For example, pre-registration pharmacists. We saw evidence of how this had benefited the pre-registration pharmacist and staff employed by the service. For example, the pre-registration pharmacists were able to share learning with clinicians by advising on medication changes following MHRA alerts.
- The provider held service development sessions with staff from GP practices using the virtual service, to give staff the opportunity to discuss how the service integrated with their practice and any improvements that could be made.

**Please refer to the Evidence Tables for further information.**