

Bucklands End Lane Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bucklands End Lane Surgery on 20 July 2015. 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients had mixed views about the appointment system; some said that they had difficulty making an appointment by telephone and others said that they were always able to get an urgent appointment the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there was an area of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure a robust system is in place to monitor the safe use of prescriptions in the practice.
- Document checks of the battery operated equipment used in the premises.

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. There were systems in place to ensure patients received a safe service. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were mostly at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. The practice had joint working arrangements with other health care professionals and services to enable an integrated approach to care.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with dignity and respect and patients told us staff were helpful and kind. Accessible information was provided to help patients understand the care available to them.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patient feedback in relation to making an appointment was mixed. Most patients found the appointments system satisfactory, although some patients found it difficult to get through to the practice. Patients told us that urgent appointments were available the same day. The practice had good facilities and was well equipped to treat

Good



Summary of findings

patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. 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 at risk of harm. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Good



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). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It had carried out annual health checks for patients with a learning disability and 81% of these patients had received a follow-up. It offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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). 53% of patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 8 January 2015 showed the practice was performing either above or in line with local and national averages. There were 419 survey forms distributed for Bucklands End Lane Surgery and 117 forms were returned which represents a response rate of 27.9%.

- 62.4% find it easy to get through to this surgery by phone compared with a clinical commissioning group (CCG) average of 63.3% and a national average of 74.4%.
- 83% find the receptionists at this surgery helpful compared with a CCG average of 83.8% and a national average of 86.9%.
- 70% with a preferred GP usually get to see or speak to that GP which was higher than the CCG average of 56.9% and the national average of 60.5%.
- 84.7% were able to get an appointment to see or speak to someone the last time they tried which was higher than the CCG average of 82.8% but lower than the national average of 85.4%.
- 96.8% say the last appointment they got was convenient which was higher than the CCG average of 90.6% and the national average of 91.8%.

- 77.9% describe their experience of making an appointment as good which was higher than the CCG average of 68.5% and the national average of 73.8%.
- 68.5% usually wait 15 minutes or less after their appointment time to be seen which was higher than the CCG average of 62.3% and the national average of 65.2%.
- 53.7% feel they don't normally have to wait too long to be seen compared with a CCG average of 53.4% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Patients commented that the staff were extremely pleasant and helpful and the service they received was very good. There were two negative comments in which one patient said they had difficulty getting through on the telephone to make an appointment and the second said that they always had to wait a long time to be seen.

Areas for improvement

Action the service SHOULD take to improve

- Ensure a robust system is in place to monitor the safe use of prescriptions in the practice.
- Document checks of the battery operated equipment used in the premises.

Bucklands End Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and an expert by experience who had personal experience of using primary medical services.

Background to Bucklands End Lane Surgery

Bucklands End Lane Surgery is located within Castle Bromwich, Birmingham and currently provides services to 5399 registered patients.

The practice has two GP partners, (one male and one female), one salaried GP (male), two practice nurses, one healthcare assistant, a practice manager, a secretary/administrator and five administrative/reception staff. Bucklands End Lane Surgery is a training practice for fifth year medical students and has recently been approved to take GP registrars who are fully qualified doctors to help them gain experience and higher qualifications in general practice and family medicine.

The practice treats patients of all ages and provides a range of medical services. This includes specialist clinics for diabetes and chronic obstructive pulmonary disease (lung disease). It also offers childhood immunisations, family planning, travel health vaccines and a minor surgery service, amongst others.

The practice is open from 8.30am to 6.30pm Monday to Friday. Extended hours surgeries are offered till 8pm on a

Tuesday each week. In addition to pre-bookable appointments that can be booked up to 48 hours in advance, urgent appointments are also available for patients that need them.

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

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice has successfully bid for an improvement grant under the Primary Care Infrastructure Fund which will enable the building to be improved and extended for the benefit of patients and staff.

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. This 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.

