

Dr Imran Haq

Quality Report

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Date of inspection visit: 1 September 2017

Date of publication: 04/10/2017

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

Ratings

Overall rating for this service

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out three announced comprehensive inspections and a focused inspection at Dr Imran Haq's practice. Following an inspection in February and March 2015 the practice was rated inadequate overall and placed into special measures. Subsequent inspections in November 2015, February 2016 and July 2016 showed continuous improvement and the practice was rated as good overall in July 2016. The full comprehensive reports for these inspections can be found by selecting the 'all reports' link for Dr Imran Haq on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 1 September 2017 to confirm that the improvements made leading to the good rating in July 2016 had been sustained. The overall rating of good has been maintained.

Our key findings were as follows:

- Improvements leading to the good rating in July 2016 had been sustained and the practice continued to make improvements for example, in relation to the quality outcomes framework.

- Patient outcome data was mostly in line with local and national averages. However, performance was lower for childhood immunisations for under two year olds and uptake of bowel screening.
- The practice's list size had recently increased by approximately 350 patients following the closure of a nearby practice. The practice was in the process of assessing what impact this was having and whether action was needed to increase staffing.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. These included safeguarding, medicines management and recruitment processes.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed high levels of patient satisfaction with the service. Patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Patients found it easy to make an appointment and access the service. Same day urgent appointments were available if needed. There was continuity of care.

Summary of findings

- Information about services and how to complain was available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure with strong managerial support. Staff felt supported and worked well as a team.
- Future direction and working with other local practices was currently in negotiation to identify areas for improving efficiency.
- The practice sought feedback from staff and patients, which it acted on.

- The provider was aware of the requirements of the duty of candour.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Review and continue take action to improve the uptake of national screening programmes for bowel cancer and childhood immunisations for under two year olds.

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 well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice performed in line with local and national averages in relation to the patient outcomes and patient satisfaction with the service. Although uptake of childhood immunisations for under two year olds and bowel screening were areas for improvement.
- The practice had sustained improvement seen at our last inspection in July 2016.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice sought feedback from staff and patients.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2017. The results showed the practice was performing consistently above local and national averages in terms of patient satisfaction. A total of 375 survey forms were distributed and 91 (24%) were returned. This represented 3% of the practice's patient list.

- 92% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 94% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 86% 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 73% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Patients described staff as friendly, professional and caring.

We spoke with four members of the patient participation group who also told us that they were very happy with the service they received.

Data from the Friends and Family test collected between September 2016 and August 2017 showed 343 out of 369 (93%) of patients that responded were likely or extremely likely to recommend the practice to others.

Dr Imran Haq

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

Background to Dr Imran Haq

Dr Imran Haq's Surgery (also known as Firs Surgery) is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as childhood vaccinations.

The practice is located in a residential property that has been adapted for the purpose of providing primary medical services. Clinical services are provided on the ground floor of the premises. There is limited parking available at the practice however, parking is permitted on the street.

The practice registered list size is approximately 3,000 patients. Based on data available from Public Health England, the practice is located within the 10% most deprived areas nationally. The practice population is slightly younger than the national average. For example 29% of the practice population is under 18 years compared with the CCG average of 24% and national average of 21%.

Practice staff consist of the principal GP (male), a salaried GP (female), a practice nurse (female), a healthcare assistant (female), a practice manager, a business manager and a small team of administrative / reception staff.

