

Springfield Surgery

Inspection 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 location

Good 

Are services effective?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced focused inspection at Springfield Surgery on 2 October 2019 as part of our inspection programme.

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection focused on the following key questions:

- Are services at this location effective?
- Are services at this location well-led?

Because of the assurance received from our review of information we carried forward the ratings for the following key questions:

- Are services at this location safe?
- Are services at this location caring?
- Are services at this location responsive?

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall.

We rated the practice as **good** for providing effective and well-led services and for the following population groups: older people; people with long-term conditions; families children and young people; people whose circumstances may make them vulnerable and people experiencing poor mental health (including dementia) because:

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The leadership of the practice were highly motivated with clear vision and values supported by a comprehensive business plan. The practice had taken part in several programmes and pilot schemes. For example, in relation to improving standards of end of life care.
- During 2017/18, due to unforeseen circumstances the practice had experienced some challenges with clinical staffing which had a significant impact on patient outcome data. The practice has since taken on an

additional partner and GP in conjunction with the upskilling of nursing staff. The latest patient outcome data from the practice (not yet validated) showed a significant improvement and was more in line with the practice's previous performance.

- National data for 2018/19 showed uptake of child immunisations for children age one and two were below the 90% minimum target. The practice had worked with Public Health England to implement actions to improve and showed some improvement during the first quarter of 2019/20.
- Patients received effective care and treatment that met their needs.
- The practice recognised vulnerable patients as a significant group within their population and had taken action to improve outcomes for this particular group of patients. This had included registering as a safe practice for those who may otherwise struggle to obtain primary health care, improving end of life care and establishing strong links with social prescribing schemes.
- The practice participated in quality improvement activities for example in relation to the management of high risk medicines.
- The practice promoted healthier lifestyles and wellbeing of both patients and staff through links with social prescribing and park run schemes.
- There was a strong culture of compassionate leadership, ensuring the wellbeing and resilience of staff in order to deliver high quality care.
- Staff worked well as a team, they supported each other, felt valued and were empowered and encouraged to contribute ideas and suggestions to improving the service.
- Feedback received from patients through our comment cards was positive and showed they were treated with respect, dignity and compassion by all members of the staff team.

We rated the practice as **requires improvement** for the population group working age people because:

We found that:

- The population groups working age people required improvement. Uptake of cervical screening was below national minimum standards.

Overall summary

- Although the practice advised us that they had taken some action to try and improve uptake, they had yet to demonstrate any clear improvement. Performance was largely unchanged from previous years.

We saw an area of outstanding practice:

- Leaders at the practice had set up a programme to support and empower their staff to look after themselves and improve their health, wellbeing and lifestyle with the aim that this would help support resilience, motivation, job satisfaction and retention of staff in the workplace. The programme consisted of six sessions which included sessions on diet, exercise and managing stress.

Whilst we found no breaches of regulations, the provider **should:**

- Continue to identify actions to improve uptake of cervical cancer screening and childhood immunisations.
- Review practice arrangements for a freedom to speak up guardian and ensure staff are aware.
- Review systems in place to ensure actions from recruitment checks and infection control audits are fully completed.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team consisted of a CQC lead inspector and a GP specialist advisor.

Background to Springfield Surgery

Springfield Surgery is located within the Sparkhill Primary Care Centre in the Sparkhill area of Birmingham. The premises are purpose built for providing primary medical services and include a small car park on the lower ground floor.

Springfield Surgery is part of Birmingham and Solihull Clinical Commissioning Group (CCG) and provides services to approximately 5,700 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice is part of a local Primary Care Network (PCN) known as Smartcare Central PCN.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The provider is a partnership of three GPs (two male and one female). The provider is currently registered with CQC as a two GP partnership and is aware of the legal requirement to amend their registration to accurately

reflect the new partnership arrangement. The practice employs two salaried GPs (both female), two practice nurses, a health care assistant, a practice manager and a team of administrative/reception staff.

The practice opening times are 8am to 6.30pm on a Monday, Wednesday, Thursday and Friday and 8am to 12.30pm and 2pm to 6.30pm on a Tuesday. Extended access appointments are available in the evening and weekends at the Sparkhill Primary Care Centre provided via the Smartcare Federation. During the out of hours period, patients can access primary medical services through the out of hours provider (BADGER).

The area served by the practice has high levels of deprivation. Information published by Public Health England rates the level of deprivation within the practice population as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice population age distribution is younger than the CCG and national averages. For example, 34% of the practice population is under 18 years compared to the CCG average of 25% and the national average of 21%. The practice population is diverse and is made up of patients from an Asian background (58%), white (30%) and black, mixed or other non-white ethnic groups (11%).