Detailed findings

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 20 July 2015 at Bucklands End Lane Surgery. During our inspection we spoke with a range of staff including two GP partners (one male and one female), a salaried GP (male), the practice manager, two practice nurses, a healthcare assistant, three administrative/reception staff and spoke with ten patients who used the service. We also spoke with the chair of the patient participation group (PPG). We reviewed 35 comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and they would record them on a significant event recording form. We also looked at comments and complaints received from patients. We discovered staff had an awareness of their responsibility to raise concerns and how to report incidents and near misses. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw evidence where a specific medicine had been logged as a repeat prescription in error as the patient needed to have regular blood pressure monitoring. All staff were made aware of the risks in relation to this to ensure it did not happen again in the future.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. For example, staff told us about a recent alert received from the Medicines and Healthcare products Regulatory Agency (MHRA) regarding faulty insulin pens. They explained one of the actions they took in response to this was by not issuing any further repeat prescriptions for that particular type.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One GP partner was the lead member of staff for safeguarding children and the other GP partner was the lead for safeguarding vulnerable adults. The GPs attended monthly safeguarding meetings with health

visitors and always provided reports where necessary for other agencies when required. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that a chaperone service was available, if required. All staff who acted as chaperones were trained for the role and immediately following the inspection, the provider sent copies of risk assessments that were in place for these staff. These were used to assess if a Disclosure and Barring Service (DBS) check was required. We saw that the risk assessment required the practice to ensure that patients were not left alone with these members of staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments for the last three years. We checked records which showed that all fire safety checks had been completed, for example fire equipment checks and a fire drill which took place in June 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, the practice did not have any records of checks of the battery operated equipment used in the premises. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice carried out checks to reduce the risk of infection to staff and patients. The latest legionella risk assessment had been carried out in January 2015.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice manager, supported by the practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw that the infection, prevention and

Are services safe?

control (IPC) lead at the clinical commissioning group (CCG) had carried out an IPC audit on 27 January 2015. At that time the practice had achieved 86% which demonstrated that there were improvements needed. We saw evidence that action had been taken to address these and a follow up IPC audit in June 2015 by the CCG showed that the practice had improved their score to 99%.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicine audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. There was a system in place to record the delivery and receipt of the prescription pads, although there were no records to show how the use of prescriptions was monitored.
- Recruitment checks were carried prior to employment and the seven staff files we reviewed confirmed this. For example, proof of identification, references, and qualifications. For clinical staff we saw evidence that the practice had taken steps to ensure they were registered with their professional bodies. For newer staff we saw

DBS checks had been carried out. Some staff worked at the practice for many years and we saw that risk assessments had been completed especially for those staff that carried out the role of a chaperone.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an internal alarm system at the practice which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in a treatment room. The practice had a defibrillator (used to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or loss of water supply. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice used guidelines from NICE to develop how care and treatment was delivered to meet patients' needs. Staff told us that they were currently actively reviewing the new cancer referral guidelines from NICE and the implications for services provided. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.5% of the total number of points available, with 7.4% exception rate. The QOF includes the concept of exception reporting 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 2013/2014 showed;

- Performance for diabetes related indicators was 100%, higher than the clinical commissioning group (CCG) average of 90.5% and the national average of 90.1%.
- The percentage of patients with hypertension having regular blood pressure tests was 87.14% and similar to the national average of 83.11%.
- Performance for mental health related and hypertension (high blood pressure) indicators were better than the CCG and national averages. For mental health the practice had achieved 100% of eligible points, the CCG average was 91.4% and the national

average was 90.4%. For the hypertension indicators the practice had achieved 100% of the eligible points, the CCG average was 88.1% and the national average was 88.4%.

- The dementia diagnosis rate was 90.91% and above the national average 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. There had been four clinical audits completed in the previous 12 months; one of which was a completed audit of substance misuse patients, screening for hepatitis B and C and immunisation rates. One of the other audits was an on-going audit of patients with chronic obstructive pulmonary disease (COPD). COPD includes a collection of lung diseases. We were told that this audit was part of a wider CCG audit. We saw that any improvements identified from completed audits were implemented and monitored. The practice participated in applicable local audits (as COPD above), national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety and health and safety. There was also a staff handbook which included information for staff about holiday entitlement and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

- The practice had recently been accredited as a training practice for medical students and GP trainees. At the time of the inspection, the practice had a medical student on placement at the practice and there were plans in place to take a number of GP trainees in 2016.

