

# Burbury Medical Centre

## 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 caring?

Good



Are services responsive to people's needs?

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 Burbury Medical Centre on 21 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Burbury Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 22 June 2017 to confirm that the practice had carried out their plan to improve in areas that we identified in our previous inspection on 21 July 2016. This report covers our findings in relation to these improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- During our previous inspection data from the July 2016 national GP patient survey showed patients rated the practice below others for some aspects of care. The practice was able to demonstrate actions they were taking to improve in the areas identified. An internal survey carried out by the practice demonstrated positive feedback from patients.

- When we inspected the practice in July 2016 we saw the practice had identified 18 carers (0.5% of the list size). We asked the practice to review their systems and processes to ensure more carers were identified so that they could be offered appropriate support. At this follow up inspection data we looked at showed 65 carers (2% of the practice list size) had been identified.
- At our July 2016 inspection, we saw that the practice had carried out an equality access audit in April 2016. The audit identified that a hearing loop was required but this had not been actioned. At this follow up inspection, we saw that a hearing loop had been purchased.

However, the practice should:

- Ensure the introduction of Saturday morning opening arrangement is reflected on the practice website.
- Ensure patients are informed that they could to be seen before 9.30am at another surgery as part of the collaborative working arrangement.

Consider conducting a patient survey specifically to monitor satisfaction in relation to opening hours in view to making further improvements.

**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 caring?

At our previous inspection, we rated the practice as requires improvement for providing caring services as patients satisfaction was below local and national averages in some areas. We saw evidence that the practice had improved when we undertook a follow up inspection on 22 June 2017. For example:

- The practice had identified areas requiring improvement in the national GP patient survey in relation to quality of consultation with clinicians and was addressing these. Minutes of meetings we looked at showed discussions aimed at addressing identified issues.
- The practice had designed a survey using questions from the national GP patient survey to monitor improvement and this was ongoing to ensure any improvements were being sustained.
- During our previous inspection in July 2016 we saw that the practice had identified 18 carers (0.5% of the list size). At this follow up inspection data we looked at showed an increase in the identification of carers.

Good



### Are services responsive to people's needs?

At our previous inspection, we rated the practice as requires improvement for providing responsive services as some actions to improve access had not been completed. The practice had made arrangements to improve when we undertook a follow up inspection on 22 June 2017. For example:

- The practice had ensured all areas identified in the equality access audit were actioned. A re-audit carried out in December 2016 did not identify any further actions.
- When we inspected the practice in July 2016 we saw that results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was variable compared with local and national averages. At this follow up inspection, we were told that the practice started working collaboratively with other local surgeries and had become a mini hub offering extended appointments for patients who were unable to attend the practice during normal weekday opening hours.

Good



# 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 provider had resolved concerns for providing caring and responsive care identified at our inspection on 21 July 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good.

Good



### People with long term conditions

The provider had resolved concerns for providing caring and responsive care identified at our inspection on 21 July 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good.

Good



### Families, children and young people

The provider had resolved concerns for providing caring and responsive care identified at our inspection on 21 July 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good.

Good



### Working age people (including those recently retired and students)

The provider had resolved concerns for providing caring and responsive care identified at our inspection on 21 July 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good.

Good



### People whose circumstances may make them vulnerable

The provider had resolved concerns for providing caring and responsive care identified at our inspection on 21 July 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved concerns for providing caring and responsive care identified at our inspection on 21 July 2016 which applied to everyone using this practice, including this population group. As a result, the population group has been rated as good.

Good



# Burbury Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

This inspection was led by a CQC inspector.

## Background to Burbury Medical Centre

Burbury Medical Centre is part of the Birmingham South Central 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 a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in an inner city area of Birmingham with a list size of approximately 3600 patients. Based on data available from Public Health England, the practice is located in one of the most deprived areas. Compared to the national average the practice had a higher proportion of patients between 0 and 40 and a lower proportion of patients over 40 years of age.

The practice is a partnership of three GPs (two male and one female). The practice also has two regular locum GPs (one male and one female). The GPs are supported by a practice nurse and one health care assistant. The non-clinical team consists of administrative and reception staff and a practice manager.

The practice is open between 9.30am and 1pm Monday to Friday. In the afternoon opening hours are from 4pm to 6.30pm weekdays except Thursdays when the practice is closed in the afternoon. The practice provides extended hours service on Mondays from 6.30pm to 8pm. The practice has an alternative arrangement with an out of hours service provider (BADGER) for when the practice is closed between the contracted hours of 8am to 6.30pm. BADGER provides a telephone answering service and if a patient needs to be seen by a clinician, a duty GP is called by BADGER at the practice. The duty GP makes the clinical decision to see the patient or to make alternative arrangement.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by the external out of hours service provider when the practice is closed including Thursdays when the practice is closed for the afternoon.

## Why we carried out this inspection

We undertook a comprehensive inspection of Burbury Medical Centre on 21 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 21 July 2016 can be found by selecting the 'all reports' link for Burbury Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Burbury Medical Centre on 22 June 2016. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Detailed findings

## How we carried out this inspection

We carried out a focused inspection of Burbury Medical Centre on 22 June 2017. This involved reviewing evidence that:

- Improvements were being made in areas identified in the national GP patient survey in relation to quality of consultation.
- Looked at data to ensure the practice had increased the number of carers registered so that they could be offered further support.

