

# Midlands Medical Partnership – Birmingham South East

## 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	Outstanding	☆
Are services safe?	Good	●
Are services effective?	Outstanding	☆
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 Midlands Medical Practice (MMP) – Birmingham South East, Dudley Park Medical Centre on 18 and 19 October 2016. Dudley Park Medical Centre is located in Acocks Green, Birmingham.

Dudley Medical Centre is one of four registered providers within the Midlands Medical Partnership (MMP) group of practices. The four registered providers include four locations with an additional six branches. The other registered providers in the group are: Erdington Medical Centre, serving Birmingham north east, with four branch surgeries; Mere Green Surgery serving Sutton Coldfield and Old Priory Surgery in Kingsheath, covering Birmingham south with two branch surgeries. All four registered locations were visited by the inspection team including all six branches. All of the practices share one practice list and have a central management team with shared policies, procedures and governance

arrangements. We have produced four reports to reflect the four provider/location registrations; however due to the structure of the practice much of the detail included in the reports will be replicated.

Overall the practice is rated as outstanding.

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

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). In response to patient feedback a central telephone hub was created with support from the PPG. This had improved telephone access to all 11 MMP practices with call abandonment rates reduced by up to 90% and demonstrated improved patient satisfaction. Feedback from patients about their care was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- The organisation actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- 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.

These are the outstanding features:

- Staff had been trained to identify and support patients at risk of domestic violence. Over a six month period referral rates to services providing specialist support increased six-fold and staff told us patients said they felt supported and listened to.
  - An event in August 2016 for all of the practice staff focussed on reporting of significant events. As a result all practice staff were aware of their responsibility in responding to risks. They were discussed weekly at practice meetings and there was a strong emphasis on learning. The events were analysed, actions agreed and learning points shared.
  - There was evidence of quality improvement including clinical audits. There had been 25 clinical audits undertaken in the last two years across MMP with the learning shared across all practices. These were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services.
- Staff offered kind and compassionate care. For example a dementia drop in service had been established in conjunction with the Alzheimer's Society which ran monthly. Patients and their carers were free to drop in without appointment to access support and advice.
  - MMP's ethos was "Taking Care" which was applied at all levels to both patients and staff. The management group had set objectives to achieve consistently exceptional care, to demonstrate leadership in service redesign and promote patient engagement and empowerment.
  - A comprehensive understanding of the performance of the practice was maintained through the elected management board. Performance was managed centrally and managers could examine achievement and compliance at each location and cross-organisationally. We saw individual practice dashboards which were discussed with staff to motivate them to seek further improvement.
  - Staff said they felt respected, valued and supported. For example, an employee of the month scheme motivated staff to perform well and all members of staff could identify opportunities to improve the service delivered through the staff forum.

The provider should:

- Continue to identify and support carers in order to be responsive to individual needs.

**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



- There was a named Governance lead who oversaw safety systems and processes within MMP ensuring a consistent approach across the organisation.
- There was an open culture in which staff were encouraged to raise safety concerns. A learning event had been held which ensured that staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- Medicines were stored in a secure place and vaccines were stored in validated fridges in their original packaging. The cold chain was preserved in respect of these vaccines. Infection control audits were undertaken regularly and action plans were seen to be completed following these. Equipment was well maintained and safety checks were undertaken.

### Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally. For example, 93% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months, compared to 84% nationally.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. For example, as part of the ACE

# Summary of findings

Excellence scheme (a CCG quality monitoring scheme) for diabetes, dementia and chronic obstructive pulmonary disease (COPD) by developing pathways, resulting in better outcomes and experience for their patients.

- A wide range of clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans 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 showed patients rated the practice higher than others for almost all aspects of care.
- Feedback from patients about their care and treatment was consistently positive.
- Staff were motivated and inspired to offer kind and compassionate care. For example, a dementia drop in service had been established at the practice.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Feedback from external stakeholders such as the Clinical Commissioning Group (CCG) were very positive and aligned with our findings.
- 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.
- We saw an event had been held to improve engagement with carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- There were innovative approaches to providing integrated patient-centred care such as joint working with Combat Stress.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a

# Summary of findings

consequence of feedback from patients and from the patient participation group. For example, new chairs and flooring had been provided in waiting rooms and the practice leaflet was reviewed.