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. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other agencies in a timely way, for example when people were referred to other services.

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis. Discussions included, for example for patients at end of life and ensured that care plans were routinely reviewed and updated. The practice worked with Birmingham Health Exchange to support patient education for diabetes and weight management.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff we spoke with were fully conversant with the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the deprivation of liberties guidance (DOLs). When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for

seeking consent was monitored through audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. We saw evidence of written consent given by a patient in advance of minor surgery that confirmed this.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were then signposted to the relevant service. We saw evidence that the practice had achieved a 37.7% 'quit rate' for patients who had given up smoking as a result of the support received from the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.93% which was slightly above the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds at the practice ranged from 93.8% to 100% compared to a CCG average of 86.9% to 95.8% and for five year olds from 88.9% to 98.8% at the practice compared to 84.8% to 96.3% CCG average. Flu vaccination rates for the over 65s were 43.96% and at risk groups 67.01%. These were below the national average of 52.29% and 73.24% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

We saw that the practice had a radio on in the waiting area to try to reduce the possibility of patients being overheard by others at the reception desk. Reception staff we spoke with knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients we spoke with were not aware of this and we did not see any information in the waiting area offering this as an alternative to discussing confidential matters at reception.

Almost all of the 35 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with the chair of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said they felt supported by staff at the practice. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey 8 January 2015 showed that patients were generally happy with how they were treated although the practice was slightly below average for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 87.1% said the GP was good at listening to them compared to the CCG average of 88.1% and national average of 88.6%.
- 85.6% said the GP gave them enough time compared to the CCG average of 87% and national average of 86.8%.

- 97.8% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.9% and national average of 95.3%
- 84.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84.7% and national average of 85.1%.
- 87.8% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89.4% and national average of 90.4%.
- 83% patients said they found the receptionists at the practice helpful compared to the CCG average of 83.8% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Most patients (seven out of ten) we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt 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. Patient feedback on the comment cards we received was also positive and aligned with these views. Two patients felt that there could be more eye contact from the GP they saw so that they felt they were being listened to.

Results from the national GP patient survey 8 January 2015 we reviewed showed that patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 85.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.5% and national average of 86.3%.
- 80.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80.9% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers and the practice supported them by

offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they were contacted by the practice and offered any assistance or advice on how to find a support service, for example CRUSE the national charity for bereavement care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that the practice was responsive to the needs of patients. The practice understood the needs of its patients and systems were in place to ensure that services were delivered to meet those needs.

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

- Home visits were provided for older patients and patients who would benefit from these such as housebound patients for flu vaccinations, blood pressure monitoring and phlebotomy.
- The practice worked to the Gold Standard Framework (GSF) and held quarterly, multidisciplinary meetings with key partners to support patients with palliative care needs.
- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations, cervical smears and well man and well women clinics.
- A weekly clinic was held at the practice by a substance misuse worker to support patients with drug issues.
- A minor surgery service was provided by the practice which included joint injections and toe nail surgery.
- Patients admitted to hospital with a chronic obstructive pulmonary disease (COPD) received a review within two weeks of discharge.
- The practice offers an in-house electrocardiogram (ECG) (heart monitoring) service.
- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice had a mental health register and worked with community psychiatric nurse and psychiatrist to develop joint management plans and meet patients' needs.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was an online booking system for appointments and repeat prescriptions, and a telephone consultation facility.

- The practice offered a 'hot line' telephone number for older patients who were at risk of hospital admission.
- There were disabled facilities, hearing loop and interpreter and translation services available. This included a ramp to the main entrance and also steps, both with handrails.

Access to the service

The practice was open between 8.30am to 6.30pm Monday to Friday. Extended hours surgeries were offered till 8pm on a Tuesday each week. In addition to pre-bookable appointments that could be booked up to 48 hours in advance, urgent appointments were also available for patients that needed them. The practice also offered online booking of appointments and ordering of prescriptions.

