

The Hill General Practice & Urgent Care 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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Hill General Practice and Urgent Care Centre on 20 December 2016. Overall the practice is rated as requires improvement.

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

- There were clearly defined processes and procedures to ensure patients were safe and an effective system was in place for reporting and recording significant events.
- The practice had a clear vision which had quality and safety as its top priority. This was regularly reviewed and discussed with staff.
- Patients said they were treated with dignity, respect and compassion. Patients were involved with decisions about their care and treatment.
- Risks to patients were assessed and well managed.

- Patients' needs were assessed and care delivered in line with current guidelines. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Appropriate procedures were followed for patients who used the urgent care facility, for example, to ask them for written details of medicines they were taking, allergies they might have and to obtain consent to share information with the GP practice they were registered with.
- Urgent same day appointments for patients registered with the practice were available when needed. Patients we spoke with and those who completed comment cards before our inspection said they were always able to obtain same day appointments.
- Information about how to complain was available and easy to understand.
- Patients said GPs gave them enough time and treated them with dignity and respect.

We saw the following areas of outstanding practice:

Summary of findings

- The practice proactively identified patients who were carers, particularly 'hidden' carers who cared for family members. There were approximately 500 patients who were registered as carers (11% of the patient list). The practice subsequently provided them with support, for example, a monthly carer's forum and coffee morning. Carers were signposted to appropriate local organisations and community groups for support, for example for advice and assistance with benefits. Dedicated appointments were also available to allow carers flexibility to bring in patients after working hours.

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

- Continue to identify and monitor areas for improvement to improve patient satisfaction.
- Encourage patients to take part in the national programmes for cervical, bowel and breast cancer screening.

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



- Appropriate systems were in place for reporting and recording significant events. They were regularly reviewed in practice meetings.
- Risks were assessed and well managed.
- Appropriate procedures were taken for patients who used the urgent care facility, for example, to identify medicines they were taking, allergies they might have and to obtain consent to share information with the GP practice they were registered with.
- Clinical staff met daily on an informal basis (in addition to weekly formal meetings) to discuss any immediate concerns and challenges.
- Procedures were in place to ensure patients were kept safe and safeguarded from abuse. All staff had received appropriate safeguarding training at the required level for their role.
- The lead practice nurse was trained to child safeguarding level 4 for safeguarding and was qualified to train trainers.
- Safety alerts for medicines were reviewed and actioned. Details of reviews and actions were recorded.
- When there were unintended or unexpected safety incidents, patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again and incidents were reviewed to ensure they were not repeated. Learning from incidents was shared nationally amongst Care UK Clinical Services to ensure best practice was identified and followed nationally.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data available from the Quality and Outcomes Framework (QOF) 2015/16 demonstrated that patient outcomes were mostly similar to the Clinical Commissioning Group (CCG) average and national average. The practice scored 99% of the total points available which was similar to the CCG average of 97%. However the exception rate was above the CCG average at 24%, compared with the CCG average of 9%.
- The practice had very low rates for the national screening programmes for bowel (26%) and breast cancer (40%). These were below the national averages of 58% and 73% respectively.

Summary of findings

- The practice used clinical audits to identify areas of improvement and acted upon their results.
- Care was delivered by staff according to current evidence based guidance.
- Care plans were in place for the most vulnerable patients, for example those most at risk of unplanned hospital admission.
- Practice staff had the necessary skills, knowledge and experience to deliver effective care and treatment.
- We saw that staff worked with other health care professionals to provide 'joined up' care which met the range and complexity of patients' needs.
- All staff received appraisals and had personal development plans.

Are services caring?

The practice is rated as requires improvement for providing caring services.

- Results from the National GP Patient Survey published in July 2016 showed the practice was below average for its satisfaction scores on consultations with GPs and nurses.
- Patients were treated with kindness and respect. Patient confidentiality was maintained.
- Patients we spoke with and patients who completed comment cards before our inspection were completely positive about all aspects of care and treatment they received at the practice.
- Easy to understand and accessible information about services was available for patients.
- The practice actively identified patients who were carers and had over 500 patients on its carers register, which was 11% of the patient list.
- Dedicated appointments were available to allow carers flexibility to bring in patients after working hours.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was below local and national averages. As a result, the practice monitored patient satisfaction more closely and had introduced appropriate training for staff.

