

Dr Sumedha Tillu

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 Hawthorns Medical Centre on 30th November 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- The practice was lower than average for its satisfaction scores on consultations with GPs and nurses
- A carers champion monitored the health and wellbeing of patients in relation to their caring responsibilities when they attended for a consultation or health check. They were directed to the various avenues of support available to them including an Asian Carers service.
- Information about the services provided and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients told us they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

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

- Continue to encourage patients to attend national cancer screening programmes and review the actions taken to monitor impact.
- The practice should continue to monitor patient satisfaction in order to identify areas for further improvement and monitor progress against the action plan.

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 an effective system in place for reporting and recording significant events. The systems in place, to monitor trends and ensure timely review required formalising.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice generally had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had effective systems in place for the management of repeat prescriptions. Repeat prescriptions were reviewed and organised monthly, weekly or daily as required. They were then passed to the GP's for action, and the patient was seen where necessary.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average, however achievement for the screening of breast and bowel cancers were low.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits and analysis of significant events 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 requires improvement for providing caring services.

Requires improvement



Summary of findings

- Data from the national GP patient survey (published in July 2016) showed patients rated the practice lower than others for several aspects of care. 45% of respondents stated that the GP was good at listening to them compared to a CCG average of 83% and a national average of 89%. The low numbers of patients responding to this survey did not make it statistically significant.
- We saw that a comprehensive action plan had been drawn up to respond to this feedback and included improving telephone access, improving customer care and improve waiting times.
- Carers were identified and a carers champion ensured that their needs were assessed and monitored at consultations and health checks.
- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was accessible including evidence of advice leaflets in a wide range of languages suitable for patients who did not speak English as a first language.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

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

- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, the practice engaged with the medicines optimisation team to reduce the rate of prescribing for antibiotics.
- Patients told us said they found it easy to make an appointment either by telephone or in person and they were happy to wait for a GP of choice if required. Data from the GP Survey indicated 64% of patients who responded stated that the last time they wanted to see or speak to a GP or nurse from the surgery they were able to get an appointment. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available in the patient information file and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Summary of findings

Are services well-led?

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

Good



- The practice principal GP stated they had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. All senior staff had clearly defined key areas of responsibility.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This was largely informal; however it included arrangements to monitor and improve quality and identify risk.
- 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group met regularly to discuss ways in which the needs of the local population might be better met including widening representation on the group.
- There was a strong focus on continuous learning and improvement at all levels.

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. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. We did however see some areas of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Each patient had a named GP who saw them for appointments and followed up on test results which older patients told us they found very valuable.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments on the same day. Health checks were available for the over 75years.at a monthly clinic when information and advice was provided by a local agency
- There were patients on the Avoiding Unplanned Admissions register all of whom had a care plan.
- The practice was providing an enhanced service in shingle and pneumococcal vaccination to this group of patients. The practice proactively identified patients who were entitled for this vaccination and then contacted them. A banner to inform and encourage staff and patients regarding shingles vaccination was displayed. There were leaflets available at the reception regarding shingles vaccination.
- The practice had put posters on display in the waiting room for patients who needed wheelchairs and other mobility equipment or help with transport.

Good



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. We did however see some areas of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice completed a health check on all newly registering patients which helped to identify any long term conditions early in the relationship with the practice.

Requires improvement



Summary of findings

- Specialist clinics were held in the practice for patients with heart disease, diabetes, chronic obstructive pulmonary disease, asthma, cancer and those taking ant-coagulant medication. Performance for diabetes related indicators was better or comparable with the national average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less in the period April 2014 to March 2025 was 81%. (National average 78%)
- COPD clinics were done on an ad hoc basis prior to the winter months. This was also an opportunity to provide flu and pneumonia vaccination and issue patients with rescue packs including antibiotics for respiratory conditions.
- A smoking cessation service was offered in house by practice nurses.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of people with long term conditions. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. We did however see some areas of good practice.

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- The practice completed a health check on all newly registering patients which helped to identify any long term conditions early in the relationship with the practice.
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Requires improvement



Summary of findings

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Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of families, children and young people. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. We did however see some areas of good practice.

