

# The Acocks Green Medical Centre

## Inspection report

999 Warwick Road  
Acocks Green  
Birmingham  
West Midlands  
B27 6QJ  
Tel: 0121 706 0501

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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.

# Overall summary

We carried out an unannounced focused inspection on 31 May 2018 in response to information regarding the lack of GP appointments and clinical cover. On the day of our inspection, the principal GP was on leave; a locum GP was covering the morning clinic and the practice closed during the afternoon for staff training. The practice is a three GP partnership, at the time of our inspection, staff explained one partner had physical day to day presence at the practice. During this inspection, CQC only reviewed areas where concerns had been reported.

A full comprehensive inspection of The Acocks Green Medical Centre was undertaken on 11 January 2017. The full report is available on CQC website.

At this inspection we found:

- National GP survey results published July 2017 showed that patients found the appointment system easy to use; however, satisfaction regarding timely access to care were below local and national averages.
- Staff were aware of low patient satisfaction in areas such as appointment access and were taking action to improve patient satisfaction.
- Although, the practice had arrangements with Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services to enable access to medical care during Wednesdays and

Thursday afternoons; the practice website and leaflet did not provide clarity regarding the availability of GP appointments at the practice during Thursday afternoon.

- Staff we spoke with were clear regarding their responsibilities, roles and systems of accountability to support governance and management within the practice. For example, complaints and concerns were managed and responded too in a timely manner.

The areas where the provider **should** make improvements are:

- Continue to carry out actions to improve patient satisfaction in areas where survey results were below local and national areas.
- Continue exploring ways to increase clinical capacity through appropriate recruitment and monitoring of staffing levels.
- During the implementation of the new file sharing platform, ensure staff have access to practice documents such as records of complaints and minutes from practice meetings.
- Ensure practice leaflets and details on the practice website provide clarity on GP appointment times.

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a second CQC inspector.

## Background to The Acocks Green Medical Centre

Dr. T Sen-Gupta, Dr. D Hogan and Dr. T Chetty are the registered provider of The Acocks Green Medical Centre.

The surgery is located in a converted two-story building in Acocks Green, Birmingham, providing NHS services to the local community. Further information about The Acocks Green Medical Centre can be found by accessing the practice website at

Based on 2015 data available from Public Health England, the levels of deprivation in the area served by The Acocks Green Medical Centre shows the practice is located in a more deprived area than national averages, ranked at two out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The age of the practice population served is comparable to local and national averages. For example, patients aged between five and 65 were comparable to local and national averages. Based on data available from Public Health England and 2011 Census, the Ethnicity estimate is 57% White, 5% Mixed race, 32% Asian and 5% Black.

The patient list size is 4,858 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with Birmingham and Solihull Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned in order to improve the range of services available to patients.

There is limited on street parking available around the practice and designated parking for patients who display a disabled blue badge. The surgery has manual operated entrance doors which reception staff had clear view of. The practice is accessible to patients using a wheelchair and push chairs.

Practice staffing comprises of three male GP partners and three regular locum GPs (one female and two male). At the time of our inspection, staff explained that two out of the three GP partners attended the practice occasionally and did not see patients for regular booked clinical sessions.

The clinical team also includes a nurse prescriber, a practice nurse and a health care assistant. The non-clinical team consists of a business manager, a practice manager and a team of administrators and receptionists.

The practice is open between 9am and 6pm Mondays to Fridays; except on Wednesdays when the practice is open between 7am and 6pm and the last Thursday of every month when the practice closes at 1pm for training.

GP consulting hours are available from 9am to 1pm and 2pm to 6pm Mondays to Fridays, except Wednesdays when GP consulting hours are available from 7.15am to 8.15am, 9am to 1pm and 2pm to 6pm. Thursdays consulting hours are available from 9am to 1pm. At the time of our inspection, we were told that routine appointments with a GP were not available on Thursday afternoons; clinical care was provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services

The practice has opted out of providing cover to patients in their out of hours period as well as Wednesday afternoons when the practice is closed. During this time, services are provided by BADGER medical services.

Dr. T Sen-Gupta, Dr. D Hogan and Dr. T Chetty are registered to provide Diagnostic and screening procedures, Surgical procedures and Treatment of disease, disorder or injury. At the time of our inspection, we were told that one partner had physical day to day presence at the practice.