Requires improvement



Summary of findings

- Patients told us they were always able to obtain a same day appointment when needed. If all GP appointments were allocated, patients were able to use the walk-in urgent care centre.
- Children and elderly patients were prioritised for same day appointments.
- The practice building had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- Appropriate processes were in place to monitor and improve quality and identify risk.
- The management structure was clearly defined and staff knew who to raise concerns with. The practice had policies and procedures which outlined how it should operate and held regular governance meetings.
- The practice had a clearly defined vision which explained how it delivered care and treatment to patients. Staff understood this vision and how it related to their work. The practice had an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

Good



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 requires improvement for the care of older people.

- The practice was part of the Risk Identification and Care Planning enhanced service which identified care co-ordinators and developed care plans for the most vulnerable 2% of the practice patients. These patients had an alert placed on their patient records to ensure clinical staff were aware.
- The practice worked closely with the Clinical Commissioning Group (CCG) Proactive Care Team to provide integrated care for patients within the community.
- Dedicated appointments were available to allow carers flexibility to bring in patients after working hours.
- Older patients were given personalised care which reflected their needs.
- Over the last 12 months all patients aged 75 and over had been invited for a health check. This included blood tests, fracture assessment, frailty assessment, and checks for depression and dementia. From those checks, the practice identified patients who needed further investigation and referred them appropriately.
- Home visits were offered to patients who could not reach the practice.
- Nationally reported data showed that outcomes for patients were in line with local and national averages for conditions commonly found in older people.

Requires improvement



People with long term conditions

The practice is rated requires improvement for the care of people with long-term conditions.

- The practice had a register of patients with long term conditions to enable their health to be effectively monitored and managed.
- An experienced member of the administration team had the task of contacting patients on the long term conditions registers to invite them for reviews.
- Longer appointments and home visits were available when needed. Appointments lasted up to 30 minutes when required.
- Patients were provided with information leaflets during consultations and directed to use patient information websites.

Requires improvement



Summary of findings

- Patients had a named GP and a review every 12 months to monitor their condition and ensure they received correct medicines. This also included carers if the patient had one. The frequency of the review depended on the severity of the patient's condition.
- All patients who had been prescribed eight or more medicines had had a medicines review within the last 12 months.
- The practice achieved a 100% influenza vaccination record for diabetes patients during 2015/16. This was above the CCG average of 97% and the national average of 94%.

Families, children and young people

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

- A total of 60% of eligible patients had received cervical screening in the last 12 months. This was below the CCG average of 83% and the national average of 82%. The practice told us they encountered reluctance within some cultures to have the test carried out.
- Appropriate staff were trained to deal with Female Genital Mutilation (FGM) and appropriate procedures were in place.
- There were appointments outside of school hours and the practice building was suitable for children and babies.
- Outcomes for areas such as child vaccinations were in line with the national average.
- We saw positive examples of joint working with midwives and the local health visitor. Antenatal and postnatal appointments were available at the practice every week.
- A monthly multi-disciplinary team meeting was held which included the midwife and health visitor. The child protection register and non-attendance for immunisations and checks were reviewed at this meeting.
- A full range of family planning and sexual health services were available.

Requires improvement



Working age people (including those recently retired and students)

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

- The practice ensured it provided services to meet the needs of the working age population. Appointments and a walk in service were available from 8am until 8pm for seven days every week.

Requires improvement



Summary of findings

- The practice sent appointment reminders by text, with the facility to cancel an appointment no longer required by return text.
- On-line access was available for booking appointments and ordering repeat prescriptions.
- Telephone consultations were available for patients who were unable to reach the practice during the day.
- Regular reviews of the appointment system were held to ensure patients could access the service when they needed to. This had recently resulted in additional telephone appointments being made available.
- A full range of services appropriate to this age group was offered, including travel vaccinations and smoking cessation.

People whose circumstances may make them vulnerable

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

- The practice proactively identified patients who were carers and subsequently provided them with high levels of support. There were approximately 500 patients who were registered as carers (11% of the patient list). The practice held a monthly carers forum and coffee morning. Dedicated appointments were also available to allow carers flexibility to bring in patients after working hours.
- The practice had a register of patients who were vulnerable to enable their health to be effectively monitored and managed. This included patients with a learning disability.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.
- Longer appointments were available for patients with a learning disability.
- The practice worked with other health care professionals to provide care to vulnerable patients, for example, the district nursing team and community matron. Vulnerable and complex patients were discussed at the monthly multi-disciplinary team meeting.
- Staff could recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to share appropriate information, record safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the Clinical Commissioning Group (CCG) average of 88% and the national average of 84%.
- The practice had a register of patients with poor mental health to enable their health to be effectively monitored and managed.
- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia.
- Patients were signposted to appropriate local and national support groups.
- Staff demonstrated a good working knowledge of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed in some areas the practice performed below local and national averages for care and the practice was working to improve these. 362 survey forms were distributed and 68 were returned, which represented a 19% completion rate and 1.4% of the practice's list size.