- There were comprehensive 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 and those who did not attend secondary care appointments.
- Immunisation rates for all standard childhood immunisation programmes achieved up to 95% in 2014/15, which was the same as the clinical commissioning group (CCG) average. These were provided both at immunisation clinics and by appointment.
- 81% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 80% and a national average of 82%.
- 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 and health visitors.
- All parents or guardians calling with concerns about a child under the age of 10 were offered a same day appointment.
- Young people were signposted or referred to appropriate services such as Child and Adolescent Mental Health and Counselling services e.g. Brook Advisory and Eating Disorder services.

Requires improvement



Summary of findings

- The Practice offered both morning and afternoon weekly baby clinics, which offered choice to patients.
- Online appointments and ordering of prescriptions were available.

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. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. We did however see some areas of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Alerts for direct access to GPs or nursing staff were added to records of these patients and there was a dedicated bypass telephone number available.
- The practice undertook health checks for patients with learning disabilities at an extended appointment when a nurse and a GP wrote an individual care plan.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including hospice staff, palliative care nurses and district nurses. This included multidisciplinary integrated care meetings to ensure patients received safe, effective and responsive care.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Carers were identified during appointments with practice staff and carers were offered health checks and flu vaccination.
- Those patients who needed additional help to get in and out of the rooms or with communication were supported by staff who had attended training on communications and customer care.
- The practice website had got various links and shortcuts to access specialist support group information. This included information about support for addiction, advocacy, befriending, exercise and recreation, housing, immigration, sexual health and youth activities.
- Staff worked alongside ICARES, a local community agency and several befriending services and sign posted people to Agewell (a local charity), and local food banks and churches.
- Home visits were available if the patient could not attend appointments at the surgery.

Requires improvement



Summary of findings

- There were interpreter services available which could be booked for specific appointments for patients who did not speak English as a first language.

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. This is because the provider is rated as requires improvement overall. The concerns which led to this rating apply to everyone using the practice, including this population group. We did however see some areas of good practice.

- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months. This compared with a clinical commissioning group average of 86% and a national average of 88%.
- 99% of patients with mental health conditions had their alcohol consumption recorded in the preceding 12 months. This compared well with the CCG average of 89% and the national average of 89%.
- For patients experiencing acute mental health problems appointments were arranged the same day for assessment in-house. If necessary, the GP arranged further assessment by mental health services including the Crisis Team and Pathfinder service.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and patients were given contact details for the crisis team, single point of access and the surgery bypass number.
- The practice offered direct access to counselling at the surgery.
- Daily appointments were offered from 08.30am (30 minutes before normal opening time) for people with anxiety or social phobia who were unable to wait in a full waiting room.

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 the practice was performing below national averages. A total of 363 survey forms were distributed and 61 were returned. This represented 1.7% of the practice's patient list.

- 41% of patients found it easy to get through to this practice by phone compared to the national average of 79%.
- 39% 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%.
- 39% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 32% 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%.

We note that these figures were not statistically significant due to the low number of respondents. The practice therefore carried out its own survey in August 2016 which had 150 respondents.

- 91% rated the practice opening hours good or excellent
- 70% rated their ability to get through to the practice by phone as good or excellent

- 95% rated their most recent consultation with the GP as good or excellent

We saw that a comprehensive action plan had been drawn up to respond to all of the feedback and included improving telephone access, improving customer care and improve waiting times.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were very positive about the standard of care received. Patients commented that they were treated with respect and never rushed in an appointment. Staff were described as caring, polite, and helpful. Patients commented that the environment was safe and clean. Most patients said they were very satisfied with the service, two patients commented that there was a good choice of appointments but that waiting time in the surgery was often long.

We spoke with ten patients during the inspection. Of ten patients, nine said they were satisfied with the care they received and the surgery was run efficiently. Patients told us they did not feel rushed in consultations and that staff talked things through with them. They commented that the surgery was clean and tidy. One carer felt that her parent had not been treated in a caring way; however no other patients or comments cards supported this view.

Areas for improvement

Action the service **SHOULD** take to improve

- Formally record governance meetings to monitor and review themes from serious events, incidents and practice performance against outcomes.