- A central telephone hub had been introduced following poor patient feedback on booking appointments by phone.
- Patients could access appointments and services in a way and at a time that suited them including in person at the reception desk, by telephone to the central hub, and online. All surgeries in the MMP group of practices offered pre-bookable and same day face-to-face consultations. Telephone consultations with a GP were also available.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision with 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using surveys and patient awareness events. The patient participation groups (PPG) were very proactive and involved in practice development to help improve patient satisfaction. Members of the PPGs took calls from patients who wanted to give them feedback about the services, held annual general meetings open to all patients and had developed a role specification for members. There were plans to establish an overall PPG Chair to represent all 4 of the MMP PPGs in order to standardise the way the groups operated and provide mutual support to the chairs.

**Outstanding**



# Summary of findings

- 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 including the pioneer role with the ACE Foundation and the participation in the General Practice Improvement Programme (GPIP). MMP were appointed by the local CCG to provide interim support to a practice that were placed into Special Measures.

# 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 had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice maintained a register for patients who were carers to ensure they received appropriate support including a review of their health. The practice worked closely with local community services to improve their care for example, joint working with Birmingham Carers Hub to devise a drop-in service.
- Frailty screening and assessments for all over 75 year old patients was currently being used to identify patients at risk of falls.
- All staff had completed training to meet the communication needs of specific patient groups such as the elderly. Staff supported patients with hearing and visual impairment to access the service.
- All MMP practices provided a core service with home visiting for housebound and elderly patients.

### People with long term conditions

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

Outstanding



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients in whom the last BP reading (measured in the preceding 12 months), was 140/80mmHg or less was 79%, compared to a national average of 78%.
- Longer appointments and home visits were available when needed.



# Summary of findings

- 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.
- The MMP central target team ensured patients on disease registers were actively recalled and monitored. For example, there was an agreed care plan with 100% of eligible patients (aged 18 and over) and 98% had received a care plan review as of March 2016. In addition, designated staff were responsible, across all sites for facilitating active recall of all patients via a central hub.
- The chronic obstructive pulmonary disease (COPD) specialist nurse had plans in place for health promotion events, including a World COPD day event due to take place in November 2016. The nurse had also been liaising with secondary care colleagues across University Hospitals Birmingham and Heart of England NHS Foundation Trust (HEFT) to help improve COPD patient pathways and reduce hospital admissions. All patients admitted to hospital with chronic obstructive pulmonary disease (COPD) were reviewed within two weeks of discharge.
- Diabetic management and injectable therapy was provided through an extensive training programme for clinical staff and support from the diabetic specialist nurse. This improved accessibility for vulnerable and working patients who could be seen locally.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. Childhood immunisation rates for the vaccinations given to two year old's and younger were up to 100% and five year old's from 87% to 93%.
- 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.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was comparable to the national average. For example, 79% of women aged 25-64 were recorded as having a cervical screening test in the preceding five years. This compared to a CCG average of 79% and a national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Children were offered same day appointments.

## **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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services for booking appointments and to order repeat medications well as a full range of health promotion and screening that reflected the needs for this age group.
- Patients were able to access any of the 11 practices across Birmingham from 8.15am to 6.30pm. This was facilitated by the use one clinical system allowing access to patient records and centralised booking at any site. Telephone consultations were encouraged and patients could pre-book these or request one on the day.
- In order to help patients' access medical care more conveniently, the provider had invested in ambulatory care provision where all of the sites were able to offer ECG and interpretation, 24 hour blood pressure monitoring, diabetic injectable therapies and spirometry.

**Good**



## **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.
- Longer appointments were offered for patients with a learning disability.

