

Drs Brinksman, Conlon, Manley, Saunders, Hull & Martins

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?

Outstanding 

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 Drs Brinksman, Conlon, Manley, Saunders, Hull & Martins (The Nechells Practice) on 15 March 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised. Partners at the practice had developed an incident reporting system to encourage reporting. The system used was adopted by other practices and resulted in higher rates of reporting and increased openness in the locality.
- Risks to patients were assessed and generally well managed.
- The practice had worked closely with other organisations in planning how services were delivered to ensure that they meet patients' needs

- Feedback from patients about their care was positive. However, some patients told us they did not always find it easy to access the service. Same day urgent appointments were available.
- Although the practice had tried to obtain feedback from patients about the services they had struggled to gain enthusiasm for this.
- Information about how to complain was available and easy to understand and complaints were thoroughly investigated and handled in a sensitive and timely manner.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. Strong governance arrangements with clear staff roles supported the running of the service and service improvement.

We saw areas of outstanding practice:

- The provider had developed a reporting tool for incidents and significant events which risk rated incidents. The tool had been adopted by other practices within the local clinical network and had been recognised by the CCG as improving reporting. Practice staff were proactive in reporting incidents.

Summary of findings

The practice had high levels of incident reporting (73 in the last 12 months). High reporting is viewed positively as it enables the practice to identify trends, reflect on incidents that occurred and learn from them. Weekly clinical governance meeting ensured incidents and significant events underwent regular review and were acted on. Learning was shared internally and with other providers.

- The provider was a key player in the CCG for driving innovation and developments for service improvement. Schemes developed by the provider that had been adopted by others included: Ambulance triage in which GPs gave advice and support to paramedics at the scene to reduce unnecessary referrals to A&E and provide more appropriate care. Early indicators show the number of patients that had attended A&E had reduced from 70% to 12% since September 2016 across participating practices. The provider had also undertaken a medicines waste project in which a savings of £1563 had been achieved in two months by targeting patients where over prescribing had been identified. This scheme was also being adopted by the CCG.
- The provider had operated an internal triage referral system for 10 years, during which time over 4000

referrals had been reviewed by colleagues to improve the accuracy of referrals across both of their sites. With CCG funding this system was being extended within the locality with a pilot due to start in April 2016. GPs with specialist interests and training were being identified to undertake referral triage within a set time frame to help improve the quality of referrals and help reduce pressure on secondary care.

- The provider worked with the drug workers team to combine hepatitis C treatment for relevant patients with the treatment for substance misuse. By combining the treatments it was felt patients were more likely to comply.

The areas where the provider should make improvement are:

- Ensure arrangements are in place that assure the practice that risks around premises are appropriately managed.
- Review systems for gathering patient feedback.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Reporting systems in place had been designed by the provider and adopted by other practices within the local clinical network resulting in increased openness for reporting and sharing.
- Learning from safety incidents was given high priority and was based on a thorough analysis and investigation. There were high levels of incident reporting with which learning was shared internally and with other practices in the locality.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were robust arrangements to safeguard vulnerable patients at risk. The provider's safeguarding lead was also a CCG lead who kept up to date and supported staff on safeguarding matters at this and other practices. The practice was proactive in making referrals to safeguard patients. The practices work in promoting safe prescribing was being adopted more widely through the CCG.
- Risks to patients were generally well managed. Risks to patients were assessed and well managed. Multiple locations and the ability of staff to work across sites provided a safeguard against disruptions to the service. However, the practice had not actively sought assurance that the property owners had robust systems in place for managing risks.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were used to support service improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice similar to others for most aspects of care. Scores relating to nursing staff were rated higher.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice provided information about services and support available to patients.
- We saw staff treated patients with kindness and respect and were mindful to maintain patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations to plan and deliver service improvements. For example, working with the ambulance service to support patients in receiving care in the most appropriate place.
- The provider was innovative in its approach to providing integrated patient- centred care. For example, working in conjunction with the drug misuse team to support compliance with treatment for patients with hepatitis C. The service provided at the provider's other location was available to patients at this practice.
- Results from the latest National GP Patient Survey (published January 2016) rated access to services as in line with national and local averages in most areas. However, feedback on the day found some patients did not usually find it easy to make an appointment. The practice had high levels of non-attendance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Complaints were handled sensitively and in a timely way. Learning from complaints was shared with staff and other stakeholders.

