

Selly Park Surgery

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

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 Selly Park Surgery on 12 May 2016. The overall rating for this service is good.

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

- There was a system in place to raise concerns and report significant events. Staff understood their responsibilities to raise concerns, and to report significant events. These were discussed regularly at meetings and were a standing agenda item. Learning was shared with practice staff regularly and with other practices in the locality.
- Information about safety alerts was reviewed and communicated to staff by the practice manager in a timely fashion. Recommendations made by the CCG pharmacist following medicines reviews were followed up by GPs.
- Risks to patients were assessed and well managed through practice meetings and collaborative discussions with the multi-disciplinary team. Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients we spoke with told us GPs and nurses at the practice treated them with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available in the reception area and patients told us that they knew how to complain if they needed to.
- Urgent appointments were available on the day they were requested. Patients said that they were able to see their preferred GP within one day. Routine appointments could be booked up to two weeks in advance and were usually available the next day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included easy access for patients who used wheelchairs and baby changing facilities.

Summary of findings

- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from patients, which it acted on. Staff appeared motivated to deliver high standards of care and there was evidence of team working throughout the practice.
- Ensure that communication aids such as easy read and pictorial aids, are available for patients with a learning disability to enhance communication opportunities.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The areas the provider should make improvements are:

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, and lessons learned were shared throughout the practice at regular meetings. When there were unintended or unexpected safety incidents, patients received a verbal and written apology. They were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse and staff had received training relevant to their role.
- Risks to patients were assessed and well managed. There were robust systems in place to manage patient safety alerts, including medicines alerts which were acted upon.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines, and clinicians used these as part of their work.
- Audits and reviews were undertaken and improvements were made to enhance patient care.
- Staff received the training to maintain and develop their skills so that patients received effective care and treatment. Staff received annual appraisals and had development plans in place to ensure continued personal development.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Meetings were held regularly and were attended by district and palliative care nurses.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone, and they were treated with dignity and respect.
- Results from the National GP Patient Survey published on 7 January 2016 showed that the practice scored above average

Summary of findings

for results in relation to patients' experience and satisfaction scores on consultations with the GP and the nurse; 94% said the GP was good at listening to them, which was above the Clinical Commissioning Group (CCG) average of 88% and national average of 89%; 99% said they had confidence and trust in the last GP they saw which was above the CCG and the national averages of 95%; 89% said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 84% and national average of 85%; 96% said the last nurse they spoke to was good at treating them with care and concern which was above the CCG average of 87% and national average of 91%. Also 98% of patients said they found the receptionists at the practice helpful which was above the CCG average of 86% and national average of 87%.

- Seven patients told us they were treated with compassion and were involved in decisions about their care and treatment. Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.
- Patients completed 127 comment cards which gave positive comments about the standard of care received.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice engaged with other organisations and the local community in planning how services were provided to meet patients' needs.
- Patients said they found they were able to make an appointment with the GPs and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- We saw examples of the practice referring to and engaging with relevant community organisations to benefit both the physical and emotional health of the patients.
- A shared care arrangement was in place at the practice to support patients with drug and alcohol related health issues. Weekly clinics were held with a substance misuse recovery worker who was employed by a city-wide provider.

Good



Are services well-led?

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

Good



Summary of findings

- There was a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this.
- 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.
- There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had an active patient participation group (PPG) and responded to feedback from patients about ways that improvements could be made to the services offered.
- Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older patients.

Good



- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in dementia and end of life care.
- It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs. The practice also arranged blood tests for patients at local care homes to help with monitoring their conditions.
- Health checks were carried out for all patients over the age of 75 years.

People with long term conditions

The practice is rated as good for the care of patients with long-term conditions.

Good



- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met.
- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Structured reviews of patients care and treatment was carried out annually, which ensured their health needs were being met. Holistic appointments were offered so that the number of times patients needed to attend for appointments was reduced.

Families, children and young people

The practice is rated as good for the care of families, children and young patients.