- 45% of patients found it easy to get through to this practice by telephone compared to the CCG average of 70% and the national average of 73%.
- 58% 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%.
- 54% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 47% 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 75% 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 12 comment cards, all of which made positive comments about all aspects of care received at the practice. All patients were positive about all aspects of care received at the practice, although three patients told us they could have to wait a long time for their consultation. We were unable to identify whether these comments related to patients who attended the practice for a GP appointment or those who used the walk-in facility, for which a wait could be expected.

We spoke with eight patients during the inspection, five who attended the practice for a GP appointment and three who used the walk-in facility. All the patients we spoke with said they were satisfied with the care they received and had no difficulty obtaining appointments when they needed one. The patients who attended the walk-in facility had been told approximately how long they would have to wait until their consultation. One patient we spoke with was a member of the Patient Participation Group (PPG).

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to identify and monitor areas for improvement to improve patient satisfaction.
- Encourage patients to take part in the national programmes for cervical, bowel and breast cancer screening.

Outstanding practice

- The practice proactively identified patients who were carers, particularly 'hidden' carers who cared for family members. There were approximately 500 patients who were registered as carers (11% of the patient list). The practice subsequently provided them with support, for example, a monthly carer's forum and coffee morning.
- Carers were signposted to appropriate local organisations and community groups for support, for example for advice and assistance with benefits. Dedicated appointments were also available to allow carers flexibility to bring in patients after working hours.

The Hill General Practice & Urgent Care 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 advisor.

Background to The Hill General Practice & Urgent Care Centre

The Hill General Practice and Urgent Care Centre is located within Sparkhill Primary Care Centre in the Sparkhill district of Birmingham. It has approximately 5000 patients registered and is operated by Care UK Clinical Services Ltd under a General Medical Services (GMS) contract with NHS England until 31 March 2017. It is planned that a new provider will take over the practice from that date and that services will continue as usual. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice has a lead GP (male), 8 sessional GPs (six male and two female), four practice nurses, two employed health care assistants and two additional health care assistants who are 'bank' staff. They are supported by a clinical director, a service manager and administrative and reception staff.

The practice is open from 8am to 8pm during every day of the week. Appointments are provided throughout these times, with those from 6.30pm to 8pm and at the weekends being provided as part of an extended hours service.

Additionally, the practice provides an urgent care facility throughout these hours. This is a practice nurse led walk-in facility which is open to patients registered with any GP practice and those not registered anywhere. An average of 70-85 patients use this facility daily.

When the practice is closed, patients can access out of hours care provided by the Badger Group through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice. Telephone appointments are available for patients who are unable to reach the practice during normal working hours.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. There is a high prevalence of diabetes within the local community, along with a high level of deprivation and large numbers of patients who do not speak English as a first language.

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

Detailed findings

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.

How we carried out this inspection

Before our inspection, 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 inspection on 20 December 2016. During our inspection we:

- Spoke with a range of staff (GPs, nursing staff, the clinical director, the service manager and administrative staff) and spoke with patients who used the service.
- Reviewed comment cards where patients shared their views and experiences of the service.
- We reviewed policies, procedures and other information the practice provided before the inspection.

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 had an effective system for reporting and recording significant events.

- The practice carried out a thorough analysis of significant events and we examined three that had occurred within the last 12 months recorded, investigated and discussed fully with staff in the next available staff meeting. Lessons to be learnt had been identified and implemented.
- Staff we spoke with described the incident reporting procedure and we saw the recording form. 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 how when things went wrong during care and treatment, patients were informed of the incident, were given an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Details of incidents were shared across Care UK Clinical Services nationally to enable the organisation to learn from events and share best practice.

We reviewed safety records, incident reports, 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, when a prescription was fraudulently used, the practice reviewed its procedures and took appropriate action.

Patient safety alerts were well managed.