Outstanding



Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. Staff shared the vision to deliver high quality care and promote good outcomes for patients.

Good



Summary of findings

- There was clear leadership. Staff were clear of their roles and responsibilities and took ownership of them. Staff felt valued and supported.
- There were robust governance and performance management arrangements in place.
- The practice tried to engage with patients but had struggled to gain any enthusiasm for this.
- Partners from the practice had been instrumental in developing a number of innovative schemes and projects adopted by the CCG to deliver service improvement.

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 people.

Good



- All patients over 75 years had a named GP and those who had been identified as having complex care needs.
- There was a GP lead for the care of older people and for managing patients who were identified as having complex care needs and at risk of admission to hospital.
- Ambulance triage was in place in which GPs gave advice and support to paramedics at the scene to reduce unnecessary referrals to A&E and provide more appropriate care. Early indicators showed that the number of patients that had attended A&E through this scheme had reduced from 70% to 12% since September 2016 across participating practices.
- The practice held regular multi-disciplinary team meetings with district nurses, palliative care nurses and case managers to review the care of those who were most vulnerable including those with end of life care needs.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible to patients with mobility difficulties.

People with long term conditions

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

Good



- Patients with long term conditions received regular reviews of their conditions to check their health and medicine needs were being met.
- The provider had recently undertaken an audit to review and address issues relating to overprescribing and medicine hoarding. The CCG planned to adopt the scheme as part of their 2016/17 targets. The outcome of the audit was showing improved outcomes for patients.
- The practice operated a number of clinics specifically for patients with long term conditions including diabetes, asthma, heart disease and hypertension.
- The practice also undertook screening for atrial fibrillation (a heart condition) for patients over 65 years to support early diagnosis and treatment.
- Nursing staff had lead roles in chronic disease management and received training and support for this.

Summary of findings

- Performance for diabetes related indicators was 92% which was higher than both the CCG average and national average of 89%.
- Longer appointments and home visits were available for those who needed them.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances or failed to attend immunisations. The practice worked closely with the health visiting team to support children at risk.
- Immunisation rates for standard childhood immunisations were comparable to the CCG and national averages.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 85% which was higher than the CCG average of 74% and national average of 75%.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. For example information displayed which emphasised the rights of children and young people to privacy and being able to speak in confidence.
- The practice was accessible for pushchairs, had baby changing facilities and advertised a breast feeding friendly service. Appointments were available outside of school hours.
- The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 69% and the national average of 74%.

Working age people (including those recently retired and students)

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

Good



- 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.

Summary of findings

- The practice offered online services as well as a range of health promotion and screening that reflects the needs of this age group. This included NHS health checks, travel vaccinations, sexual health and family planning services.
- For the convenience of patients the practice offered extended opening hours on a Tuesday and Friday evening.

People whose circumstances may make them vulnerable

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

- The practice held register of patients living in vulnerable circumstances including those with a learning disability or misused drugs and alcohol.
- The practice ran drug misuse clinics. Two of the GPs had a special interest in substance misuse and five held the RCGP certificate in alcohol and substance misuse part 2 who worked with drug workers to support these patients. In conjunction with this service the practice ran a hepatitis C clinic to improve compliance with treatment. There were currently 25 patients actively receiving drug and alcohol support at the practice.
- Longer appointments were available for those who needed them.
- The practice told us that they would register patients with no fixed abode.
- There were 111 patients registered as carers at the practice. A carers pack which provided information about support available to them was provided to those identified.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were well supported. The safeguarding lead for the provider organisation also had lead roles in this area within the CCG and was an educator for other practices for domestic violence.
- The practice had a register for patients with a learning disability, these patients had been sent a patient passport so that their needs, likes and dislikes could be recorded and understood when using services.
- Those with specific needs were identified so that reception staff were aware and could support the patient as appropriate when they arranged an appointment.
- The Citizens Advice Bureau ran a clinic at the practice to provide financial and social support to patients.