- Continue to encourage patients to attend national cancer screening programmes and review the actions taken to monitor impact.

Dr Sumedha Tillu

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Sumedha Tillu

Dr Sumedhu Tillu (also known as The Hawthorns Medical Centre) is located on Lewisham Road, Smethwick, Sandwell, Birmingham. It is a purpose built health centre with consulting rooms on the ground floor and upper floor which can be accessed by a lift. There is also office accommodation and a meeting room on the upper floor. There is easy access to the building and disabled facilities are provided. There is car parking on site for patients and staff. The practice holds a General Medical Services (GMS) contract with NHS England and forms part of NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG).

There are two GPs working at the practice who are supported by a regular locum GP and a physician associate. Three of the GPs are female and one male. There are two female part time advanced nurse practitioner and prescribers, one female part time nurse and one female part time health care assistant. There is a full time practice manager, an assistant practice manager and a team of administrative staff.

The practice opening times are 9am until 12pm and 3.30 until 6.30pm Monday to Friday and Saturday 9am until 12pm. Appointments are available 9am to 12pm and 3.30pm to 5.30pm Monday to Friday and Saturday 9am until 12pm.

Patients requiring a GP outside of normal working hours are advised to call an alternative telephone number who will contact the out of hours provider, call an ambulance or suggest they attend Accident and Emergency Department of the local Primary Care Centre. There are 3,545 patients on the practice list. The majority of patients are of Asian or eastern European descent with a minority of white British patients. There are 70% of patients who do not speak English as a first language. On the Index of Multiple Deprivation the practice is in the first most deprived decile.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30th November 2016. During our visit we:

- Spoke with a range of staff (GPs, practice manager, practice nurses, HCA and reception staff) and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and family members.

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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.
- Practice staff told us they carried out a thorough review discussion at practice meetings to share learning and agree actions required. These discussions were clearly recorded. An overall log of events was maintained however we saw no written evidence of analysis of trends or review of actions.

We reviewed safety records, incident reports, patient safety alerts, medicines safety alerts and minutes of meetings where these were discussed. We reviewed a number of examples where lessons were shared and action was taken to improve safety in the practice. An urgent correspondence tray had been introduced in the administrative office following an incident when action was delayed. In response to a significant number of incidents of violence and aggression toward staff all staff had received training in conflict resolution.

A Medicines and Healthcare products Regulatory Agency (MHRA) alert had been received regarding a specific medicine for patients with diabetes. The practice had searched which patients had been prescribed the medicine. The staff did not identify any patients who were affected and also checked with the local pharmacy to confirm this was the case.

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. There were 85 children on the child protection register and details were highlighted on records, with alerts for staff and clinicians. A child exploitation screening tool was in use by the practice staff and these vulnerable children were regularly discussed at the monthly Primary Healthcare Team Meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- We saw notices in the waiting room advising patients that chaperones were available if required and patients told us they were aware of this service. 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. The lead GP and practice manager monitored infection control and an annual audit of infection control had taken place in November 2016. There was an infection control protocol in place and staff had received up to date training.
- 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). Repeat prescriptions were monitored by the GPs who either reauthorized the medication or requested a review of the patient. The prescription policy had been reviewed and updated and now included guidance on

Are services safe?

prescriptions which patients reported as missing. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that prescription stationery was securely stored and appropriately monitored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. However staff on an apprenticeship scheme had no recorded employment or colleague references. Staff agreed to seek references for the staff concerned.

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 with a poster in the reception area which identified local health and safety representatives. 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 ongoing risk assessment as any issues were identified. 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. A sign on the door to this locked room ensured all staff could rapidly access appropriate emergency medication. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw that the door where this equipment was kept was clearly signposted. A first aid kit and accident book were readily available.
- 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 showed the practice had attained 98% of the total number of points available. This was 3.2% above the clinical commissioning group (CCG) average and 2.7% above the England average. The practice reported an overall exception rate of 5.1% which was 4.4% lower than the CCG average and 4.7% below the national average figure. 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 comparable to the national average. For example the practice achieved 98% of available points for patients with diabetes who had a foot examination (CCG average 90% and national average 89%) and 96% of diabetic patients had had flu immunisations in the preceding August to March 2016 (CCG average 94% and national average 95%).