Good



- There were systems in place to identify and follow up children who were at risk of abuse. For example, children and young

Summary of findings

patients who had a high number of accident and emergency (A&E) attendances. Staff had received safeguarding training. They were aware of their responsibilities in protecting children who were at risk of harm.

- Childhood immunisation rates were overall comparable to the local Clinical Commissioning Group (CCG) averages.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence that confirmed this.
- Appointments were available outside of school hours and the premises were suitable and accessible for children.
- We saw good examples of joint working with midwives, health visitors, and district nurses.
- Appointments were available outside school hours. A number of online services including booking appointments and requesting repeat medicines were also available.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered weekly evening extended hours so that patients could access appointments around their working hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. There were no communication aids available such as easy read and pictorial, for patients with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability, and had completed annual health checks for all 22 patients on their register. Communication aids were not however available to ensure communication opportunities were enhanced.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. It had advised vulnerable patients on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments or offered longer appointments.
- Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children who were considered to be at risk of harm. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns.
- The practice worked in partnership with another agency to support patients with drug and alcohol related health issues. Weekly clinics were held at the practice.
- The practice told us they were in the process of reviewing carers as information about carers had not always been collected from patients. Forms were now available for reception staff to ask patients for this information. The GPs and the nurses were to review their care plans in order to ascertain whether any carers had been missed. A poster was displayed in the waiting room advertising support for carers.

People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients living in vulnerable circumstances including those patients with dementia. Advanced care planning and annual health checks were carried out which took into account patients' circumstances and support networks in addition to their physical health. Longer appointments were arranged for this and patients were seen by the GP they preferred. Patients were given information about how to access various support groups and voluntary organisations.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The GPs and practice nurses understood the importance of considering patients ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.
- There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for patients' with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published on 7 January 2016 showed the practice was performing above local and national averages. There were 316 surveys sent to patients and 119 responses which represented a response rate of 38%. In all areas the practice was rated above the Clinical Commissioning Group (CCG) and national averages. Results showed:

- 96% of patients found it easy to get through to this practice by telephone which was above the Clinical Commissioning Group (CCG) average of 71% and a national average of 73%.
- 98% of patients found the receptionists at this practice helpful which was above the CCG average of 86% and a national average of 87%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried which was above the CCG average of 80% and a national average of 85%.
- 95% of patients said the last appointment they got was convenient which was above the CCG average of 90% and a national average of 92%.
- 81% of patients described their experience of making an appointment as good which was above the CCG average of 70% and a national average of 73%.

- 76% of patients usually waited 15 minutes or less after their appointment time to be seen which was above the CCG average of 60% and the national average of 65%.
- 70% of patients felt they did not normally have to wait too long to be seen which was above the CCG average of 53% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 127 comment cards which were all positive about the standard of care received. Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.

We spoke with seven patients during the inspection, one who was also a member of the Patient Participation group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. Patients were all very positive about the service they received. They told us they had nothing but praise for the GPs, who they said were very caring for all their patients. These patients were also extremely positive about all staff at the practice. They said that nothing was ever too much trouble and that staff were always happy to help where they could.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that communication aids such as easy read and pictorial aids, are available for patients with a learning disability to enhance communication opportunities.

Selly Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor, a second CQC inspector and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Selly Park Surgery

Selly Park Surgery is located in Selly Park, a district in south west Birmingham in the West Midlands. The practice area includes Selly Oak, Stirchley, Moseley, and Edgbaston areas of Birmingham. It has four GP partners (two males and two females) operating from a purpose built building in Selly Park.

Selly Park Surgery provides primary medical services to patients in a residential suburban area and has a slighter lower number of patients between the ages of 5 to 18 years (approximately 10% to 18%) compared to the CCG average (approximately 13% to 25%). The practice has a slightly larger population of older patients compared with the local averages. 16% of patients registered with the practice are aged 65 years and over compared with local average of 12%; and the number of patients over the age of 75 is 2% higher than local averages.