**Good**



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. These included community services such as Healthy Minds, Forward Thinking Birmingham, Health Educators, Citizen Advice Bureau and Reach Out Recovery.
- 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.
- Staff had been trained to identify and support patients at risk of domestic violence. Over a six month period referral rates to services providing specialist support increased six-fold and staff told us patients said they felt supported and listened to.
- The practice staff had identified that within the practice population there were a large proportion of people who were vulnerable, this included people experiencing poor mental health or learning difficulties. Staff were trained to support these patients to access healthcare.
- There was a high incidence of substance dependency in some of the areas covered by the practices. As a response to this GPs with a special interest in substance misuse were located across Birmingham to provide an in-house service working with a local voluntary agency to support these patients by monitoring their health needs and prescribing suitable medicines.
- End of life care patients received a priority service. All sites worked to the Gold Standard Framework and had close links to two hospices in Birmingham and regular multidisciplinary team meetings were held.

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

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

- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records, in the preceding 12 months. This was 4.6% higher than the CCG and 4% above the national average.
- 93% of patients diagnosed with dementia had had their care reviewed in a face- to- face meeting in the last 12 months. This was 9% above the CCG and 10% above the national averages.

Outstanding



# Summary of findings

- 93% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This was 5% above the CCG average and 4% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- This group of patients were offered an annual health review. The practice had wanted to engage with local mental health services to enable a more collaborative approach in the case management of these patients but had experienced difficulties in developing these local links.
- The practice worked in partnership with the Alzheimer's Society and ran dementia drop-in clinics, which included a GP assessment and input from a pharmacist. These clinics were popular and available to all patients registered with MMP. The plan was to extend this service to additional locations as well as joint home visits.
- Healthy Minds Improving Access to Psychological Therapies (IAPT) service operated out of the surgeries which enabled people to be seen in a non-clinical environment where they may feel more relaxed.

# 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 or above national averages. Across MMP 718 survey forms were distributed and 235 were returned. This represented 0.4% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received a total of 48 comment cards (13 from Dudley Park Medical Centre) which were all positive about the standard of care received. Patients told us they found staff to be very caring and the doctors listened to what they had to say and did not rush them. Patients could access appointments in a way and a time that suited them. Reception staff were sympathetic to the patient's needs.

We spoke with five patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, not all of them were aware that they could make an appointment at any of the surgeries in the MMP group, if it suited their individual circumstances. During the period April 2015-August 2016 70% of patients who responded to the Friends and Family Test were extremely likely or likely to recommend MMP to others.

## Areas for improvement

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

- Continue to identify and support carers in order to be responsive to individual needs.

## Outstanding practice

- Staff had been trained to identify and support patients at risk of domestic violence. Over a six month period referral rates to services providing specialist support increased six-fold and staff told us patients said they felt supported and listened to.
- An event in August 2016 for all of the practice staff focussed on reporting of significant events. As a result all practice staff were aware of their responsibility in responding to risks. They were discussed weekly at practice meetings and there was a strong emphasis on learning. The events were analysed, actions agreed and learning points shared.
- There was evidence of quality improvement including clinical audits. There had been 25 clinical audits

undertaken in the last two years across MMP with the learning shared across all practices. These were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services.

- Staff offered kind and compassionate care. For example a dementia drop in service had been established in conjunction with the Alzheimer's Society which ran monthly. Patients and their carers were free to drop in without appointment to access support and advice.
- MMP's ethos was "Taking Care" which was applied at all levels to both patients and staff. The management

# Summary of findings

group had set objectives to achieve consistently exceptional care, to demonstrate leadership in service redesign and promote patient engagement and empowerment.

- A comprehensive understanding of the performance of the practice was maintained through the elected management board. Performance was managed centrally and managers could examine achievement
- and compliance at each location and cross-organisationally. We saw individual practice dashboards which were discussed with staff to motivate them to seek further improvement.
- Staff said they felt respected, valued and supported. For example, an employee of the month scheme motivated staff to perform well and all members of staff could identify opportunities to improve the service delivered through the staff forum.

# Midlands Medical Partnership – Birmingham South East

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team across Midlands Medical Partnership was led by a CQC Lead Inspector. The team included two GP specialist advisers, two second CQC inspectors and two practice nurse specialist advisers.

## Background to Midlands Medical Partnership - Birmingham South East

Dudley Park Medical Centre is located in Acocks Green, Birmingham and is one of four registered providers within the Midlands Medical Partnership (MMP) group of practices. The four registered providers include four locations with an additional six branches and are across the busy inner city of Birmingham providing care for a large, diverse, multicultural population. The Midlands Medical Partnership – Birmingham South East has a location at Dudley Park Medical Centre.