The practice had introduced a weekly diabetic clinic with a specialist nurse who completed a specific template to ensure that all aspects of care were being monitored.

- Performance for mental health related indicators was higher than the local average. For example, 95.5% of

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months (CCG average 90% and national average 88%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- There had been several two cycle clinical audits completed in the last two years such as an audit of the use of Sip feeds and an audit of repeat prescribing. Subsequently the practice had introduced an assessment for malnutrition prior to prescribing supplemental feeds. The repeat prescribing audit had led to a review of the repeat prescribing policy.
- Information about outcomes for patients was used to make improvements. For example an audit of high risk medicines ensured that all patients had received the reviews and tests stated in good practice guidelines.

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 topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses attended clinical update sessions regularly for resuscitation, learning disabilities, dementia, the Mental Capacity Act 2005 diabetes and asthma.
- Staff administering vaccines 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.
- Reception staff had received training in conflict resolution, communication skills, anaphylaxis (allergic reactions) and learning disability.

Are services effective?

(for example, treatment is effective)

- 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, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. External speakers were invited to staff meetings and had provided education about domestic violence and safeguarding children.

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 the Systemone computer system.

- 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.
- Every vulnerable patient had a named doctor who oversaw their care, undertook consultations and followed up on test results in order to provide continuity of care. 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. Integrated Primary Care team meetings were held on a monthly basis, where patients were selected and reviewed along with palliative care patients. Those who attended included the falls team, palliative care nurses, District Nurses, Community Matrons, ICARE team, social services staff and the health visiting team.

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 completion of consent forms and these were held on care records.

Supporting patients to live healthier lives

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

- Patients receiving end of life care were supported by the team following a palliative care template. The practice held meetings to discuss patients newly identified as nearing the end of life. Practice staff ensured they became familiar with these patients and their relatives, the district nursing team was involved and anticipatory medicines prescribed when appropriate.
- An antenatal clinic was held once a week and smoking cessation advice was available from practice nurses and local agencies.
- Patients who attended for their annual learning disability health review had a physical health check, were screened for breast, cervical and testicular cancer where appropriate and received healthy lifestyle advice.
- The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 80% and the national average of 82%. 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.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However data highlighted that 23% of persons were screened for bowel cancer in the last 30 months, this was lower than the CCG average of 42% and the national average of 56%.

Are services effective?

(for example, treatment is effective)

- 54% of females aged 50-70 years were screened for breast cancer in the last six months which was lower than the CCG average of 66% and the national average of 72%.

The practice was responding to cancer screening performance by providing information to patients in a wide range of languages used by the local community. We saw posters and leaflets providing advice on screening and the television screen in reception ran a loop of health education advice. Several of the practice staff were multilingual and took every opportunity to promote screening and immunisation. Within 48 hours' notice an interpreter could be provided and the practice was discussing with the CCG the possibility of one full day each week when interpreters would be available on site. Staff could not report the impact of these measures at the time of our inspection.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 100% and five year olds from 93% to 100%. (CCG average range for two year olds 51% to 94% and for five year olds 55% to 95%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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 20 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 ten patients. The lead GP was highly praised. Patients told us they felt fully involved in their care and staff were approachable, courteous and tried hard to be helpful.

We spoke with representatives of the Patient Participation Group (PPG) who felt the PPG meetings were valuable, they felt their ideas were listened to and improvements were made. They were very aware of the needs of the local community.

Results from the national GP patient survey showed the practice was lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 45% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 38% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 80.5% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 59% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 59% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

However these results were not statistically significant due to the low level of response. Therefore the practice decided to undertake their own survey in August 2016.

- 99% of respondents rated the way they were treated by receptionists as good or excellent.
- 95% rated the most recent consultation with the GP good or excellent
- 97% rated the most recent consultation with the practice nurse or HCA as good or excellent

The practice had drawn up an action plan in response to all of these results. All staff had received training in communication skills and conflict resolution. Patients told us access to interpreters had improved and further steps were being taken to reduce the barriers to the service for patients who did not speak English as a first language who were 70% of the practice population. The staff who were employed by the practice were mainly from the local community so had an understanding of the community's needs. Practice staff were offering double appointments to those patients with complex problems.