Outstanding



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- National reported data from 2014/15 showed that 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the CCG average of 82% and national average of 84%. The practice told us that they had been actively working to improve the support for dementia patients. The practice had actively sought to identify patients with dementia and were due to instigate dementia review clinics alongside the Alzhiemer's Society support which had been recently introduced at their other practice.
- National reported data from 2014/15 showed performance against mental health related indicators was 100% which was above the CCG average of 92% and the national average of 93%. Exception reporting was 5% higher than the CCG and 3% higher than the national average.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed performance that was comparable with local and national averages in most areas. 407 survey forms were distributed and 103 (25%) were returned.

- 66% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 70%.
- 74% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 66% and a national average of 73%.
- 78% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 83% and a national average of 85%.

- 73% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 74% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards. We also spoke with nine patients during the inspection which included a member of the Patient Participation Group. Patients were generally happy with the standard of care received. Patients found the staff helpful and friendly and told us that they were treated with dignity and respect. The main concern patients raised related to access to appointments and waiting times.

Drs Brinksman, Conlon, Manley, Saunders, Hull & Martins

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser 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 Drs Brinksman, Conlon, Manley, Saunders, Hull & Martins

Drs Brinksman, Conlon, Manley, Saunders, Hull and Martins practice (also known as The Nechells Practice) 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.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has an Alternative Provider Medical Service (APMS) contract with NHS England.

The Nechells practice is located in purpose built accommodation which it shares with another practice.

Based on data available from Public Health England, the area served is among the most deprived and nationally within the top 10% most deprived areas and younger than the national average. Over 140 different nationalities are registered with the practice. The practice has a registered list size of approximately 4500 patients. The provider also has another location Ridgacre House Surgery in Quinton.

The practice is open 8.30am to 6.30pm on a Monday and Thursday, 8.30am to 7.30pm on a Tuesday and Friday and 8.30am to 4pm on Wednesday. Appointments are available between 9am and 1pm and between 2pm to 6pm Monday to Friday with the exception of Wednesday afternoon. Extended opening hours are between 6.30pm and 7.30pm on a Tuesday and Friday. When the practice is closed primary medical services are provided by an out-of-hours provider (Primecare).

Practice staff work flexibly across the provider's two locations although clinical staff are mainly affiliated with one location but cross over if needed. Altogether the staff team consists of 13 partners, 8 nurses and 23 administrative staff. There are three GPs (two female and one male) who work at predominantly at the Nechells practice.

The practice is a training practice for qualified doctors training to become a GP and also supports training for physician associates.

The practice has not previously been inspected by CQC.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 March 2016.

During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, senior managers and administrative staff).
- Observed how people were being cared.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.

- Spoke with members of the practice's Patient Participation Group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us related to the running of the practice.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The practice had designed an electronic incident reporting system which enabled incidents to be scored and risk rated. The reporting system had been adopted by other practices in the locality facilitating higher reporting of incidents and increased openness if things went wrong.
- The reporting system was also used to record complaints, deaths and new cancer diagnosis.
- Staff were aware of the incident reporting system and told us that they were encouraged to use it. The practice were proactive in identifying where improvements could be made and risks managed. There was a high reporting of incidents with 73 incidents and significant events recorded within the last 12 months.
- A weekly meeting was held by the clinical governance and administrative lead to review incidents, ensure immediate action was taken and to refer those to be discussed further at the clinical meetings.
- A quarterly report was circulated among staff (including locum GPs) which identified the incident and relevant learning points.
- The practice shared learning from significant events externally with other practices in their local clinical network.
- Incidents reviewed had been thoroughly investigated and acted upon.

