

Woodgate Valley Health 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?	Outstanding	

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 Woodgate Valley Health Centre on 3 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative methods to improve patient outcomes. Clinical audits had been triggered by new guidance and from learning from significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs. 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.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on. The practice had patient participation group which supported practice development.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- There was a strong team culture and the practice was cohesive and organised.

We saw areas of outstanding practice:

- The practice was innovative in initiating the programme and development of a protocol for the referral of patients to the practice for the initiation of insulin injectable therapy to optimise diabetic control and prevent secondary care referrals for patients with diabetes. Since May 2015, 50 patients had been referred to the practice from seven local practices. The practice introduced quarterly diabetic masterclasses, held with a professor and a member of the diabetic team from the University Hospital Birmingham. We saw evidence from the Clinical Commissioning Group and local practices indicating

that the initiative was successful and had improved patient outcomes. Ninety five percent of patients experienced a reduction in their blood glucose levels and in the last year there had been an average of 4kg weight loss.

- The practice shared significant events cross the locality to share learning. The practice carried out a thorough analysis of the significant events, significant events were categorised and graded using a RAG (red, amber, green) rating tool. The incidents rated as red, were linked to the audit programme.

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 report incidents and near misses. All opportunities for learning from internal and external incidents were maximised. Learning was based on a thorough analysis and investigation
- The practice used innovative methods to improve patient outcomes. Clinical audits had been triggered by new guidance and learning from significant events.
- When things went wrong patients received truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice held monthly safeguarding meetings with health visitors
- Risk management was comprehensive and well managed and recognised as the responsibility of all staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that the practice was performing highly when compared to practices locally and nationally.
- The practice was pro-active in identifying patients at risk of an unplanned hospital admission and regularly reviewed their health needs resulting in lower than average A&E attendances.
- The practice had a structured system in place to ensure that all clinicians were up to date with both national and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement. Clinical audits had been triggered by new guidance and learning from significant events.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members throughout the practice had lead roles across a range of areas and were committed to working collaboratively.

Summary of findings

- The implementation of diabetic masterclasses showed that 95% of patients attending had achieved a reduction in blood glucose levels in the last year and an average of 4Kg weight loss patients.
- There was evidence of appraisals, personal development plans and succession planning for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published July 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice worked with local support services such as citizen's advice to provide advice and support to their patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was part of the paramedic triage scheme to reduce unplanned admissions. Clinical staff carried out home visits for patients that would benefit from these.
- 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. There were longer appointments available for vulnerable patients
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

- The practice offered a range of clinical services which included care for long term conditions.
- The practice provided services to other practices across the locality, for insulin initiation, minor surgical procedures and spirometry.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Throughout our inspection we noticed a strong theme of positive feedback from staff. Staff spoke highly of the culture of the practice and were proud to be part of the practice team.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels.

Outstanding



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 maintained a palliative care register and held monthly palliative care meetings that included reviews of patients with other conditions for example, dementia and heart failure.

People with long term conditions

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

Outstanding



- Overall performance for Chronic Obstructive Pulmonary Disease (COPD) was 100%, with an exception rate of 9% compared to the CCG average of 13% and national average of 15%.
- The practice were pro-active in improving health outcomes for patients with COPD. We saw evidence to demonstrate that compared with other neighbouring practices the practice had low admission rates to hospital for this condition. The practice provided an effective system to identify and follow-up patients with COPD to reduce the risk of exacerbation and hospital admission.
- The practice developed a protocol for referral of patients for the initiation of insulin injectable therapy to optimise diabetic control and prevent secondary care referrals. The practice introduced quarterly diabetic masterclasses, for locally interested GPs and nurses, held with a professor and a diabetic team from the University Hospital Birmingham. Evidence from the CCG and local practices identified that this service was successful, by reducing secondary care referrals, increasing the uptake of insulin therapy, a reduction in patient blood/sugar levels and weight loss.
- The patient participation group had commenced a diabetic forum to provide advice on diet and exercise, with forum members organising walks in the local area. Patients we spoke with were positive about the outcomes.

Summary of findings

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.

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, there was a monthly safeguarding meeting with health visitors.
- Immunisation rates were relatively high for all standard childhood immunisations. For example, immunisation rates for vaccines given
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies, there was a breast feeding room available.
- 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).