The practice is open between 8am and 6.30pm Monday to Friday with the exception of Wednesday afternoons when the practice closes at 1pm. Appointments with a GP are available from 9.30am to 11.30am and 4pm to 5.30pm Monday to Friday (except Wednesday afternoon). Nurse appointments are available from 8.30am to 12 noon on a Wednesday, 8.30am to 2pm on a Thursday and 8.30am to 12.00am on a Friday. Extended hours surgeries are available between 6.30pm and 8pm on a Thursday. Appointments in the extended hours are available with a GP. When the practice is closed during the out of hours period between 6.30pm and 8am on weekdays and all weekends and bank holidays the service is provided by another out of hours provider, Birmingham and District General Practitioner Emergency Rooms (BADGER). Patients are directed to this service via the practice answerphone. BADGER also provides cover on a Wednesday afternoon when the practice is closed.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Imran Haq's practice on 1 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

The practice has previously been rated as inadequate following an inspection in February and March 2015 and was placed into special measures for a period of six months. At the February and March 2015 inspection the practice was found to be in breach of regulation 19 (fit and proper persons employed), regulation 17 (good

Detailed findings

governance) and regulation 9 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action in respect of regulation 17 good governance and a warning notice was issued.

Follow up inspections undertaken in November 2015 and February 2016 showed the practice was making improvements and a follow up inspection undertaken in July 2016 found the practice as compliant against the regulations and meeting legal requirements. The practice was rated as good overall and removed from special measures.

We undertook a further follow up focused inspection of Dr Imran Haq's practice on 1 September 2017 to assess whether the improvements made in July 2016 had been sustained.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the CCG to share what they knew. We carried out an announced visit on 1 September 2017. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the principal GP, health care assistant, practice and business managers and reception staff).
- Spoke with four members of the practice's patient participation group.
- Observed how patients were being cared for in the reception area.
- 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.
- Reviewed documentation made available to us in relation to the running of the service.

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 well-led?

Good 

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

Our findings

At our previous inspection on 22 July 2016 we rated the practice as good overall and for providing a well-led service, the practice was removed from a period of special measures. At this inspection we checked to confirm that the improvements made which led to the good rating had been sustained, we found they had sustained improvements.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had made significant improvements since the first CQC inspection in 2015 and had worked with their local Clinical Commissioning Group (CCG) and the Royal College of General Practitioners to deliver service improvement.
- The practice continued to have the support of a substantive practice manager and a business manager to provide leadership and help drive forward improvements within the practice.
- The practice continued to work with a group of local practices to identify ways in which they could work together in the future to support sustainability in general practice. This was work in progress as the partnership was still trying to establish the working relationships.
- The practice had recently taken on approximately 350 additional patients following the closure of a nearby practice. They were currently assessing the impact this might have on them and whether there was a need to increase staffing. This was work in progress.
- The practice had set out its commitment to their patients within the practice charter and what they expected from the patients in return.
- Practice staff described a patient centred approach in the delivery of services.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- 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. These were kept up to date.
- A comprehensive understanding of the performance of the practice was maintained. The practice was performing well in relation to the Quality Outcomes Framework (QOF) (QOF is a system intended to improve the quality of general practice and reward good practice), the CCG led Aspiring for Clinical Excellence programme (aimed at raising standards in general practice) and patient satisfaction.
- QOF performance continued to improve with the practice achieving 94% of the total points available in 2016/17 with 6% exception reporting (un validated data) compared to 92% in 2015/16 and 80% in 2014/15. The practice had identified areas where it needed to improve and the business manager ran routine reports to ensure patients were reviewed as appropriate. We saw improvement in uptake of cervical and breast screening although uptake of bowel screening was low compared to the CCG and national averages. Uptake of childhood immunisations for the under two year olds was also below the national standards of 90%, the practice scored 8.4 compared to the national average of 9.1. The practice had discussed uptake of child immunisations at a recent practice meeting and were undertaking opportunistic vaccines. They acknowledged that it was an area they needed to look at further but thought the low numbers of eligible patients might impact on the practice scores. CCG benchmarking data (April 2017 to June 2017) showed the practice was meeting CCG targets with regards to antibiotic prescribing.
- Clinical and internal audit was used to monitor quality and to make improvements. Audits seen included two full cycle clinical audits. These included an audit to review the management of patients with atrial fibrillation in which improvements were noted. The second was an audit of mental health reviews undertaken, however the practice reported that the additional patients from a closing practice had impacted on the findings and further re-audit was required.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included safeguarding, arrangements to deal with emergencies, training and

Are services well-led?