The majority of patients registered with the practice are white British with small numbers of patients from ethnic minority groups such as Indian, Pakistani, Chinese and Asian. The practice area is one of lower than average rate of deprivation at 22% when compared with the local average of 37%, although this is in line with the national average.

The GPs are supported by a practice manager, assistant practice manager, a practice nurse, a healthcare assistant, a secretary and three receptionists. There were 4800 patients registered with the practice at the time of the inspection.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice opens from 8am to 6.30pm Monday to Friday with appointments available from those times on these days. Extended hours appointments are available on Monday, Wednesday and Friday mornings from 7.15am to 8am for pre-bookable appointments.

The practice is closed every Wednesday afternoon from 1pm. All telephone calls from this time are taken by the out-of-hours provider. The practice is closed at weekends. The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare) is available on the practice's website and in the patient practice leaflet.

Home visits are also available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book appointments.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care and family planning.

Detailed findings

Selly Park Surgery is a teaching practice for undergraduate medical students from the University of Birmingham.

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. This inspection was planned to check whether the provider was 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.

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

How we carried out this inspection

Before our inspection of Selly Park Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted the NHS Birmingham South and Central Clinical Commissioning Group (CCG) and the NHS England area team to consider any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 12 May 2016. During our inspection we spoke with a range of staff that

included four GPs, the practice manager, the practice nurse, the healthcare assistant and reception and administration staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with seven patients, including a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice. We observed how patients were being cared for and talked with carers and/or family members. We 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 patients' needs?
- Is it well-led?

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. We reviewed safety records, incident reports, national safety alerts and minutes of meetings where these were discussed.

- Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. Staff were able to provide examples where they had reported incidents, the process they had followed and the learning outcomes shared and discussed with them.
- The practice carried out an analysis of significant events and shared learning from these with appropriate staff. Action had been taken to ensure safety of the practice was maintained and improved. For example, seven incidents had been recorded for the period November 2014 to November 2015 and these had been coded with a Red, Amber, Green (RAG) priority rating. We discussed two incidents that had occurred in August 2015 with GPs and we tracked discussions about these through minutes of clinical meetings. In each case we found that learning had taken place and changes had been made to prevent further occurrences.
- Patient safety alerts were sent to all relevant staff by email. Printed copies were placed into a file by the practice manager and all clinical staff were required to sign these to confirm they had been read. All alerts were discussed at weekly clinical meetings and the GP lead identified action to be taken (if any) and ensured this was completed. GPs described examples of alerts that had led to patient searches and where appropriate, changes in prescribing had been made as a result.
- We saw evidence that the practice had been open to learning from a significant event that occurred at another practice. GPs told us they had recently reviewed their procedures in view of an emergency that had occurred where there had been a prolonged delay in the arrival of an ambulance. As a result of their review an emergency trolley had been ordered so that all equipment and medicines were more easily accessible.
- Arrangements to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. Staff told us that all policies were accessible to them on the practice's computer. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding and staff confirmed they knew who this was. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Safeguarding was a standing agenda item for weekly clinical meetings. Quarterly safeguarding meetings were held and these were attended by the health visitor. We saw minutes of these meetings to confirm this.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of patients' barred from working in roles where they may have contact with children or adults who may be vulnerable). Appropriate risk assessments had been completed where DBS checks had not been made. When chaperones had been offered a record had been made in patients' notes and this included when the service had been offered and declined. Patients we spoke with confirmed they were aware of the chaperone facility and that there was a poster in the waiting room that offered this service.
- 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 office. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Latest checks had been carried out in February 2016. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, Infection Prevention and Control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The practice had up to date fire risk assessment in place (dated July 2014) and regular fire drills were carried out.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients' safe, which included:

Are services safe?

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse was the infection prevention clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Prescriptions were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GPs.
- We looked at files for different staff roles including two receptionists, the practice nurse and two GPs to see whether recruitment checks had been carried out in line with legal requirements. These five files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS. We saw that processes were also in place when locum GPs were employed by the practice to ensure appropriate checks had been carried out.
- 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 the different staffing groups to ensure that enough staff were available each day. Staff confirmed they would cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all of the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training.