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 and did not feel rushed to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was positive and aligned with these views. We also saw that care plans were personalised.

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

Are services caring?

- 47% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 82%.
- 41% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice had provided facilities to help patients be involved in decisions about their care:

- Staff told us that there were many patients who did not speak English as a first language however translation services were booked regularly and several staff spoke languages used by the local community. We saw advice in the patient information folder in the waiting area in ten languages informing patients this service was available.
- We were told that information leaflets were available in easy read format for people with learning disabilities which were downloaded from specialist websites.

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.

- The practice's computer system alerted GPs if a patient was a carer. The practice had identified 43 patients as carers (1.2% of the practice list). Those identified were coded on the system so that the carers champion could monitor their health and wellbeing in relation to their caring responsibilities when they attended for a consultation or health check. Written information was available in leaflets and posters in the reception area to direct carers to the various avenues of support available to them including an Asian Carers service. All registered carers were offered an influenza vaccination. The practice had invited the local carer's service to attend a practice meeting and talk to the practice staff about the various services available so that they could signpost patients.

Staff told us that if families had suffered bereavement, their named GP contacted them and this was either followed by a patient consultation at a flexible time and location to meet the family's needs 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 or complex issues which were determined by the explicit needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice.
- Over 75 health checks: The practice had liaised with the elderly care coordinator and planned special clinics in the surgery on the first Friday morning of each month starting from October 2016. The practice had identified 103 patients in this age group. They were invited to come for an over 75 health check by telephone. A template was installed on the clinical system to guide the clinical staff for the checks. The practice had asked "Ideal for all" service staff to have a display during the elderly health checks. This is opportunity for patients as well as staff to know more about the services and how patients could be referred.
- Same day appointments were available for any patient with medical problems that required urgent attention.
- The practice had purchased a wheelchair to support patients with poor mobility when attending appointments.
- The practice provided a room for breast feeding mothers.

Specialist clinics were held in the practice for patients with heart disease, diabetes, chronic obstructive pulmonary disease, asthma, cancer and those taking anti-coagulant medication. For example the diabetes specialist's team from a local hospital held a clinic each month. Performance for diabetes related indicators was in line or comparable with the national average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less in the period April 2014 to March 2015 was 81%. (National average 78%)

- Patients were able to receive travel vaccinations available on the NHS. Those who required vaccinations only available privately were referred to other clinics. The practice also offered typhoid injections due to the risks attached to the local population.
- Where patients were diagnosed with dementia they were referred to the memory clinic and the family were referred to appropriate support services including social services and voluntary agencies such as The Alzheimer's Society.
- 'The practice offered drop in sessions for patients worried about their mental health.
- The practice referred to a number of charitable organisations for assessment and support of patients' social needs. There was a link available on the practice website, accessible in various languages.
- The practice referred to other agencies and directed patients to specialists within the local area. Self-management leaflet were given to patients so that the patient had options and knew what to expect from the practice.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as appointments available on Saturday mornings and appointments for baby clinics which avoided the times of the school run.
- Patients with visual or hearing problems had an alert placed on their record so that reception staff could support them effectively to make an appointment. A hearing loop was available in the reception area to help patients with a hearing loss.

Access to the service

The practice opening times were 8.30am until 12pm and 3.30 until 5.30pm Monday to Friday and Saturday 8.30 until 12.30pm. Appointments were available 9am to 12pm and 3.30pm to 5.30pm Monday to Friday and Saturday 9am until 12pm. In addition, pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were available for people that needed them on the same day.

Responses to the national patient survey, results regarding access were generally lower than both the local and national averages, to which 61 patients had responded. The practice had completed their own survey in August 2016. Questionnaires had been completed by 150 patients.

Are services responsive to people's needs?

(for example, to feedback?)

- 47% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 64% of patients stated the last time they wanted to see or speak to a GP or nurse from their surgery they were able to get an appointment (national average 73%).