- The practice was proactive in offering a full range of health promotion and screening that reflects the needs of this age group.
- 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.
- Appointments could be booked over the phone, face to face and online. The practice offered extended hours on Mondays.
- National cancer intelligence data 2014/15 indicated that the breast cancer screening rates for 50 to 70 year olds was 73%

Good



Summary of findings

compared to the CCG average of 69% and a national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 46% compared to the CCG average of 50% and a national average of 58%. There was a policy to send letters to patients to encourage attendance for screening.

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.
- At the time of our inspection, there were 27 patients registered with a learning disability, the practice offered longer appointments for these patients
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice told vulnerable patients how to access 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.
- The practice held a register for carers and had identified 74 patients as carers (approximately 1.4% of the practice list).

Good



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).

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% compared to the CCG average of 82% and a national average of 84%. Exception reporting was 4% compared to the CCG and national average of 8%.
- Performance for mental health related indicators was higher than the national average at 99% compared to the CCG average of 92% and a national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The lead GP held regular meetings with a consultant psychiatrist.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- 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 received training on dementia awareness and had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 321 survey forms were distributed and 97 were returned. This represented 30% of the practice's patient list, approximately 2% of the practice list.

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.

- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 79% 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 74% and the 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 four comment cards which were all positive about the standard of care received.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

- The practice was innovative in initiating the programme and development of a protocol for the referral of patients to the practice for the initiation of insulin injectable therapy to optimise diabetic control and prevent secondary care referrals for patients with diabetes. Since May 2015, 50 patients had been referred to the practice from seven local practices. The practice introduced quarterly diabetic master classes, held with a professor and a member of the diabetic team from the University Hospital Birmingham. We saw evidence from the Clinical Commissioning Group and local practices indicating

that the initiative was successful and had improved patient outcomes. Ninety five per cent of patients experienced a reduction in their blood glucose levels and in the last year there had been an average of 4kg weight loss.

- The practice shared significant events across the locality to share learning. The practice carried out a thorough analysis of the significant events and they were categorised and graded using a RAG (red,amber, green) rating tool. The incidents rated as red were linked to the audit programme.

Woodgate Valley Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Woodgate Valley Health Centre

Woodgate Valley Health Centre provides primary medical services to approximately 5,000 patients and is located in Birmingham. The practice originally opened in 1972 and the building was demolished in 2004 to make way for the new purpose built health centre in 2005. Information published by Public Health England rates the level of deprivation within the practice population group as two; on a scale of one to ten, with level one representing the highest level of deprivation.

Services to patients are provided under a General Medical Services (GMS) contract, a nationally agreed contract between NHS England and GP Practices. The practice has expanded its contractual obligations to provide enhanced services to patients. (An enhanced service is above the contractual requirements of the practice and is commissioned to provide additional services to improve the range of services available to patients).

The clinical team includes three GP partners; one male and two female GPs. There are two practice nurses and one health care assistant. The practice is a training practice for

GPs and there are two trainee GPs currently at the practice. The GP partners and the practice manager form the management team and they are supported by the reception manager and six reception and secretarial staff.

The practice is open between 8.30am and 6pm on Tuesdays, Thursdays and Fridays, 8.30am to 8pm on Mondays and 8.30am to 1pm on Wednesdays.

Appointments are available from:

8.30am to 12pm, and 3.50pm to 6pm on Tuesdays, Thursdays and Fridays

8.30am to 12pm, 3.50pm to 6pm and 6.30pm to 8pm on Mondays

8.30am to 12pm on Wednesdays

When the practice is closed the out of hours provision is shared between PrimeCare and South Docs.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 October 2016.

During our visit we:

- Spoke with, GPs, the practice nurse, practice manager, reception staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked 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).

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 safe?