There were emergency medicines and equipment available as required, including a first aid kit and accident book. These were easily accessible in a secure area of the practice and all staff knew of their location. Medicines included those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely. Oxygen and a defibrillator (used to help restart the heart in an emergency) were available and these had been regularly checked and maintained.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Copies of the plan were kept in the reception area, on the practice's computer system and the practice manager confirmed they kept a copy at home. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies. The document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident. For example, details of local suppliers to contact in the event of failure, such as heating and water suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

There were systems in place to ensure all clinical staff were kept up to date. The practice had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet 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 patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 99% of the total number of points available, with 8% exception reporting. Their exception reporting was in line with local and national averages. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014/2015 showed the practice performed in line with or above local and national levels:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 96% which was above the local average of 90% and the national average of 88%. The practice exception rate of 3% was below the Clinical Commissioning Group (CCG) average of 5% and below the national average of 7%.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 88% which was above the CCG average of 83% and the national average of 84%. The practice exception rate was 3% which was in line with the CCG and national averages.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 91% which was in line with the CCG average and above the national average of 88%. The practice exception rate was 2% which was below the CCG average of 8% and below the national average of 13%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 87% which was in line with the local average and above the national average of 84%. The practice exception rate was 6% which was in line with the CCG average and below the national average of 8%.

Clinical audits

The practice had a system in place for completing clinical audits and regularly carried out audits where they considered improvements to practice could be made. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It included an assessment of clinical practice against best practice such as clinical guidance to measure whether agreed standards were being achieved. The process required that recommendations and actions were taken where it was found that standards were not being met. For example, one audit carried out in 2014 and repeated in 2015 looked at patients with a dementia diagnosis who were prescribed a specific medicine. The audit was carried out to ensure that best practice guidance was being followed in prescribing this medicine. The audits confirmed the practice had maintained positive outcomes for patients and best practice guidance had been followed.

We saw that audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits for the use of a medicine for those patients with Atrial Fibrillation (an abnormal heart rhythm characterised by rapid and irregular beating). Two audits had been carried out in August and November 2015 and

Are services effective?

(for example, treatment is effective)

findings were used by the practice to improve services. The practice told us that these audits were to continue six monthly to ensure that all patients continued to receive the best care.

The practice also participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- Staff received training included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff told us that training opportunities at the practice were well facilitated and encouraged. Staff told us that they had been given additional training opportunities to encourage personal development within the practice. We saw examples where staff had been trained and promoted as a result and had taken on posts with greater responsibilities. They told us the practice were very supportive with funding and making time available for this training.

Coordinating patient care and information sharing

The practice had systems in place to provide staff with the information they needed through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information

leaflets was also available. Scanned paper letters were saved on the system for future reference. All investigations, blood tests and X- rays were requested and the results were received online.

Staff worked together and with other health and social care services 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.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. For example, from minutes of meetings for 2015 and 2016 we could see that health visitors and the practice nurse had attended these meetings. We saw that discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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 patients', assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The GPs and practice nurse understood the need to consider Gillick competence when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Supporting patients to live healthier lives

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help. For example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required. They had completed annual health reviews for all 22 patients on their register.

Are services effective?

(for example, treatment is effective)

It was practice policy to offer NHS health checks to all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. Since 1 April 2016 the practice had completed NHS health checks for 14% of the eligible patients registered with the practice.

The GPs and practice nurse showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations.

The GPs and practice nurse told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 63% which was lower than the local average of 67% and the national average of 74%. The practice showed us their current figures for the uptake of cervical screening

which indicated an uptake of 86%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and patients were reminded at appointments to make arrangements for the screening to take place.