There were nominated staff responsible for reviewing safety alerts. A spreadsheet was maintained of actions taken in response to those received. Staff were able to give examples of searches they had made to identify patients affected by drug and equipment alerts so that care and treatment could be adjusted accordingly.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The provider had a

clinical safeguarding lead and safeguarding deputies at each of their locations. The practice's safeguarding lead was also a safeguarding lead for the CCG providing support to other practices across three local clinical networks on safeguarding matters and was a clinical educator to support GP practices on domestic violence. The practice was aware of and involved in schemes to support patients in vulnerable circumstances more widely and we were informed that the practice was proactive in making relevant referrals. The practice had various policies in place for supporting vulnerable patients which included contact information for agencies responsible for investigating safeguarding concerns. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level 3 safeguarding. Staff we spoke with were able to give examples of concerns they had escalated. Alerts on the patient record system ensured staff were aware if a patient was at risk and so could be extra vigilant. The safeguarding lead told us that they tried to attend serious case reviews when possible and encouraged others to send reports.

- Notices were displayed prominently throughout the practice advising patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- We observed the premises to be visibly clean and tidy. Staff had access to appropriate hand washing facilities, personal protective and cleaning equipment. One of the practice nurses (who worked at both the providers locations) was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice had requested a CCG audit to be undertaken which was scheduled to take place in April 2016 although with the exception of a hand washing audit the practice had not undertaken any in-house infection control audits to assess compliance against infection control standards.. Staff had undertaken online infection control training and had access to infection control policies and procedures.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The provider funded two sessions per week of pharmacy support as well as receiving input from the local CCG pharmacy

Are services safe?

teams. We saw that regular medicine audits to ensure prescribing was in line with best practice guidelines for safe prescribing were carried out. The provider had recently undertaken an audit to review and address issues relating to overprescribing and medicine hoarding, a scheme which was now being adopted by other practices. The provider targeted patients at risk and worked with the community pharmacists and patients to prevent this from happening. A report for September and October 2015 showed 27 patients were reviewed and as well as improving medicines safety the changes implemented had led to a saving of £1563. The CCG are now planning to adopt this scheme more widely in 2016/17.

- Prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to also administer vaccinations.
- We reviewed the personnel files for five members of staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Nursing staff who undertook cervical screening maintained records of samples taken which they checked regularly to ensure results had been received and appropriately followed up.

Monitoring risks to patients

Risks to patients were assessed and generally well managed.

- There was a nominated trained lead for health and safety with relevant policies available to staff. Staff had received on line health and safety training.
- The health centre in which the practice operated was not owned by the provider and maintenance of the building was carried out by the property managers. We found the premises appeared well maintained and health and safety inspections had been carried out on the premises. Health and safety posters were displayed which identified the health and safety representative.

- There was an up to date fire risk assessments in place and records showed fire equipment was regularly maintained and alarms were tested. Records also showed that fire drills had been carried out so staff would know what to do.
- However, we were advised that some risk assessments relating to the premises were held by the property managers. Although checks on the water system were made, the practice was unable to confirm at the time of the inspection that legionella risk assessment had been undertaken (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We also found control of substances hazardous to health risk assessments to be out dated. Following the inspection the practice followed this up with the property managers and forwarded us copies of these risk assessments.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These had been undertaken within the last 12 months.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Practice rotas were established two months in advance so that any staffing issues could be identified and addressed. Staff told us they co-ordinated their leave to ensure there were enough staff available and would support by working additional hours if needed. As the provider operated across two locations staff were able to provide cross cover. The practice had recently lost a partner and were receiving support partners from their other location. The provider had also increased the number of partners since its initial registration with CQC which aimed to reduce number of locum GPs used and create a more stable workforce.

Arrangements to deal with emergencies and major incidents

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

- The practice had an instant messaging system on the computers in the consultation and treatment rooms which alerted staff to an emergency.
- All staff groups received annual basic life support training.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Records showed this was checked on a weekly basis.
- Emergency medicines were available and easily accessible to staff in a secure area of the practice. Staff knew where to find them when needed. The emergency medicines were regularly checked to ensure they were in date and those we saw were.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and relevant services. The provider had two main locations and staff worked across both sites this enabled the practice to more easily manage any disruptions to the service.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Staff used standardised templates in the management of long term conditions to ensure guidance was consistently applied.
- New guidance was discussed with staff at Clinical Management Group meetings which had representation from all staff groups so that information could be disseminated as relevant.
- Staff told us of networking forums attended and updates received relevant to their specialist areas.
- Audits were undertaken to monitor practice and ensure it was aligned to NICE guidelines.
- The practice routinely conferred over referrals to secondary care and had protocols in place to ensure appropriate referrals were made. The system had been in place since 2006 and since starting 714 referrals had been reviewed by colleagues. The scheme was being taken forward through the local clinical network to improve the quality of referrals and potential burden on secondary care.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2014/15. This showed the practice had achieved 98% of the total number of points available, which was above the CCG average of 94% and national average of 95%. Exception reporting by the practice was 6% which was lower than the CCG and national average of 9%. Exception reporting is used to ensure that practices are not penalised where, for example,

patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 92% which was higher than both the CCG average and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 83% which was similar to the CCG average of 83% and the national average of 84%.
- Performance for mental health related indicators was at 100% which was higher than the CCG average of 92% and the national average of 93%. Exception reporting was 15% which was also higher than the CCG average by 5% and the national average by 3%. The practice told us that they did not exception report until the last 48 hours to maximise the number of reviews undertaken.

We found the practice had achieved well against QOF achieving 100% of total points available in a number of clinical areas including asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, chronic kidney disease and mental health. In most of these areas we found exception reporting to be lower than the CCG and national average and where not the numbers involved had been small which had the potential to skew the data. The practice told us that they generally tried not to exception report and would only do so when all attempts to contact patients had failed. The practice operated a policy of writing to patients three times and following up with a phone call to try and get them to come in for review before exempting.

The practice regularly undertook clinical audits to support quality improvement. The provider had undertaken 19 clinical audits across its two locations in the last two years. We saw the audits undertaken were relevant to the practice and the services provided. We reviewed two completed audit cycles relating to the management of patients with diabetes. Following the audit the practice had sought to amend templates used to review diabetic patients to include additional checks and educate clinicians in the latest NICE guidance. Some improvements had been made but a further re-audit recommended to ensure changes were fully embedded.

Are services effective?

(for example, treatment is effective)

Prescribing data for medicines such as antibiotics and hypnotics showed prescribing to be in line with other practices nationally.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff and underwent a six month probationary review. Staff had access to a staff handbook for reference. Locum packs were available in each clinical room which contained useful information including policies and procedures to support GPs working on a temporary basis.
- A training matrix was held to ensure staff kept up to date with the practice's mandatory training. Staff received training that 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.
- The practice could demonstrate that staff received role-specific training for example, for staff reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Nursing staff told us that they attended nurse forum meetings which enabled them to network and keep up to date.
- The practice had a well-established system of appraisals which included all GPs. The practice told us that these had been in place for a number of years and predated the official appraisal and revalidation system for doctors. We saw examples of appraisals undertaken, these were very comprehensive and provided opportunities for staff to identify development and learning needs. We saw evidence of learning needs being taken forward and of staff progression.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. Practice staff responsible for processing patient information such as test results and hospital letters told us that they usually kept up to date so that patient information was available to clinical staff when needed. The practice made use of electronic tasks to notify

clinicians of any action needed in response to information received. The practice also effectively used the intradoc system for management information making it accessible to staff when needed.

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. Monthly multidisciplinary team meetings were held with health and social care professionals to discuss those with complex healthcare needs, end of life care needs and vulnerable patients. We received positive feedback from health and social care professionals that worked closely with the practice in order to meet the needs of patients.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice's safeguarding lead was working with the CCG as part of the Mental Capacity team to promote understanding among other practices in this area.
- The practice had in place a mental capacity assessment form that had been designed to help them to comply with legislation. We saw an example of a completed form that had been used to support decision making in the care and treatment of a patient at the practice.
- Staff also understood their roles and responsibilities in relation to assessing capacity to consent in children and young patients. The practice promoted through leaflets and information displayed of the rights of younger patients to privacy and confidentiality when attending consultations.
- Formal consent processes were in place for minor surgery and for the fitting of intra uterine contraceptive devices. This included providing information relating to risks and benefits of the procedures.

Supporting patients to live healthier lives

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

- Patients that had unplanned admissions had their health and care needs reviewed.

Are services effective?