Our findings

Safe track record and learning

- The practice took an open and transparent approach to reporting incidents. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice demonstrated a proactive approach to the management of significant events and near misses. We saw evidence that the practice shared significant events cross the locality to share learning. The practice carried out a thorough analysis of the significant events, significant events were categorised and graded using a RAG (red, amber, green) rating tool. The incidents rated as red, were linked to the audit programme.
- We viewed a comprehensive log of 100 significant events and incidents that had occurred during the last 12 months. This demonstrated a positive reporting culture. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received truthful information a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice effectively monitored MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and medicines alerts. These alerts were disseminated by the practice nurse, we saw evidence that a recent medical alert had been responded to, records were kept to demonstrate action taken. Significant events, safety and medicines alerts were a regular standing item on the clinical meeting agendas. They were also discussed during the reception meetings. We saw minutes of meetings which demonstrated this and staff told us how learning was shared during these meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

- One of the GPs was the lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The lead GP held monthly safeguarding meetings with health visitors, to discuss children on the 'at risk' register. We saw minutes of meetings which demonstrated this. Staff demonstrated they understood their responsibilities, and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. The nursing staff would usually provide the chaperoning service and occasionally members of the reception team would act as chaperones. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- We observed the premises to be visibly clean and tidy. We saw cleaning records and completed cleaning specifications within the practice.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the most recent audit achieved a 96% compliance rate with recognised guidance and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing, security and disposal). The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with national guidance.

- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medicines remained relevant to their health needs and kept patients safe. The practice used an electronic prescribing system. Prescription stationery was securely stored and there were systems in place to monitor the use. All prescriptions were reviewed and signed by a GP before they were given to the patient.
- Both practice nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific direction from a prescriber.
- We reviewed the process for the prescribing of high risk medicines and checked a sample which indicated that the monitoring and follow up was appropriately managed.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.

- There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to demonstrate that clinical equipment was checked and working properly.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had not used any locum GPs since July 2015.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available. Records showed that all staff had received training in basic life support
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, the plan was located in reception and both the practice manager and reception manger kept a copy off site. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. Clinical meetings were used as an opportunity to discuss new guidance that had been received. The practice monitored that these guidelines were followed through audits of referrals.

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 lead GP partner had been allocated the responsibility QOF and attended annual seminars when changes were introduced, these were then discussed at the clinical meetings. Current results from 2014/15 were 93% of the total number of points available, with 6% exception reporting. (Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect).

The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital and were proactive in their approach in providing care and treatment to avoid such admissions. The reception manager checked daily for patients who had unplanned admissions to hospital. These patients were reviewed by the GP and care plans were updated. The practice had 100 patients on their unplanned admission register and an alert was assigned to the electronic patient record.

An example of this is the way the practice monitored patients with Chronic Obstructive Pulmonary Disorder. We saw evidence to demonstrate that compared with other neighbouring practices, the practice had low admission rates to hospital for Chronic Obstructive Pulmonary disease

(COPD), despite a high prevalence of the condition within the practice population as compared with other practices. For example, admission per 1000 patients with COPD for the practice was 1.5%.

The practice regularly monitored and reviewed patients with COPD as follows;

- Early documentation in patient records of the diagnosis from hospital letters as a result of lung function tests.
- An effective recall system to monitor and review the patients with COPD.
- In-house spirometry which was also provided for patients from other practices.
- Annual reviews as standard and bi-annual for those with severe COPD.
- The issuing of rescue medicine packs to reduce the risk of exacerbation.
- Post discharge hospital reviews within 48 hours to assess the patients care and treatment needs.
- Referrals to a pulmonary rehabilitation service and/or a community case manager for patients with an increased risk of exacerbation.

The practice was part of the local area ambulance triage initiative to assist in the reduction of A&E attendances. The ambulance crews had access to a 'duty doctor' who had access to the patients' medical records in order to inform the clinical discussion and decision making process. We saw evidence that reflected that this system reduced the number of hospital admissions.

The practice was innovative in initiating the programme and developing a protocol for the referral of patients to the practice for the initiation of insulin injectable therapy to optimise diabetic control and prevent secondary care referrals. Since May 2015, 50 patients had been referred to the practice from seven local practices. The practice organised quarterly diabetic masterclasses, for locally interested GPs and nurses, held with a professor and a team from the University Hospital Birmingham. The team discussed challenging patients and how to support them to manage better in the community, training for the primary care team and the facilitation of appropriate referrals to secondary care.

Are services effective?

(for example, treatment is effective)

The practice held monthly palliative care meetings attended by community nurse and hospice staff. The patients included for discussion at these meetings had conditions other than cancer, for example, heart failure and dementia.

We found that 95% of patients who attended for injectable initiation had experienced a reduction in blood glucose levels in the last year within the practice and an average of 4Kg weight loss between patients. The patient participation group had also commenced a diabetic forum to provide advice on diet and exercise, with forum members organising walks in the local area, one patient we spoke to stated that they had lost a considerable amount of weight since joining the group.