Childhood immunisation rates for vaccinations given were overall comparable with the local CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 96% which were comparable with the CCG rates of 79% to 96%, and for five year olds ranged from 75% to 90% which were comparable with the CCG rates of 84% to 95%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were in line or higher than local and national averages. The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 68% which was in line with the local and the national averages. The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 55% which was higher than the local average of 46% and national average of 58%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone, and those patients were treated with dignity and respect. Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We received 127 comment cards, the majority of which were very positive about the standard of care received by patients at the practice. Patients were very complimentary about the practice and commented that staff were very friendly and helpful, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one. We received less positive comments from five patients. They commented about the lack of parking; one patient was unhappy with their treatment and three others commented that receptionists were not always friendly.

Patients we spoke with confirmed the positive comments given in the comment cards. Patients told us that staff always had time for them, treated them with respect and were alert to their needs if they appeared distressed or confused. Patients told us that everyone at the practice provided a top class service, and that everyone was excellent at providing the care needed for patients.

Results from the National GP Patient Survey results published in January 2016 showed that overall the practice scored above average results in relation to patients' experience of the practice and the satisfaction scores on consultations with doctors and nurses. For example:

- 94% of patients said the GP was good at listening to them which was above the Clinical Commissioning Group (CCG) average of 86% and national average of 89%.
- 92% of patients said the GP gave them enough time which was above the CCG average of 85% and national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw or spoke to which was above the CCG and the national averages of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 84% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern which was above the CCG average of 89% and national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful which was above the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Through the comment cards patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt they were respected, listened to and that staff were always happy to help and support them when they needed it. Patients told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients commented that nothing was too much trouble for this practice, and that the GPs and nurses genuinely cared about the health of their patients.

Results from the National GP Patient Survey results published in January 2016 showed that most patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments which was above the CCG and national averages of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care which was slightly higher than the CCG average of 81% and national average of 82%.

Care plans were in place for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns. We noted however, that easy read or pictorial communication aids were not available for patients with a learning disability.

Are services caring?

This was discussed with the practice who told us they would address this and provide aids appropriate to patients' needs. GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurses told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations.

The practice maintained a register of those patients who were also carers, with the practice's computer system alerted GPs if a patient was also a carer. The register showed that at the time of the inspection there were 48

carers registered with the practice (1% of the practice population). The practice told us they were in the process of reviewing carers as the reception staff had not always collected the information so it had not been coded. The forms were now in place again and the reception staff had been advised. The GPs and the nurses were to review their care plans in order to ascertain whether any carers had been missed. A poster was displayed in the waiting room advertising support for carers.

Staff told us that if families had experienced bereavement the GPs telephoned them and often visited to offer support and information about sources of help and advice. A practical guide was available for patients. This was comprehensive and included information on funeral arrangements; processes to follow in registering a death; information about understanding grief and contact details for support options for patients needing help to cope with their grief.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The practice understood the needs of the patient population and had arrangements in place to address those needs. The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this. Patients told us that when they had their medicines reviewed time was taken to explain the reasons for the medicines and any possible side-effects and implications of their condition. Patients told us this helped them understand what they needed to do to help themselves too.
- Urgent access appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations and cervical smears.
- There were disabled facilities and translation services available.
- A shared care arrangement was in place at the practice to support patients with drug and alcohol related health issues. Weekly clinics were held with a substance misuse recovery worker who was employed by a city-wide provider. The recovery worker worked with the lead GP who had a special interest in this field. Four GP appointments were dedicated to the clinic. The GP told us that generally appointments were booked with patients but they saw some patients on a walk in basis

as well. Some patients were registered with other practices for their general health care but attended Selly Park Surgery for specific substance misuse appointments at the clinic.

- Extended appointment times were available from 7.15am to 8am every Monday, Wednesday and Friday mornings each week which was helpful for those patients who had work commitments.