- The practice safety alerts protocol clearly described the process staff were to follow in responding to alerts.
- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- These were coordinated by the practice manager (with a nominated person identified for when the practice manager was not available) who ensured actions taken had been recorded.

- Searches were made to identify any patients affected by alerts.
- All actioned alerts were discussed in clinical meetings.
- GPs and nurses described examples of alerts where appropriate changes had been made as a result.
- Details of changes made as a result of medical alerts were shared across Care UK Clinical Services nationally to enable the organisation to learn from events and share best practice.

Overview of safety systems and processes

We were satisfied the practice had appropriate systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Systems were in place to safeguard children and vulnerable adults from abuse. These were based on relevant legislation and local requirements. Staff told us how they could access these policies and we saw evidence of them. They 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 who, along with all other clinical staff had been trained to level three in child safeguarding. GPs, nursing and administrative staff demonstrated they understood their responsibilities and all had received training on safeguarding relevant to their role. A practice nurse was trained to child safeguarding level 4 and was able to train those wishing to become trainers.
- There were appropriate standards of cleanliness and hygiene within the practice. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control clinical lead who had received appropriate training and kept 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 the latest had been carried out in June 2016. This had not identified any areas of concern, but the practice nurse explained the action that would be taken if anything was identified.
- Clinical staff met formally every month and formed part of a 'decision making group', although ad-hoc meetings were also arranged to discuss any immediate concerns and challenges.
- A monthly staff meeting was held.

Are services safe?

- A quarterly full multi-disciplinary team meeting was also held. This included the district nursing team, midwife and health visitor. Regular agenda items were a review of the child protection register and non-attendance for immunisations and checks.
- There were Patient Group Directions (PGDs) in place to allow the practice nurse to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.
- There were suitable arrangements in place for managing medicines within the practice. This included emergency medicines and vaccines which were kept in the practice. Processes were in place for the handling of repeat prescriptions. The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use.
- Systems were in place for monitoring the prescribing of high-risk medicines, for example warfarin, a medicine to increase the time blood takes to clot. Patients who received high risk medicines were reviewed at appropriate intervals.
- We saw processes were in place to carry out recruitment checks prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). 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. Responsibility for recruitment processes were shared between the practice and Care UK Clinical Services' national recruitment team.
- There was a notice in the waiting room to inform patients that chaperones were available if required. All staff who acted as chaperones (the health care assistants) were trained for the role and had received a DBS check.

Additional systems, processes and practices were in place for patients who used the urgent care walk-in facility:

- Before their consultation, patients were asked to provide details of medicines they received and any relevant allergies they might have.
- Patients had to give signed consent for the information about their consultation to be passed to their GP practice. Details were then faxed to their GP practice within 48 hours.
- Additional measures were in place to handle potential adult and child safeguarding concerns and consultations that involved children who were on the at risk register.

Monitoring risks to patients

Risks to patient and staff safety were monitored in an appropriate way.

- Nursing staff who worked within the urgent care walk-in facility were trained as Advanced Nurse Practitioners and had their skills and training closely monitored by the lead GP and management team.
- All electrical equipment was checked to ensure the equipment was safe to use, this was last carried out in January 2016. Clinical equipment was also checked to ensure it was working properly. This had last been checked in January 2016.
- There were systems in place to ensure the practice was safely staffed to enable patient needs to be met. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover for each other when absent. Regular locum GPs were used when a GP was absent and appropriate checks were carried out.

Arrangements to deal with emergencies and major incidents

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

- We saw evidence that all staff received annual basic life support training and there were emergency medicines available, securely stored and staff knew how to access these.
- The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- There were emergency medicines securely kept on the premises which were easily accessible to staff. Checks were regularly made on these medicines to ensure they were within date and therefore suitable for use.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Arrangements were in place to use facilities owned by a nearby practice if the practice

building was unavailable. The plan included emergency contact numbers for staff. Copies were kept by key staff at home so they could access them if the practice building became unusable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We were shown how the practice assessed patient's 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. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- There were 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.
- Patients who attended the urgent care walk-in facility were asked to give written details of their medicines, long term conditions and allergies along with details of the GP practice they were registered with. On arrival, they were given an approximate wait time and this was updated by reception staff if this needed to be extended. Reception staff immediately sought clinical advice if a patient attended with urgent needs or appeared to have a condition that couldn't be treated through the Urgent Care Centre and needed to see a GP. These patients were then given appropriate advice.