(for example, treatment is effective)

- Clinics for patients with various long term health conditions including diabetes, asthma and coronary heart disease were held to help monitor and manage health conditions. The practice had a recall system to encourage patients to attend their health reviews.
- Patients could access services to help improve their lifestyles which included advice on diet, exercise and smoking cessation. Support for patients who misused drugs and alcohol was also available.
- Travel vaccinations were available from the practice. A pre assessment was undertaken to identify specific vaccination needs.
- A variety of patient information leaflets were made available for patients to take away.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 79% and the national average of 82%. It was practice policy to contact patients who did not attend for their cervical screening test both by letter and telephone call in case patients were unable to read. The practice also undertook screening for atrial fibrillation (a heart condition) for patients over 65 years to support early diagnosis and treatment.

The uptake of national screening programmes for bowel and breast cancer screening was lower than CCG and national averages. The practice told us that they had last year written to patients to encourage attendance.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 96% (compared to the CCG range from 80% to 95%) and five year olds from 87% to 97% (compared to the CCG range from 86% to 96%). The practice worked hard to encourage attendance for childhood immunisations. It was practice policy to send three reminders and telephone call to those that did not attend. The health visitor told us that the practice would work flexibly and undertook child immunisations when patients attended the practice for other reasons. The practice nurse had even undertaken a home visit with the health visitor to administer a vaccination.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Within the last 12 months 95 patients had taken up the offer of a health check.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in most consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Privacy curtains were absent in the nurses room. Staff told us that they had raised this with the owners of the building. In the meantime mobile screens were used when needed. Doors when closed could only be accessed by a key pad which prevented the risk of people accessing the rooms inadvertently.
- Staff were mindful of patient confidentiality, they signed confidentiality forms and told us what action they took to help maintain patient confidentiality. For example, discretion used to support patients who could not read or write. There was a notice displayed which told patients what to do if they wished to discuss something in private.
- Glass partitions at the reception desk helped to minimise the risk of patient information being overheard. We noted that consultation and treatment room doors were closed during consultations to maintain privacy and reduce the risk of conversations taking place from being overheard. However, two patients mentioned that there was one room in which they could overhear conversations. Practice staff had not been aware of this and told us that they would remove the chairs that were located next to this room.
- A patient newsletter kept patients informed about the practices and included information such as services provided, new staff and the patient group.

Feedback from the 42 patient Care Quality Commission comment cards we received and the eight patients we spoke with was mostly positive. Patients were happy with the care and treatment they received and found the staff professional, helpful and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity

and respect. The practice was similar to CCG and national averages for its satisfaction scores on consultations with GPs and was above average for satisfaction with nursing staff. For example:

- 85% said the GP was good at listening to them compared to the CCG and national average of 87%.
- 81% said the GP gave them enough time compared to the CCG and national average of 85%.
- 89% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 92%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 82%.
- 85% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 77%.
- 86% said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Care plans that had been agreed with patients were in place for those with complex care needs.

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were in most areas similar to CCG and national averages and significantly higher for nursing staff. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 81%.
- 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 74%.
- 79% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 67% and national average of 65%.

Are services caring?

There were 142 different nationalities registered with this practice. The practice regularly used translation services to support patients who did not have English as a first language. Notes were made on patient records to alert staff if translation services were required.

Patient and carer support to cope emotionally with care and treatment

The practice maintained a carers register and was in the process of drawing up a new carers policy which included details of local organisations and support available for staff

to follow. It also identified how the practice would support carers to access services more easily. A carers pack was available for patients to take away which provided advice and information about various avenues of support. The practice currently had 111 carers on their register.

Staff told us that if families had suffered bereavement a GP would contact them to offer support. A protocol was in place in the event of a death to ensure relevant people were notified and it was included as part of this.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the local Clinical Commissioning Group (CCG) and other practices locally to plan services and to improve outcomes for patients in the area. The practice participated in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation. The practice was a key player within the CCG in driving innovation to improve service delivery and outcomes for patients. Partners at the practice had identified schemes that had been approved and adopted by their local clinical network and CCG. These included: significant event reporting system, ambulance triage, medicines waste management and triage of GP referrals to secondary care.