The other registered providers in the group are: Erdington Medical Centre, serving Birmingham north east, with four branch surgeries; Mere Green Surgery covering Sutton Coldfield and Old Priory Surgery in Kingsheath, covering Birmingham south with two branch surgeries. All four registered locations were visited by the inspection team including all six branches. A total of 61,163 patients are registered across Midlands Medical Partnership.

The group of practices is served by a team of 200 staff. There are 44 GPs working across the sites, 25 five male and 19 female GPs. Twenty two GPs are partners and the others are salaried. There are also 21 nurses, 10 health care assistants, four phlebotomists, two advanced nurse practitioners and a respiratory nurse specialist. Each site has a team leader supported by administrative and reception staff, including secretaries and call handlers.

The group of practices offers training and teaching facilities, which means GP trainees and foundation year doctors are able to undertake part of their training at the practices.

Dudley Park Medical Centre is open between 8:30am and 6:30pm Monday to Friday. Appointments are from 8.30am to 12am and 4pm to 6pm on Monday to Friday. Patients could also undertake telephone consultations with clinicians.

Patients requiring a GP outside of normal working hours are advised to call the Badger Out of Hours service.

Information published by Public Health England rates the level of deprivation within the Dudley Park Medical Centre population group as two on a scale of one to ten, with level one representing the highest level of deprivation.

MMP is part of NHS Birmingham and Crosscity CCG and had a General Medical Services contract.

## 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

## Detailed findings

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.

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## How 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



# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The provider held an event in August 2016 which included all of the practice staff to focus on reporting of significant events. As a result all practice staff were aware of their responsibility in responding to risks. They were discussed weekly at practice meetings and there was a strong emphasis on learning. The events were analysed, actions agreed and learning points shared. Significant events were placed on a centralised log, categorised and rated according to priority. Any incidents reaching a high priority rating were reported to the MMP board. Action points were monitored at the bi-monthly clinical group meetings. Learning was disseminated to staff via a newsletter, by email, direct to individuals and to the PPG. As part of MMP's communication strategy, all staff were required to have an NHS e-mail account, through which they would receive learning outcomes from significant events which had been analysed by the management teams.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an alert about inhalers which had been rebranded an advisory note was placed on the practice computer system to assist clinicians to make appropriate prescribing choices.

### 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 local requirements. 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinicians were trained to child protection or child safeguarding level 3 and admin staff to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse 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 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, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. In May 2016, MMP recognised that each of their sites had individual arrangements within practice teams regarding how repeat prescriptions were reviewed, signed by the GP and issued. This was raised

## Are services safe?

through the significant event process and as a result, a new repeat prescribing protocol was adopted. This has meant that repeat prescribing was now monitored centrally and the same code was used across all practices for medication reviews. This allowed for prescribing data to be compared across all sites. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- All staff recruitment was undertaken centrally and we reviewed five personnel files held at the human resources base. 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 patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. 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).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

All staff received annual basic life support training and there were emergency medicines available in the treatment room.

The practice had a defibrillator available on all of the premises inspected and oxygen with adult and children's masks. A first aid kit and accident book was available. There was one standard procedure for storage of the emergency equipment so that it was replicated across all sites, ensuring that staff moving between locations were familiar with the equipment and processes in place.

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 at each practice we inspected within the group.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results which represent all patients registered with all four providers showed that the practice had achieved 100% of the total number of points available, with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This QOF achievement was 4.7% above the CCG average and 4.6% above the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients in whom the last BP reading (measured in the preceding 12 months), was 140/80 mmHg or less was 79%, compared to a CCG average of 76% and a national average of 78%.
- Performance for mental health related indicators was better than the national average. For example, 96.5% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compared to a CCG average of 95% and a national

average of 95%. 93% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months. This was 9% above the CCG and 10% above the national averages.

- 91% of patients with chronic obstructive pulmonary disease had a review by a healthcare professional including assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months. This was 1.2% above the CCG average and 1.8% above the national average.
- 98% of patients with cancer had a review recorded within 6 months of diagnosis. This was 3% above the CCG average and 3% above the national average.