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recruitment (including locum staff) and medicines management. Equality assessments had been carried out and acted on to improve access to those with mobility and other difficulties.

- The management of incidents, safety alerts, complaints and other patient feedback were well documented with action taken recorded. All were standing agenda items for discussion at the practice meetings enabling any learning to be shared.

Leadership and culture

The practice leadership consisted of the principal GP, a practice manager and a business manager. On the day of inspection the practice leadership team demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. Practice staff demonstrated a desire to provide safe, high quality patient centred care, they were proud of the achievements made and passionate about continuing this, which was reflected in the positive patient survey data. There was an effective use of IT systems to ensure patients who were vulnerable or with specific needs were highlighted to staff.

Staff we spoke with found the leadership team approachable and supportive. They felt there was effective leadership and good teamwork within the practice and enjoyed working there.

The provider was aware of and had systems 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 provider encouraged a culture of openness and honesty. Although, there had not been any recently reported incidents in which the practice had needed to contact the patient, there were systems to ensure that when things went wrong with care and treatment affected people would receive reasonable support, truthful information and an apology and for maintaining records of interactions with patients.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with community based staff such as district nurses, palliative care nurses and health visitors.

- Staff told us the practice held regular practice meetings. All staff attended the monthly practice meetings when available. Minutes of these meetings were well documented for future reference and available for practice staff to view.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.
- There was a locum pack available for locum GPs employed at short notice.

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

The practice encouraged and valued feedback from patients and staff in the delivery of the service.

- The practice had a patient participation group (PPG). A PPG is a way in which the practice and patients can work together to help improve the quality of the service. There were approximately five active members of the PPG who met on a three monthly basis, we saw minutes of meetings to confirm this. There were notices in the waiting room advertising the next meeting and encouraging patients to attend. We spoke with four members of the PPG, all were very positive about the practice and told us that the practice staff were very responsive to any issues raised. They told us that they felt the practice had become more efficient in the way it was run. Minutes of meetings showed that members of the PPG had been involved in discussions about the practice such as the patient survey. They had also been involved in contributing to information displayed in the waiting area and the introduction of a new patient newsletter.
- Feedback from the 41 completed CQC comment cards and the latest GP national patient survey were very positive. There was a high level of patient satisfaction with GP and nurse consultations, helpfulness of reception staff and access to appointments. The practice scored consistently above the CCG and national averages in the GP national patient survey. The practice had also carried out its own patient survey, an action plan was developed and implemented in response which included the promotion of online access and the PPG. The practice manager advised us that they had achieved a 10% uptake for the online services.

Are services well-led?

Good 

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

- The practice participated in the friends and family test which invited patients to say whether they would recommend the practice to others. Over the last 12 months 369 patients had responded of those 343 (93%) said they were likely or extremely likely to recommend the practice to others. Comments left by patients on the NHS choices website were responded to.
- Information on how to make a complaint was easily accessible to patients and complaints were managed in a timely way. The practice recorded verbal and written complaints. There had been one formal complaint in the last 12 months and three verbal.
- The practice gathered feedback from staff through practice meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They also said they felt listened to.

Continuous improvement

The practice had run events from the surgery to support various patient groups for example, a carers open day was

held in June 2017, an Alzheimer's society drop in session held in April 2017 and an open day with the Birmingham Wellbeing Co-ordinator to provide advice and support to patients.

The practice was participating in CCG led projects including medicines waste involving a review of repeat prescription ordering processes. The practice had carried out a baseline assessment.

We saw evidence of regular staff appraisals in which staff could discuss their learning and training needs. The principal GP held monthly minuted meetings with the practice nurse to support learning and discuss any issues arising from new guidelines. Staff also participated in locality meetings and CCG learning events such as end of life care.

We saw that staff were up to date with training in areas such as basic life support, safeguarding, information governance and infection control.