- Spoke with a GP partner the practice manager and administration staff.
- Action was being taken to improve areas identified in the national GP patient survey in relation to patients' satisfaction with how they could access care and treatment
- All areas identified in the equality access audit were actioned.

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 caring?

## Our findings

At our previous inspection on 21 July 2016, we rated the practice as requires improvement for providing caring services. Data from the national GP patient survey showed patients rated the practice below others for some aspects of care.

The practice had made arrangements to address low patient satisfaction and internal practice survey demonstrated evidence of improvement when we undertook a follow up inspection on 22 June 2017. The practice is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

When we inspected the practice in July 2016 we saw that the practice achievement was below local and national averages for some aspects of care, particularly around consultations with GPs and nurses. For example:

- 66% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 62% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 83% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 81% and national average of 85%.
- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to local CCG average of 86% and the national average of 91%.
- 69% describe their overall experience of this surgery as good compared to the CCG average of 75% and the national average of 85%.

During this inspection, we saw evidence which showed clinicians were reminded to consider the quality of their consultations and to ensure patients were given time,

listened to and understood the outcome of their consultation. Minutes of meeting we looked at demonstrated that these discussions took place. Areas of concern were also a standing agenda item in subsequent clinical meetings for further discussion and review.

Although we were unable to compare achievement as new national survey results had not been published. The practice had carried out an internal survey using questions from the national GP patient survey to monitor improvement. We saw 40 completed surveys forms had been received since January 2017. Results showed positive feedback from patients. For example;

- 100% of patients said the last GP/nurse they spoke to was good at treating them with care and concern.
- 100% of patients said the GP/nurse was good at listening to them.
- 90% of patients said they had confidence and trust in the last GP/nurse they saw.
- 90% of patients described their overall experience of the surgery as good.

The practice had a patient participation group (PPG) and minutes of meeting we looked at showed that the PPG were kept informed of the progress and outcome of the survey. The practice planned to carry out further surveys to further monitor improvement.

### Patient and carer support to cope emotionally with care and treatment

During our previous inspection in July 2016 we saw that the practice had identified 18 carers (0.5% of the list size). We asked the practice to review their systems and processes to ensure more carers were identified so that they could be offered or signposted to appropriate support.

At this follow up inspection data we looked at showed 65 carers (2% of the practice list size) had been identified. The practice had appointed a carers advocate, carers packs were available and posters were put up in reception area encouraging patient to inform the practice if they had caring responsibilities. Minutes of meeting we looked at showed that updating of the carers register had been discussed with PPG for advice and feedback.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 21 July 2016, we rated the practice as requires improvement for providing responsive services. Not all actions identified in the equality access audit had been completed. Some patients said they found it difficult to get an appointment. This was also reflected in the national GP patient survey.

Since our previous inspection the practice had started working collaboratively with other local surgeries and had become a mini hub offering extended appointments for patients who were unable to attend the practice during normal weekday opening hours.

However, the practice opening hours remained the same during core hours. The practice is now rated as good for providing caring services.

### Responding to and meeting people's needs

When we inspected the practice in July 2016 we saw that the practice had carried out an equality access audit in April 2016 to establish how well the surgery premises performed in relation to access and ease of use by a wide range of users, including people with physical mobility and sensory impairments. We saw that the audit identified a hearing loop was required but this had not been actioned. At this follow up inspection we saw that a hearing loop had been purchased and staff were aware of how to operate the device when required. A re-audit was carried out in December 2016 and this audit did not identify any further actions.

### Access to the service

When we inspected the practice in July 2016, results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was variable compared with local and national averages. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the local CCG average of 71% and the national average of 76%.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 75% and the national average of 85%.

The practice was open between 9.30am and 1pm Monday to Friday. In the afternoon the practice was open from 4pm

to 8 pm weekdays except Thursdays when the practice was closed in the afternoon. The practice phone lines opened and closed at the same time as the surgery opening and closing times. However, the provider had ensured an alternative arrangement was in place for any urgent medical needs when the practice was closed and patients were directed to this service when they telephoned the practice. This service was provided by Birmingham & District General Practitioner Emergency Rooms (BADGER).

At this follow up inspection, we were told that the practice had started working in collaboration with other local surgeries and had become a mini hub, this was to support improved patient satisfaction identified in the patient survey. The practice was now open till 8pm weekdays, except Thursday afternoon. Appointments on Saturdays were also available from 10am to 1pm. Appointments at these extended times were available with a GP, nurse and a healthcare assistant. Staff we spoke with explained that patients from other practices who they worked in collaboration with were also able to access this service.

We were told that if a patient wanted a routine appointment before 9.30am they could be referred to another service the practice had a collaborative working arrangement with, if they called the day before. However, we did not see any evidence that patients were informed of this

We saw that patients were informed of some changes to appointment access via the practice website. However, the introduction of Saturday clinics from 10am to 1pm as part of the new collaborative arrangements was not reflected on the practice website although it was reflected on the NHS choices website.

The practice had conducted a separate access survey which started in February 2017 asking patients what they would have done if this extended service was not available. The practice had received responses from 24 patients and 50% said they would have attended accident and emergency (A&E) if the service was not available and 38% said they would have waited to see their regular GP. This suggested that some improvements had been achieved in relation to access to appointments. However, the practice had not monitored specifically patient satisfaction in relation to opening hours in view to achieving improvement in patient satisfaction.