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 (2015/16) showed that the practice scored 99% with an exception rate of 24%. The overall score was similar to the Clinical Commissioning Group (CCG) average of 97%, but with an exception rate of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects.)

Data showed:

- Dementia. There were two dementia indicators, when aggregated the results showed that the practice achieved 100% with an exception rate of 0%. The overall score was above the CCG average of 88% with an exception rate of 4%.
- Hypertension (high blood pressure). There were two hypertension indicators, when aggregated the results showed that the practice achieved 100% with an exception rate of 3%. This was similar to the CCG average of 99% with an exception rate of 3%.
- Diabetes. There were 10 diabetes indicators, when aggregated the results showed that the practice achieved 100% with an exception rate of 17%. This was above the CCG average of 92% with an exception rate of 5%.

We discussed the clinical exception rate for the latter. We were satisfied the practice followed the correct patient recall processes, but still saw a high rate of patients who failed to attend for reviews and consultations. For example, the level of diabetes within the practice area was more than double the national average, which we were told was due to an ethnic population where the disease naturally occurred. Despite the practice working with other local healthcare providers to promote awareness of the condition, we were told there had been reluctance at times from some patients to obtain or continue to receive treatment.

There was evidence of quality improvement including clinical audit:

- A programme of clinical audit was in place and findings were used by the practice to improve services. For example, following a change in clinical guidance, an audit was carried out on patients prescribed solifenacin (a medicine used to treat overactive bladders) safely reduced the number of patients who received this medicine from 18 to three.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- Practice management reviewed the staff rota on a weekly basis and made adjustments according to projected or actual patient demand.
- An induction programme was in place for newly appointed staff which was based on the Care UK Clinical Services corporate induction, with appropriate local elements added. This covered such topics as safeguarding, infection prevention and confidentiality. New staff received a period of mentoring with an established member of staff. This included locum GPs and the practice had a locum induction pack.
- There was a system of appraisals, meetings and reviews of developmental needs in place. Staff received training to meet their learning needs and to cover the scope of their work. We saw evidence of on-going support and coaching. All staff we spoke had received an appraisal within the last 12 months. A schedule was in place for future appraisals and 1-2-1 discussions.
- Staff who worked within the Urgent Care Centre received appropriate training, additional supervision and mentoring. This was supported by training provided nationally within Care UK Clinical Services and also by the Clinical Commissioning Group.
- A national staff handbook was used and regularly updated to provide staff with all necessary information about the practice and procedures.
- Staff who administered vaccines and took samples for the cervical screening programme had received specific training. This included an assessment of competence.
- Practice staff had received training that included safeguarding, fire safety awareness, basic life support and information governance. Training was regularly updated.

Coordinating patient care and information sharing

All information needed by staff to enable them to plan and deliver patient care was easily available to them:

- The practice was part of the Risk Identification and Care Planning enhanced service which identified care co-ordinators and developed care plans for the most vulnerable 2% of the practice patients. These patients had an alert placed on their patient records to ensure clinical staff were aware.

- Information was shared with other services appropriately, for example when referring patients to other services, such as for secondary health care appointments and those who attended the walk-in facility.

Practice staff worked with other health and social care professionals to meet patients' needs and to assess and plan on-going care and treatment. This resulted in an integrated package of care with other providers. For example, when referring patients for family planning or sexual health matters.

Consent to care and treatment

We were told how practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- When care and treatment was provided for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw that staff understood the consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005.
- 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.

Supporting patients to live healthier lives

Patients in need of additional support were actively identified by the practice. For example:

- Smoking cessation advice was available from the practice. Over the last 12 months, all patients who smoked had received smoking cessation advice.
- Patients who received palliative (end of life) care and carers.
- Patients with a long term condition.
- Patients who need additional support, such as dietary advice.
- The practice offered additional support for diabetic patients.

The practice's uptake for the cervical screening programme was 60%, which was below the national average of 82%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its

Are services effective?

(for example, treatment is effective)

importance and demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel (26%) and breast cancer (40%). These were below the national average of 58% and 73% respectively.

We discussed these results with the lead GP. The practice told us they had encountered some cultural resistance to some of these tests and was working with the clinical team to see these figures improved. This included a decision to be more proactive with discussing this with patients who were eligible for tests and an improved promotion of these within the patient waiting areas. Some improvement had started to be noted, but GPs and practice management continued to work on this and raised the subject regularly in staff meetings.