The practice was previously inspected in January 2017 and rated overall good.

# Are services responsive to people's needs?

- National GP survey results published July 2017 showed that patients found the appointment system easy to use; however, satisfaction regarding timely access to care were below local and national averages.
- Staff were aware of low patient satisfaction in areas such as appointment access and were taking action to improve patient satisfaction.

## Timely access to care and treatment

Patients were able to access care and treatment from the practice, however; at the time of our inspection, GP consulting times were not available on Wednesday and Thursday afternoons. This was not made clear on the practice website or practice leaflet

- Routine and bookable appointments with a GP were available five mornings per week, but only three afternoons. The practice routinely closed for half a day on Wednesdays, and on Thursdays although the practice remained open all day we found that there had been no GP appointments. The provider told us during these two afternoons GP cover was provided by BADGER. We saw that a service level agreement was in place, however there was no information available informing patients. For example, the practice leaflet advised consultation times on Thursdays were available at the practice between 2pm and 3.20pm. Staff we spoke with explained that the practice had regular locum GPs who covered Thursday afternoons; however, records showed this had stopped in December 2017.
- Staff we spoke with explained that waiting times, delays and cancellations were minimal and managed appropriately. We were told that patients with the most urgent needs had their care and treatment prioritised; and although GP appointments were not available on a Thursday afternoon, staff told us that the GP was present during the afternoon in the event of an emergency.

The practice was aware of their July 2017 national patient survey results, in particular those relating to access to services such as the difficulties in getting an appointment to see or speak to a GP or nurse. For example, staff explained that the practice was carrying out a recruitment

campaign with the aim of increasing their clinical team. At the time of our inspection, staff were unable to provide evidence of meetings where issues relating to appointment access had been discussed. Staff were unable to provide evidence of an action plan, which detailed actions, which the practice planned to take to improve patient satisfaction. Staff we spoke with explained that the practice, were in the process of introducing a new file sharing platform; therefore, not all documents were readily available. Following our inspection, the practice provided evidence of an action plan and meeting minutes where this was discussed.

Although comments placed on NHS Choices web site showed patients felt that they were treated with care and concern, there was a theme of less positive comments from patients about their experience of accessing appointments. Staff were aware of this and taking action to improve patient satisfaction. For example, offering telephone triage clinics to increase accessibility and recruitment of clinical pharmacist to increase access to medicine reviews and increase GP access.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to concerns appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance.
- Although staff we spoke with during our inspection, was unable to locate the practice incident log or access paperwork to evidence where learning had been shared, staff were able to verbally recall one written complaint received in the last 12 months.
- Following our inspection, the practice provided evidence, which showed four complaints were received in the last 12 months. The practice could demonstrate that complaints were responded to appropriately.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

- Staff we spoke with were clear regarding their responsibilities, roles and systems of accountability to support governance and management within the practice. For example, complaints and concerns were managed and responded too in a timely manner.

## **Governance arrangements**

Staff we spoke with were clear regarding their responsibilities, roles and systems of accountability to support governance and management within the practice.

- Structures, processes and systems to support governance arrangements' and management were clearly set out and understood within the practice. For example, staff were aware of how to report and respond to patient concerns and complaints.
- The governance and management of joint working arrangements with staff members promoted interactive and co-ordinated working arrangements to manage patient care. For example, staff provided examples of practice meetings where performance and action plans were discussed.
- Practice leaders had established policies, procedures and activities to assure themselves that they were operating as intended.
- At the time of our inspection, the practice were in the process of transferring documents such as policies, procedures; complaint logs and meeting minutes over to a new file sharing platform.

## **Managing risks, issues and performance**

Staff were clear around processes for managing risks, issues and performance.

- There was processes to identify, understand, monitor and address current and future risks. Staff explained that they were carrying out a recruitment campaign to increase their clinical team and additional GPs would be available from June 2018 to cover Thursday afternoon clinics. Following our inspection, the practice explained that the practice leaflet had been updated to ensure clarity regarding GP appointment times.
- Action plans provided by the practice following our inspection, demonstrated areas where the practice planned to introduce changes to improve access to care and treatment.

## **Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group and we saw minutes of meetings where the practice had discussed areas for improvement from the national patient surveys and comments recorded on NHS Choices website.

**Please refer to the Evidence Tables for further information...**