- Performance for diabetes related indicators was similar to the CCG and national average of 89%. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92% compared to the CCG average of 89% and the national average of 88%. The percentage of patients with diabetes, on the register, who have had influenza immunisation was 97% compared to the CCG average of 93% and the national average of 94%.
- Performance for chronic Obstructive Pulmonary disease was 100%, compared to the CCG average of 95% and national average of 96%, with exception rates of 9% compared to the CCG average of 13% and national average of 15%. Performance for heart failure indicators was 100%, compared to the CCG average of 97% and the national average of 98%, with exception rates of 13% compared to the CCG average of 10% and national average of 9%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% compared to the national average of 88%.
- Performance for dementia indicators was below the national average at 80% compared to the CCG and national average of 94%. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% compared to the CCG average of 82%

and a national average of 84%, with exception rates of 4% compared to the CCG and national average of 8%. However only 50% of patients that had face to face reviews had received blood tests.

There was evidence of quality improvement including clinical audit.

There had been nine clinical audits and additional medicine audits in conjunction with the CCG, completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, the practice audited the care of diabetic patients on new hypoglycemic agents in relation to NICE guidelines and local standards. Out of 200 patients 40 sets of patients records were reviewed. The audit identified that there was a 1.5% reduction in blood glucose levels and the re-audit after six months indicated a further reduction of 0.3%. This reflected that the treatment was effective.

The lead GP provided minor surgery services to patients at the practice and for other practices in the local area. An audit was carried out to review the diagnosis of patients receiving minor surgery to confirm that the diagnosis was correct. This involved submitting specimens for histology investigations. The results of the first audit indicated an 86% accuracy rate for 2014/5 and an 88% accuracy rate for 2015/16. There were no infections following any of the procedures.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment and the clinical team had a mixture of enhanced skills.

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses had completed courses in diabetes management, COPD and one nurse was currently attending a course in rheumatology.
- The GPs had special interests in sexual health, mental health and dementia, women's health, diabetes and

Are services effective?

(for example, treatment is effective)

respiratory medicine. The lead GP undertook minor surgery for the locality. The GPs were GP registrar trainers, year two general postgraduate doctor trainers and final year tutors.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at local networking meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice had supported staff through a variety of training courses. For example, as part of succession planning for the replacement of the current healthcare assistant in 2017, a receptionist was training to take on this role. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and support to the nurses with regards to their revalidation commenced in April 2016.
- All staff had received appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice had effective and well established systems to plan and deliver care and treatment. This was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. We saw evidence that formal multi-disciplinary meetings took place monthly and that care plans were routinely reviewed and updated.

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, staff had received training on 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 and treatment was unclear the GP or nurse assessed the patient's capacity and where appropriate, recorded outcomes of the assessment.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, weight, smoking and alcohol cessation. Patients were appropriately signposted to the relevant services.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence data 2014/15 indicated that the breast cancer screening rates for 50 to 70 year olds was 73% compared to the CCG average of 69% and a national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 46% compared to the CCG average of 50% and a national average of 58%. There was a policy to send letters to patients to encourage attendance for screening.

Childhood immunisation rates for the vaccinations given were comparable to the national average. For example,

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds was 96% compared to the national average which ranged from 73% to 93% and five year olds ranged from 74% to 97% compared to the national average which ranged from 81% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

- We observed throughout the inspection members of staff were courteous and very helpful to patients and treated them with dignity and respect, both at the reception and on the telephone.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; 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. The practice had introduced a boundary line in reception, requesting that patients wait behind this area so that conversations at reception could not be overheard.

All of the four patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were always helpful, caring and treated them with dignity and respect.

We spoke with the chair of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 89% of patients said the GP 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 compared to the CCG average of 96% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care: Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had identified 74 patients as carers (1.4% of the practice list). There was a carers notice board situated in reception and a carers pack available that contained written information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the different needs of the population and acted on these needs in the planning and delivery of its services. The practice worked with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. The practice maintained a register of patients with learning disabilities, there were 27 patients registered (approximately 0.5% of the practice list).
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop, braille on all signage, breast feeding room and translation services available.
- The practice had one homeless patient registered and had recently registered and provided childhood immunisation to a family of travellers. The practice nurse provided details of the immunisations for the mother to share with another practice in the future.
- The practice had arranged for the Citizens Advice service, a drug worker and a hearing aid clinic to be available in the practice bi monthly, to provide advice and support to patients.
- The practice worked with the Alzheimer's Association to support patients with dementia.
- The lead GP for mental health met regularly with a local psychiatrist to discuss complex patients among the practice population.