Access to the service

- The practice was open from 8am to 6.30pm Monday to Friday with appointments available from those times on these days. The practice was closed every Wednesday afternoon from 1pm. All telephone calls from this time were taken by the out-of-hours provider. The practice was closed at weekends.
- The practice was part of the Prime Minister's GP Challenge Fund. This involved extended opening hours including early morning, late evening and weekends improving access. Appointments were available to practice patients as well as patients from other practices in the locality. Unregistered patients signed a consent form which allowed the practice to access their medical records. The practice was grouped with 23 local practices under the corporate name of My Healthcare.
- The practice does not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare) was available on the practice's website and in the patient practice leaflet.
- Home visits were available for patients who were too ill to attend the practice for appointments. There was also an online service which allowed patients to order repeat prescriptions and book appointments. Booking of appointments could also be made up to two weeks in advance.
- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, heart disease and blood pressure.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey results published in January 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages. For example:

- 96% of patients said they could get through easily to the practice by telephone which was above the CCG average of 71% and national average of 73%.
- 81% of patients described their experience of making an appointment as good which was above the CCG average of 70% and national average of 73%.
- 76% of patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 60% and national average of 65%.

Patients we spoke with gave positive views about the appointments system. Patients told us that they had no problem with getting appointments and they could always see a GP if the appointment was urgent. We received 127 comment cards which were all positive about the appointment system and availability at the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their 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 found that there was an open and transparent approach towards complaints. Accessible information was provided to help patients understand the complaints system on the practice's website and in a complaints leaflet made available at the practice. We saw a copy of the complaints form available for patients to use should they wish to make a formal complaint. The form also included a copy of the procedure and explained to the patient what they could expect once their complaint was submitted to the practice. Patients commented through the comments cards that they were aware of the process to follow should they wish to make a complaint, although none of the patients had needed to make a complaint.

We saw that annual reviews of complaints had been carried out to identify themes or trends. We looked at the review of the three complaints received in the last 12 months. We found these were dealt with promptly with responses to and outcomes of the complaints clearly recorded.

Lessons learned from individual complaints had been acted on. This had included for example, changes to procedures where they had been identified as a result of a complaint or a concern. Changes made included the availability of online appointments and chairs with arms provided in waiting area to assist patients when rising from the chairs. We saw minutes of meetings that confirmed this.

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

We looked at a copy of the practice's statement of purpose. This told us that the aim of the practice was:

- To provide high quality, safe, professional primary care for their patients.
- To work in partnership with patients, families and their carers towards a positive experience and understanding, in ways which involved them in making decisions about their care and treatment.

The vision of the practice was aligned to the clinical commissioning group (CCG) strategy. It was evident through discussions with staff during the day that this vision was shared throughout the practice. The practice had a robust strategy and supporting business plan which reflected the vision and values of the practice and ensured that these were regularly monitored.

Governance arrangements

The practice had a governance framework in place that 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 programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing mostly above or in line with local and national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings and noted that complaints,

significant events and patient safety alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.

Leadership, openness and transparency

The GPs and the management team at the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The practice encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They told us they were confident they would be supported if they needed to raise any issues or concerns. Staff said they felt respected, valued and supported, by everyone in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the Patient Participation Group (PPG), through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

The PPG had regularly carried out patient surveys for the practice and we saw reports for those completed in 2013, 2014 and 2015. We spoke with a member of the PPG who shared with us the agenda for the meeting arranged for the 18 May 2016. We saw that a report from PPG Forum (the wider CCG area PPG) meeting held on 9 May 2016 was scheduled to be shared with the practice PPG group, which demonstrated information sharing on a broader level. The benefits of online booking were also to be discussed and evidence had been prepared for the meeting. For example, online booking had shown an increase in patient satisfaction as access had improved.

We saw from the action plan in the PPG annual report for 2015, that priority areas had been identified and action that had been taken had demonstrated willingness by the

Are services well-led?

Good 

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

practice to respond to the feedback they received. For example, patients had requested that a hand rail was fitted alongside the path into the practice so they would feel more secure in making their way into the building. The provision of chairs with arm rests in the waiting area was also requested. We saw from the action plan that both issues had been addressed. PPG feedback had indicated that patients were positive about these improvements.

The practice had also gathered feedback from staff 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 provided services for patients.