- The practice offered extended opening hours on a Tuesday and Friday evening for working patients and those who could not attend during normal opening hours. Both GPs and nurses worked during extended hours.
- There was a flexible approach to appointments and home visits and longer appointments were available when needed.
- Same day appointments were available for those with urgent needs. A duty doctor system operated so patients needing urgent care were able to consult with a GP.
- The practice was accessible to patients with mobility difficulties, there were disabled parking spaces and toilet facilities. Access into the building was via a ramp, automatic doors and wide corridors. There was a low area at the reception desk so that patients who used a wheel chair could easily speak with reception staff. The practice also had a hearing loop.
- The practice offered baby changing facilities and a breast feeding friendly service.
- The practice had patients from over 140 different nationalities registered with them, they were aware of language barriers and high levels of illiteracy in the area and were sensitive to these. If patients had any special requirements this was recorded so that staff were aware and could discretely support the patient. We saw that the practice regularly made requests for interpreters and examples where follow up letters had been translated

into different languages. Staff told us when they followed up patients for review they would call as well as send letters in case the patient had difficulty with reading.

- Patients were able to receive support from trained GPs and drug workers for substance misuse and were currently actively supporting 25 patients. For relevant patients the provider was working collaboratively with the drug workers to combine hepatitis C treatment with treatment for substance misuse. This had helped increase compliance with treatment and as a provider had led to some successes in completely eradicating the disease.
- The provider had instigated an ambulance triage scheme adopted by other practices in their local clinical network to deliver the most appropriate care to patients who would otherwise attend accident and emergency. The scheme was originally proposed by a GP at the practice after meeting the Head of Urgent Care at Birmingham Community Trust. The scheme aimed to reduce the number of patients taken to A&E unnecessarily and to free paramedic time to attend other 999 calls. It had been identified that 70% of 999 calls went to A&E and only 30% of patients remained at home when paramedics arrived. In agreement with the local clinical network a business case was made and approved by the CCG to pilot a scheme in which paramedics could contact the patient's GP for advice and support at the scene. Patients would either stay at home with follow up from the practice, have care diverted as a planned admission or go to A&E. Early indicators show the scheme which started in September 2015 and covered a population of 220,000 patients had been a success. Latest figures show the scheme was achieving a rate of 79% of patients staying at home with support from their practice, 9% of patients attending hospital as a planned admission and only 12% of patients going to A&E. Although funding for the scheme was due to finish in March 2016, the provider was proposing to take it forward through the new partnership arrangements.
- The provider operated an internal triage referral system over the last 10 years to support more robust referrals to secondary care. This process enabled them to refine their referrals and refer more accurately. A referral management system based on these arrangements was put forward by the provider and accepted by the CCG for piloting within the local clinical network. The scheme



Are services responsive to people's needs?

(for example, to feedback?)

draws on expertise from GPs with specialist interests to review referrals within a short time frame. Over 40 GPs have been identified and trained to support the scheme which starts in April 2016. A secondary care consultant is involved for quality monitoring the project.

- For patient convenience in-house services included phlebotomy and anticoagulation clinics were provided.
- The Citizens Advice Bureau ran a clinic at the practice to provide financial and social support to patients.

Access to the service

The practice was open 8.30am to 6.30pm on a Monday and Thursday; 8.30am to 7.30pm on a Tuesday and Friday and 8.30am to 4pm on Wednesday. Appointments were available between 9am and 1pm and between 2pm to 6pm Monday to Friday with the exception of Wednesday afternoon. Extended opening hours were between 6.30pm and 7.30pm on a Tuesday and Friday. When the practice was closed primary medical services were provided by an out-of-hours provider.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages, with the exception of scores for patients who said they were able to see or speak to their preferred GP which were below average.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 66% patients said they could get through easily to the surgery by phone compared to the CCG average of 60% and national average of 70%.
- 11% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 33% and national average of 36%.

Feedback from patients as part of the inspection told us that they experienced difficulties accessing appointments when they needed them. The practice told us that there had been 308 non attendances since the 1st February 2016 which impacted on patient access. They were currently looking into introducing texting once governance arrangements have been checked to remind patients of their appointment and make cancelling them easier.