The practice completed their own survey in August 2016 which achieved 150 responses from patients.

- 91% rated the hours that the practice was open as good or excellent.
- 99% of respondents said they could get an appointment within two working days (52% on the same day)

The results were more positive, however questions asked were not comparable to those in the national survey. For example the practice survey asked patients, for example, how they would rate the most recent consultation with the doctor

Following these results the practice had reviewed access arrangements. Same day triage by an on call GP by telephone had been introduced, therefore all patients who requested a same day appointment were able to speak with a GP; this also meant that same day appointments were available for people when necessary. Open access sessions had been introduced early in the morning for people experiencing poor mental health. Appointment times had been altered for the baby clinics, more appointments were available later in the day and times were frequently changed in response to demand. Staff were promoting online appointments which were steadily increasing and patients received a reminder to attend appointment by a text message. A telephone call back service was available for those patients who needed advice on whether a face to face appointment was needed.

Action had been taken by the practice to further improve satisfaction however there as yet no evidence that the changes to the service had improved patient outcomes. The practice planned to assess the impact of these actions

with another patient survey early in 2017. The practice should continue to monitor patient satisfaction in order to identify areas for further improvement and monitor progress against the action plan.

Comments cards we received and members of the PPG felt that there were a good choice of appointments. People told us on the day of the inspection that they were able to get appointments when they needed them. Although responses to our comment cards were limited in number they reflected that improvements were being seen.

The on call GP also triaged patients by telephone to assess whether a home visit was clinically necessary and to assess the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system which included a guidance leaflet in the patient information folder in the reception area. We looked at five complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. These were discussed at staff meetings and between practice manager and the principal GP.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had an effective plan reflecting the vision and values.

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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks and implementing mitigating actions including a comprehensive risk management register which had been regularly updated, most recently in April 2016.

Leadership and culture

On the day of inspection the lead GP 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. Each senior member of staff had an area of responsibility within the practice. For example the principal GP led on safeguarding, information governance and infection control. The practice manager led on health and safety and complaints management. Staff told us the GPs were 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 requirements that providers of services must follow when things go wrong with care and treatment). 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 team meetings and we saw the minutes of these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had a well- established patient participation group (PPG). We saw notices in the waiting room asking patients to volunteer for this role .Representatives told us they felt able to voice their views and suggestions and had supported the practice to make improvements such as promoting Pharmacy First to patients with minor ailments and discussing how to reduce the rate of patients not attending

Are services well-led?

Good 

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

appointments and delays to waiting times. The PPG had been consulted about the survey undertaken in August 2016 and discussed the results and subsequent action plan.

- The practice collected feedback through surveys, complaints and verbal comments received. We saw that telephone access had been improved, telephone appointments were now available, online repeat prescriptions had been introduced and electronic prescribing was being considered. Action had also been taken to audit waiting times on a monthly basis to monitor whether improvement was taking place.
- The practice had gathered feedback from staff through staff training sessions and through staff meetings, appraisals and discussion. 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 had introduced an assistant physician in conjunction with Aston Medical School and was using an advanced nurse practitioner. The practice had

struggled to recruit GPs and this change of skill mix helped the team to meet the patients' needs without always seeing a GP. Following the work with the CCG medicines optimisation team anti-biotic prescribing had been substantially reduced from 2014/15 and we saw the 2015/16 results which indicated the practice was now prescribing only slightly above the CCG average.

- The lead GP met daily with the practice manager to monitor the impact of new initiatives, the progress of new staff, QOF results, clinical commissioning group (CCG) & CQC visits and action required, and to listen to feedback from other meetings and education sessions. All actions were brought forward and reviewed by the practice manager.
- Action plans were produced following any surveys carried out. The lead GP attended monthly CCG facilitated meetings with other local practices to benefit from peer review, discuss enhanced services and share learning.

The practice had meetings with the CCG development team and engaged with the NHS England Area Team such as working with the medicines optimisation team, reviewing the GP Survey action plan, introducing telephone call back and improving local typhoid vaccination uptake by sharing the good practice they demonstrated.