Access to the service

The practice is open between 8.30am and 6pm on Tuesdays, Thursdays and Fridays, 8.30am and 8pm on Mondays and 8.30am and 1pm on Wednesdays. Appointments were available, 8.30am to 12pm, and 3.50pm to 6pm on Tuesdays, Thursdays and Fridays, 8.30am to 12pm, 3.50pm to 6pm and 6.30pm to 8pm on Mondays and 8.30am to 12pm Wednesdays. When the practice is closed the out of hours provision is shared between PrimeCare and South Docs.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

The practice had implemented a number of systems to improve the ability to contact the surgery. They had installed an additional telephone line and introduced online appointment bookings.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated lead for complaints. We saw that information was available to help patients understand the complaints system, posters were displayed in the waiting area. All complaints were also listed as a significant event and RAG rated (red, amber, green for severity).

We looked at 10 complaints received in the last 12 months and found that these were dealt with in a timely way with

Are services responsive to people's needs?

(for example, to feedback?)

openness and transparency. All complaints were logged as serious incidents and investigated in accordance with the practice RAG rating system. We saw that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to

improve the quality of care. For example, a patient suffered side effects following travel vaccinations which were not discussed during administration. The practice now provided documented information about side effects.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision to; deliver exceptional patient care, be recognised as employers of excellence and develop a committed and happy workforce and enhance clinical provision. The staff we spoke to talked about patients being their main priority.

The practice had a robust strategy and business plan for 2016/17. This set out the aims for service development and ongoing initiatives. For example, to improve and encourage online access for electronic prescribing and the establishment of a 'blog' and access to patient information leaflets online.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, each GP took responsibility for the implementation and monitoring of NICE guidance relevant to there are of expertise.
- The practice shared significant events cross the locality to share learning. The practice carried out a thorough analysis of the significant events, significant events were categorised and graded using a RAG (red, amber, green) rating tool. The incidents rated as red, were linked to the audit programme.
- Practice specific policies were implemented and were available to all staff.
- There were clinical leads for Safeguarding, palliative care and QOF outcomes.
- Managers had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

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

The leadership at the practice had focused on patients with long term conditions in relation to Chronic Obstructive Pulmonary Disorder (COPD) and Diabetes.

The practice developed a protocol for referral of patients for the initiation of insulin injectable therapy to optimise diabetic control and prevent secondary care referrals. The practice introduced quarterly diabetic master classes, for locally interested GPs and nurses, held with a professor and a diabetic team from the University Hospital Birmingham. Evidence from the CCG and local practices identified that this service was successful, by reducing secondary care referrals, increasing the uptake of insulin therapy, a reduction in patient blood/sugar levels and weight loss.

The practice were pro-active in the management of patients with Chronic Obstructive Pulmonary Disorder and their care and treatment of these patients had led to improved health care and a reduced number of hospital admissions. There was a strong supportive team culture in the practice. We spoke with the GP registrar and they indicated that they felt supported and welcomed and that the whole practice was organised and cohesive.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners and management team encouraged a culture of openness.

When there was unexpected incidents,

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.

Are services well-led?

Outstanding



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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients. They gathered feedback from patients through a patient survey and formal and informal complaints received and from the patient participation group (PPG) which met quarterly. We saw information about the group

had been displayed in the reception to inform and encourage patients to attend. We spoke with the chair of the PPG who told us that they were able to provide feedback on survey results and other issues.

Continuous improvement

The GPs demonstrated a strong commitment to continuous learning and improvement at all levels in the practice. The practice demonstrated a strong approach to safety and providing the best care to their patients in the systems and processes which it had introduced. For example,

The practice participated in the ACE excellence scheme in the locality. The practice had been involved in the paramedic triage service and in designing a protocol for insulin initiation, by which other practices refer patients as part of this the practice had developed a 'master class' for interested GPs and nurses.