The practice had also increased the number of partners reducing the need for locum GPs and creating a more stable workforce. They hoped as the patients got used to these GPs the score for patients who were able to see or speak with their preferred GP would improve.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated GP and administrative person who handled all complaints in the practice.
- Guidance was available to support staff when responding to complaints.
- Complaints information was held in an information folder in the waiting area due to limitations with space on the noticeboards and was also included in the practice leaflet. A complaints leaflet was also available from reception for patients to take away.

The practice had received 16 complaints in the last 12 months. Evidence seen showed that complaints had been handled appropriately and with sensitivity. Responses had been made in a timely way. Patients were informed as to how they could escalate their concerns if they were unhappy with the response received from the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. At the start of the inspection the partners gave a presentation telling us about some of the schemes they had developed and future plans for the service. The practice was currently in discussions to form a larger partnership with 32 other practices locally in which central functions could be shared. One of the partners was on the board of this developing partnership.

A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. The provider had a proven track record in innovation, several schemes developed by partners (from their own ideas and tried out within the practice) had been adopted by other practices within their local clinical network and more widely through the CCG.

Governance arrangements

The practice had an overarching governance framework which supported service delivery and good quality care. Arrangements in place included:

- A clear staffing structure in which staff were aware of their own roles and responsibilities. Staff had clearly delegated roles which they took ownership of, for example significant events, governance, complaints, and unplanned admissions. Each role had a nominated clinical and administrative support lead.
- Practice specific policies were implemented and were available to all staff from their computers.
- Clinical staff had lead roles in the management of patients with long term conditions and undertook regular reviews of the data to ensure the practice stayed on track with their performance. They also monitored practice performance against the CCG Aspiring for Clinical Excellence (ACE) programme.
- A programme of clinical audit enabled the practice to monitor quality and to make improvements to care provided.
- Various clinical and administrative meetings took place to ensure information affecting patients and the running of the service was discussed and important information disseminated.

- The practice was well organised and made effective use of electronic systems to ensure information was well documented for future reference and follow up.

Leadership and culture

There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.

Both practice staff and other health professionals that worked closely with the practice told us that they felt valued. There was an open culture in which staff felt able to raise any issues with partners and senior staff.

The partners were visible in the practice. Staff told us they felt supported by the partners and other senior staff. They found them approachable if they needed to discuss anything. Staff were aware of the practice's whistle blowing policy.

The provider was aware of and complied with the requirements of the Duty of Candour. A culture of openness and honesty was encouraged. We saw that when there were unexpected or unintended safety incidents people affected were given an explanation and apology. The practice viewed complaints and significant events as a learning opportunity and dealt with them sensitively.

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

The practice encouraged and valued feedback from patients, the public and staff, although had struggled to engage with patients' in the delivery of the service.

- The practice told us that they had struggled to get feedback from patients, although they had a list of patients who had shown an interest there was only one member who regularly responded. The patient representatives from the providers other location had also tried to support this practice in developing a patient group. The practice had recently undertaken a patient survey but had yet to analyse the results. There had also been only one response to the family and friends test during the previous month. The friends and family test invites patients to say whether they would recommend the practice to others.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through regular meetings, away days and appraisals. We saw evidence that the practice responded to feedback from staff for example discussions around workloads had been acted on and support given for training.
- Both practice staff and those of other health professionals that worked closely with the practice told us that their opinions were valued and that there was an open culture in which they were able to raise any issues.

Continuous improvement

The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

There was a strong focus on continuous learning and improvement at all levels within the practice. The provider was forward thinking and a key player within the CCG for

driving innovation. The provider had developed four schemes that had been adopted by local practices and the CCG aimed at delivering service improvement. These included:

- Ambulance triage – supporting patients to receive the most appropriate care as an alternative to A&E and helping to improve efficiency within the ambulance service.
- Medicine waste project - supporting safer prescribing and efficiencies.
- GP referral triage – supporting more accurate referrals to secondary care.
- Significant Event reporting systems – supporting safer services through reflection and learning when things went wrong.

The practice was a training practice for qualified doctors training to become a GP and actively participates in research with the local university.