There was evidence of quality improvement including clinical audits. There had been 25 clinical audits undertaken in the last two years across MMP the learning was shared across all practices. These were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken included a retrospective audit of asthma patients. A group-wide template had been produced, including the review of read codes, written action plans, inhaler technique and a medication review. Another audit of the management of HIV positive patients had resulted in increased testing in patients in the at risk groups and the recording of all third party prescribing. A single diagnostic read code was also to be introduced to allow a register to be formed across the MMP group.

- The practice undertook local audits, national benchmarking, accreditation, peer review and research including participation in the GP Improvement Programme. Some of the outcomes of this programme were assessing the appropriateness of appointments to ensure patients were signposted to the correct clinician and developing an understanding of high frequent attender trends through analysis of data. There had also been reorganisation of treatment rooms and reception areas, ensuring consistency across all practices and to allow staff moving between locations more time for clinicians to consult with and care for their patients.
- The MMP central target team ensured patients on disease registers were actively recalled and monitored. For example, there was an agreed care plan for 100% of eligible patients (aged 18 and over) and 98% had received a care plan review as of March 2016. In



# Are services effective?

## (for example, treatment is effective)

In addition, designated staff were responsible, across all sites, for facilitating active recall of all patients, including a new process for cervical screening and child vaccination to ensure national targets were achieved efficiently.

- As part of the ACE Excellence scheme (a CCG quality monitoring scheme) MMP had implemented innovative practice for diabetes, dementia and chronic obstructive pulmonary disease (COPD) by developing pathways, resulting in better outcomes and experience for their patients.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an 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, staff reviewing patients with long-term conditions had attended regular updates in asthma and diabetes; others had attended courses on family planning. One newly recruited practice nurse was attending a 12 month course on fundamentals of practice nursing. Team leaders had enrolled on a diploma in leadership and reception staff had received customer services training.
- 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 practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff had 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 information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through centralised management. This ensured a consistency of read codes to ensure all registers and recalls where appropriate allowing patients to be seen at any of the 11 locations.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:



# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term conditions and those requiring advice on their diet, smoking and alcohol cessation. The provider used their website to keep patients up-to-date with the latest healthcare developments from the 'Medical News Today' forum and patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 79% 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 demonstrated how they encouraged uptake of the screening programme by using information in different formats including easy read for patients with a learning disability and a female sample taker was always available.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 68% of females 50-70 years were screened for breast cancer in the last 36 months. This compared with a CCG average of 69% and a national average of 72%. 45% of people aged 60-69 years were screened for bowel cancer in the last 30 months. This compared with the CCG average of 48% and the national average of 56%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were up 100% which was comparable to the CCG average of 94% and national average 95%. The immunisation rates for five year olds were also up 96% which was comparable to the CCG average 96% and the national average of 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 members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- 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.

All of the 48 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 helpful, caring and treated them with dignity and respect.

We spoke with six members of the patient participation groups (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 showed patients felt they were treated with compassion, dignity and respect by GPs and nurses. For example:

- 92% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% 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%.
- 96% 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. 100% of patients regarded as vulnerable had a personalised care plan, in particular for patients at risk of hospital admission.

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 national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- The practice supported 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. We were not able to see a notice on display in the reception area informing patients this service was available. This was immediately addressed by the team leader before the inspection was completed. Information leaflets were also available in easy read format.

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

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.

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieve this. For example a dementia drop in service had been established in conjunction with the Alzheimer's Society. This ran monthly from another of the MMP practices and was advertised and available for all patients. Patients and their carers were free to drop in without appointment to access support and advice.

## Are services caring?

Booked appointments were available for dementia reviews if patients preferred. The provider told us that whilst patients were at the service carers were able to access appointments for their own healthcare with either the nurse or GP. A designated GP was available for appointments during this time. The team included doctors, nurses, a pharmacist and advisors from the Alzheimer's Society. Refreshments were available and the service was also accessible to other local GPs who were able to invite their own patients to attend.