Results from the national GP patient survey 8 January 2015 showed that patient's satisfaction with how they could access care and treatment was mainly above local and national averages. For example:

- 80.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.7% and national average of 75.7%.
- 62.4% patients said they could get through easily to the surgery by phone compared to the CCG average of 63.3% and national average of 74.4%.
- 77.9% patients described their experience of making an appointment as good compared to the CCG average of 68.5% and national average of 73.8%.
- 68.5% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62.3% and national average of 65.2%.

Patients we spoke with on the day gave mixed views about the appointments system. Six patients told us they had a lot of difficulty trying to get through in the morning when they rang at 8.30am. One patient said it was okay but could be better and another felt the appointments system was not too bad and they could get an urgent appointment the same day. Overall patient feedback in the comment cards indicated that the appointments system was generally satisfactory.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in

Are services responsive to people's needs? (for example, to feedback?)

line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. For example, there was a notice in the waiting area and in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 12 complaints received in the last 12 months and found that they had been dealt with promptly and appropriately in line with the practice's complaints policy. We saw that there was a culture of openness and transparency when dealing with verbal or written complaints.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, as a result of a complaint we saw that the practice had implemented an audit process to be run every week to check when a repeat blood test was required for patients. This would provide a prompt for staff to contact those patients to book an appointment to have their repeat blood tests taken. Although patients were told at the time of their test results they would need to book another appointment within a given period, the new system would ensure that they did not 'slip through the net' should the patient fail to book an appointment.

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 and values to deliver high quality care and promote good outcomes for patients which were set out in their mission statement. Staff we spoke with displayed these values throughout the inspection. The practice had a three year business plan and the mission statement and values were detailed in the plan which was regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and available to all staff.
- Staff had a comprehensive understanding of the performance of the practice.
- There was a system of reporting incidents in place without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- There were clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

We saw that the practice had successfully applied to be part of a leadership programme for general practice which was a clinical commissioning group (CCG) initiative. There

were three key roles involved in this; GP, practice nurse and practice manager, which would allow the practice to optimise its success in challenging times and build a sustainable approach for the practice team.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us that they received letters of appreciation from the GP partners and the practice manager for good performance and bonuses were awarded where appropriate. They also said that the partners arranged a six monthly dinner for staff as a 'thank you' for their contributions to the service.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and discussed proposals for improvements to the practice management team. For example, we found that a new telephone system had been introduced to try to improve access for patients. We also saw that the PPG had identified the need for a visual and hearing loop at the practice and different systems had been discussed and evaluated.

The practice and the PPG had been actively engaged with the Birmingham Cross City Clinical Community Development team to establish a Local Patient Network. The purpose of the Local Patient Network is to enable patients to feedback their experiences which will be to inform the quality and safety of commissioned services. The PPG chair told us that they were very involved in this initiative and were supported by the practice.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We

Are services well-led?

Good 

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

saw that the practice had developed a new staff newsletter for July 2015 which informed staff of new developments and activities taking place in the practice. Staff told us they felt involved and engaged to improve how the practice was run. A staff handbook was available for all staff. This included information on bullying and harassment and whistleblowing policies.

Innovation

We saw that the partners engaged with the Birmingham Cross City CCG, the East Birmingham Federation and the Big Practice Federation. The practice had signed up to the CCG improvement programmes of ACE Foundation, ACE Excellence and ACE Plus. ACE (Aspiring to Clinical Excellence) is a programme to improve the quality of general practice across the city of Birmingham and GP providers work with the CCG to provide better services for

patients. In relation to the ACE Plus initiative, the programme also tests innovations that go beyond the ACE Excellence programme. We saw evidence that the practice had received an assessment of their performance in relation to the ACE programme in March 2015 and were seen to be performing well overall.

The practice was one of two in East Birmingham who were part of a new 12 month pilot called 'Opening Doors', working in partnership with a voluntary organisation. The pilot aimed to improve health outcomes for patients dealing with non-medical issues such as social, emotional or practical needs which may have a big impact on a patient's health. We were told that the pilot would focus in particular on elderly patients and those with long term conditions as these patients often felt socially isolated, depressed, lacking in confidence or self-esteem.