There were 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.

Childhood immunisation rates for the vaccinations given were comparable to the national average. For example, childhood immunisation rates for the vaccinations given to under two year olds averaged 86% which was similar to the national range of 73% to 93% and five year olds averaged 90% which was comparable to the national range of 83% 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. Over the last 12 months the practice had carried out checks on 27% of patients aged over 45. 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

During our inspection of the practice we saw staff treated patients with kindness and respect at all times.

- We received 12 comment cards from patients, all of which made positive comments about the standard of care received.
- Reception staff told us when patients needed privacy to discuss sensitive issues they were offered a private room.
- There were curtains in consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

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

- 74% 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%.
- 62% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% national average of 85%.
- 61% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% national average of 85%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We discussed these results with the lead GP and management team. The lead GP had joined the practice recently and had worked in conjunction with the practice management team to bring about improvements within these areas. Additional customer service training had been

given to frontline staff and clinical staff had received training to identify and manage patient expectations in a clearer way. The practice now monitored patient satisfaction on a daily basis by handing out a survey form after each consultation and had recently started to see improved feedback from patients. The practice aimed to receive a questionnaire return rate of 5%, which was being met.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they were involved in decisions about their care and treatment. They told us clinical staff listened to them. Every patient we spoke with told us they were given enough time by GPs and felt cared for. Comments made by patients on the comment cards completed before our inspection supported this. This differed from the National GP Patient Survey results published in July 2016.

This showed patient responses were below the local and national averages regarding their involvement in planning and making decisions about their care and treatment. Results were largely below local and national averages. For example:

- 67% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 57% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 89%.

As part of the action taken by the practice to improve its patient satisfaction, outlined in the previous section, the patient survey form asked if the patient's appointment was with a GP or practice nurse. Trends were then analysed and shared with staff. At the time of our inspection, this action had only recently been introduced.

We saw how the practice provided assistance to enable patients to be involved in decisions about their care:

- The practice was able to translate for most patients within its own staff. If this was not possible, largely with

Are services caring?

some eastern European languages, there was a translation service available. Notices were displayed in the reception area about this. The service was regularly used.

- Information was displayed in other languages and additional information could be provided in other languages on request.
- A wide range of information about health awareness and locally available support groups was displayed in the waiting room.

Patient and carer support to cope emotionally with care and treatment

Literature was available in the waiting room to publicise local and national support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice proactively identified patients who were carers, particularly 'hidden' carers who cared for family members. There were approximately 500 patients who were registered as carers (11% of the patient list). The practice subsequently provided them with support, for example, a monthly carer's forum and coffee morning. Carers were signposted to appropriate local organisations and community groups for support, for example for advice and assistance with benefits. Dedicated appointments were also available to allow carers flexibility to bring in patients after working hours.

GPs contacted families following bereavement. Patients were also signposted to relevant support services.

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 the Birmingham South and Central Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Extended hours appointments were available on weekday evenings and on Saturdays and Sundays during the day.
- Same day appointments were available for all patients when required. Appointments were available on the day of our inspection.
- Patients who could not obtain an appointment could use the urgent care walk-in facility and estimated waiting times were clearly explained.
- Patients with complex or additional needs were now given the opportunity to book longer appointments, an option that had not previously been available to them.
- Telephone consultations were available for patients who were unable to reach the practice during opening hours. More of these had recently been introduced.
- Practice staff were able to translate for most patients who did not speak English as a first language and a translation service was also available.
- There were longer appointments available for patients with a learning disability and carers were also invited.
- Clinical staff made home visits to patients who were unable to reach the practice.
- Travel vaccinations were available.

Access to the service

The practice was open from 8am to 8pm during every day of the week. Appointments were provided throughout these times, with those from 6.30pm to 8pm and at the weekends being provided as part of an extended hours service. Additionally, the practice provided an urgent care facility throughout these hours. This was a practice nurse led walk-in facility which was open to patients registered with any GP practice and those not registered anywhere.

When the practice was closed, patients could access out of hours care provided by the Badger Group through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website.

Home visits were available for patients who are unable to attend the practice for appointments. There was also an online service which allowed patients to order repeat prescriptions and book new appointments without having to telephone the practice. Telephone appointments were available for patients who were unable to reach the practice during opening hours.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was below local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 45% of patients said they could get through easily to the practice by telephone compared to the CCG average of 70% and the national average of 73%.
- 58% 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%.