The practice's computer system alerted GPs if a patient was also a carer. The MMP practices collectively had identified

225 patients as carers which was 0.35% of the total practice list. In order to improve engagement with carers we saw a carer's event had been organised in May 2016 where over 40 patients attended. Carer's noticeboards provided helpful support and signposting to various services and support groups. Written information was available 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. 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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- 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 urgent medical needs who required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available at each location.
- The practice was currently working with the Birmingham Carers Hub to devise a drop-in service for carers.
- One GP we spoke explained that being part of MMP meant that were confident that systems, processes and safety were being centrally monitored which allowed them more time to spend with their patients.
- MMP had employed two nurse consultants in diabetes and chronic obstructive pulmonary disease (COPD), recognising there was a high prevalence of these conditions within the local population. Patients praised the support of specialist diabetic nurses who they could see at the practices rather than going to the hospital.
- The staff team were trying to engage children and young people by facilitating an integrated care model with Forward Thinking Birmingham using sites for clinics and were in a pilot scheme with the CCG to develop the use of digital technology.
- IRIS a community agency had provided domestic abuse training for staff to help them identify vulnerable patients and referrals had significantly increased in the six months since the training.
- MMP provided integrated patient-centred care such as working with more specialised services such as Combat Stress. This service helped meet the mental health needs of ex-soldiers.
- Phlebotomy clinics were available at many MMP sites.

### Access to the service

The practice was opened between 8:30am and 6:30pm Monday to Friday. Appointments were from 8.30am to 6.30 Monday to Friday. All practices in the MMP group of offered pre-bookable and same day face –to-face consultations. Telephone consultations with a GP were also available.

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

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Having one patient list and electronic patient management system meant that patients could be seen at anyone of the 11 MMP locations and branches. The provider told us that this meant that if a patient chose to be seen closer to their work place than home then this could be facilitated. Staff in telephone hub started all calls by asking the caller their preferred location. If a convenient appointment was not available then alternative practice appointments were offered.

Some services were offered at different practices on different days and times, for example phlebotomy which were accessible to all patients registered with an MMP practice.

The central telephone hub had been introduced following poor patient feedback on booking appointments by phone. This had improved telephone access with call abandonment rates reduced by up to 90% and better patient satisfaction.

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.



# Are services responsive to people's needs?

(for example, to feedback?)

## 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.
- There was a designated responsible person who handled all complaints in individual practices. They liaised with the operations coordinator who reported the complaint to the central complaints processor. All complaints, including those on NHS Choices, were analysed by themes and patterns and learning points were extracted. The complaints were tracked and progress with complex issues was reported to the MMP management board.

- We saw that information was available to help patients understand the complaints system.

We looked at the 12 written complaints received in the last 12 months across MMP and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency and resolved to the complainant's satisfaction. Complaints received on the NHS Choices website received a prompt response. Action was taken as a result of complaints to improve the quality of care. For example, patients were now offered privacy when indicating they wished to make a verbal complaint. Also the system whereby patients informed the surgery they would like their prescription to go direct to their local pharmacy had been reviewed. Staff had received training on the duty of candour and remembering the importance of being open and honest when events went wrong.

# 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 high quality care and promote good outcomes for patients.

- The practice had a mission statement placing importance on high quality, holistic care and staff knew and understood the values.
- The MMP ethos was “Taking Care” which was applied at all levels to both patients and staff. The management group had set objectives to achieve consistently exceptional care, to demonstrate leadership in service redesign and promote patient engagement and empowerment.
- The practice had a effective strategy and supporting business plans in the form of a NHS five year forward view which reflected the vision and values and were regularly monitored by the performance team and the MMP board.
- The vision of the organisation was to achieve optimal patient engagement, high quality leadership and be an employer of choice to staff.

### 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. Board members had specific roles such as a governance lead and a strategic lead.
- Practice specific policies were implemented and were available to all staff on the shared drive.
- The provider held an event in August 2016 which included staff from all of the practices to focus on reporting of significant events. As a result all practice staff were aware of their responsibility in responding to risks and events were discussed weekly at practice meetings where there was a strong emphasis on learning.
- A comprehensive understanding of the performance of the practice was maintained through the elected

management board. Performance was managed centrally and managers could examine achievement and compliance at each location and cross-organisationally. We saw individual practice dashboards which were discussed with staff to motivate them to seek further improvement.

- MMP demonstrated that they analysed the changing NHS situation and opportunities available and used a variety of leadership styles to enforce policy, encourage staff participation and engagement and demonstrate their core values whilst achieving maximum sustainability. There was a central oversight on reviews of medicines, QOF achievements and registers, for example patients with a learning disability. The central team ensured timely and appropriate recalls. Individual practices also accessed this data to ensure patients received appropriate care and treatment.
- A programme of 25 continuous clinical and internal audits was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. . The risks identified were prioritised for discussion and overview by the MMP board.
- We saw a consistent approach to signage and patient information at all locations we visited which clearly represented MMP as the organisation delivering healthcare.
- The provider was proactive at identifying areas within the organisation that could be developed to ensure a uniformed approach across all practices to ensure staff moving between locations were familiar with their environment, policies and practice. For example the layout of treatment rooms and emergency trolley.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

# Are services well-led?

Outstanding



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

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave 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 practice meetings.
- Staff told spoke highly of the 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 that a team away day had been held in August 2016 and there were social events such as a staff ball
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. An employee of the month scheme motivated staff to perform well. 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 particularly through the staff forum.
- All staff received a quarterly MMP newsletter which described initiatives both for patients and staff and kept staff updated with board decisions and the progress of the organisation.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the four patient participation groups (PPG) and through surveys and complaints received. The PPGs met regularly, carried out patient surveys and submitted proposals for improvements to the practice

management team. For example, chairs and flooring had been replaced in waiting rooms and the patient leaflet had been reviewed. Patient support and awareness events were run and members of the PPGs took calls from patients who wanted to give them feedback about the services. The PPG held annual general meetings open to all patients and had developed a role specification for members. The plan was to establish a PPG chairs group to represent all four of the MMP PPGs in order to standardise the way the groups operated and provide mutual support to the chairs.

- The practice had gathered feedback from staff through away days, surveys and generally through staff meetings, appraisals and discussion. The staff survey had shown that staff would value more opportunities for training and development. As a result the organisation had introduced leadership training for team leaders, more training for phlebotomists and customer service training for reception staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. A General Practice Improvement Programme had been adopted in June 2016 across all sites, providing fast, practical improvement to help reduce pressures and release efficiencies. This was conducted over a twelve week cycle and concentrated on six high impact areas. Some of the outcomes were: assessing the appropriateness of appointments to ensure patients were signposted to the correct clinician, developing an understanding of frequent attender trends through analysis of data and the production of a care package.
- MMP had also reviewed outliers through their intelligence monitoring system which included data from the central hub and survey results. For example, the percentage of patients ages 65 and over who had received a seasonal flu vaccination and the percentage of patients with diabetes in whom the last blood

# Are services well-led?

Outstanding



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

pressure reading (measured in the preceding 12 months), was 140/80mmHg or less. This exercise enabled them to obtain a better understanding of the issues, the development and implementation of action plans, with subsequent re-audits carried out, which demonstrated improvement

- MMP had consistently achieved the targets set by the CCGs quality monitoring programme (ACE Foundation) which was also appraised by the CCG. In 2015/16 the group successfully bid for funding under the ACE Plus scheme which enabled them to centralise call centre facilities. The group were pioneers for the ACE Excellence scheme for delivering innovative approaches.
- MMP were appointed by the CCG to provide interim support to a practice that had been placed into special measures following their CQC inspection and were able to successfully improve their CQC rating.

MMP senior managers contributed to the development and improvement of local healthcare by their involvement in the CCG forums. The MMP chair was a member of the CCG Clinical Investment & Procurement Committee, another partner chaired the CCG MMP ACE group and the group was also represented on the CCG Local Membership group and CCG Governing Body for Joint Commissioning (Mental Health & Children's Strategy). The group are also members of the GP Alliance, a forum of local GP providers developing a more collaborative approach to the delivery of GP services across practices. The MMP chair represented primary care in the Birmingham & Solihull Leaders/Chairs Board which was contributing to the development of the BSOL Sustainability Transformational Plan. In these ways MMP was shaping the future route for new models of care.