Three patients who completed comment cards before our inspection told us they could have to wait a long time for their consultation. We were unable to identify whether these comments related to patients who attended the practice for a GP appointment or those who used the walk-in facility, for which a wait could be expected. At the time of our inspection the waiting time was one hour and this had clearly been explained to patients.

We discussed appointments and telephone access with GP partners and practice management. Changes had been made by the lead GP (in conjunction with practice management) who had recently joined the practice. This had included making additional telephone consultations available and the introduction of an additional phone line with an extra member of reception staff who worked every morning to cover the busiest period on the telephone lines. The situation was kept under constant review and we saw minutes of staff meetings where this had been regularly discussed. The practice had started to monitor patient satisfaction more closely and had introduced appropriate training for staff.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a clear and effective system in place for handling complaints and concerns.

- The practice complaints procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice had designated the practice manager to handle all complaints received.
- Information about how to complain was clearly displayed in the waiting room and in the practice patient leaflet.

- An annual complaints summary was prepared and discussed to review progress and any potential trends. This information was shared nationally within Care UK Clinical Services to allow lessons to be learnt and best practice to be implemented.

We saw that 20 complaints had been received within the last 12 months and these covered a broad range of subjects with no major themes. We reviewed one of these and saw that it had been dealt with in an appropriate way within the published timescales. Patients received an appropriate explanation and apology. Complaints were reviewed annually to ensure lessons had been learnt and any errors made had not been repeated. The practice acted on concerns raised by patient complaints; for example, by introducing an additional telephone line and an extra member of reception staff during the busiest periods.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clearly defined purpose 'to provide high quality care and the best outcomes' The practice's vision and values reflected those of Care UK Clinical Services nationally, but with local emphasis when appropriate.

At the time of our inspection, the lead GP had recently joined the practice and had sought to identify, introduce and monitor areas for improvement in conjunction with the practice management and Care UK Clinical Services national team. This included changes to improve patient survey results, for example, with patient access.

Governance arrangements

The practice had a governance framework in place which facilitated the delivery of care and reflected the practice values. This ensured that:

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- A monthly governance meeting was held and this ensured a comprehensive understanding of the performance of the practice was maintained and changes were made when concerns were identified. For example, with patient concerns about being able to get through on the telephone.
- Clinical staff met daily on an informal basis (in addition to weekly formal meetings) to discuss any immediate concerns.
- Policies and procedures were tailored to the practice and were available to all staff. They were reviewed annually and staff were informed of any changes.
- There were clear arrangements for identifying, recording and managing risks. All concerns were raised and fully discussed in staff meetings.

Leadership and culture

We saw how the lead GP and management team had the necessary experience and skills to run the practice and provide appropriate high quality care to patients. Staff we spoke with told us the partners were doing an excellent job and were very approachable and open to new ideas. Staff also told us how open the lead GP and management were

and they felt they could easily raise any concerns they had. All staff we spoke with said how changes had recently been made to the practice to improve the service offered to patients.

There were systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness, approachability and honesty. Staff we spoke with confirmed this. There were appropriate systems in place at the practice to ensure that when things went wrong with care and treatment:

- Patients affected were supported, given an explanation and a verbal and written apology.
- There was a clearly defined management structure in place and staff were supported. Staff told us there was a culture of openness within the practice.
- Staff we spoke with told us they felt valued and supported. All staff were involved in discussions at meetings and in appraisals and were invited to identify opportunities to improve the service offered by the practice.
- A staff incentive scheme was in place which encouraged staff members 'to go the extra mile' and recognised staff achievements.
- Staff told us the practice held regular team meetings and we saw minutes of meetings to confirm this. Staff told us they could raise any issues at team meetings.
- An annual staff 'away day' was held to reflect on the past year and focus on the goals and challenges for the year ahead.

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 an active Patient Participation Group (PPG). A PPG is a group of patients registered with a

Are services well-led?

Good 

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

practice who worked with the practice to improve services and the quality of care. The PPG met quarterly, carried out patient surveys and discussed developments within the practice.

- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.

Results from the NHS Friends and Family Test during the last 12 months showed that 56% of patients who responded were either likely or highly likely to recommend the practice to friends and family. We saw how results were much lower at the beginning of this period, but had improved each month.