

# Lozells Medical Practice

## 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 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 previously inspected Lozells Medical Practice on 2 August 2016. As a result of our inspection visit the practice was rated as requires improvement overall, with requires improvement ratings for providing safe, responsive and well-led services. The practice was rated as good for providing effective and caring services. This was because we identified a regulatory breach under Regulation 12: Safe care and treatment. As a result, we identified areas where the provider must make improvement with regards to monitoring of prescribing and effectively managing risk in relation to emergency medicines. In addition, we identified some areas where the provider should make improvements such as improving patient satisfaction in relation to appointment access.

We carried out a focussed follow up inspection of Lozells Medical Practice on 16 November 2017. This inspection was conducted to see if improvements had been made following the previous inspection in 2016. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lozells Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

- During our inspection we noted improved governance which complimented safe systems and processes, as well as effective risk management. We observed improved processes for managing safety alerts and with regards to the management of medicines.
- Prescribing was well monitored and there was an effective recall system in place for patients needing medicines reviews and we noted that this had been strengthened since our previous inspection in August 2016.
- The practices emergency medicines had been updated since our previous inspection in August 2016. The emergency medicines stock consisted of medicines recommended for general practice and the services they delivered.
- Members of the management team explained that access had been a key focus for improvement at the practice overall. To improve access the practice changed their opening times and in addition, was able to offer patient's access to services up to 12 hours a day Monday to Saturday, through the My Healthcare HUB model as the practice was part of this federation.

# Summary of findings

- The practice recognised that patients were experiencing difficulties in accessing appointment by telephone and decided to change telephone provider for a better organised telephony system. A second telephone line had also been installed so that housebound patients and patients with complex needs could access the service through two direct access lines.
- We saw that the practices had carried out a satisfaction survey which demonstrated improvements to access over time. All survey respondents rated the practices opening hours as good, very good or excellent. In addition all

respondents indicated that they were happy with telephone access. Results from the NHS Friends and Family Test (FFT) also highlighted improved satisfaction rates over time.

- The practice had focussed on identifying more carers in order to offer them support, the carers register had increased from 0.4% to 2% since our last inspection. The practice offered health reviews and flu vaccinations for anyone who was a carer. The practice displayed a range of supportive information for carers and there was information in place for carers to take away, we saw that carers were signposted to carer support services.

**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?

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing responsive services. During our most recent inspection we noted improvements to providing safe services, specifically with regards to managing safety alerts and with regards to the management of medicines. Therefore the practice is now rated as good for providing safe services.

- We saw that when alerts were received and disseminated, they were recorded on the system to monitor actions taken and we saw examples to support this during our inspection.
- We saw that safety alerts were discussed during practice meetings and that this was supported by a standing agenda item to ensure that discussions routinely took place. We saw that locum GPs were included in the dissemination of alerts and records were kept to monitor and confirm when locums had received and reviewed alerts.
- There was an effective recall system in place for patients needing medicines reviews and we noted that this had been strengthened since our previous inspection in August 2016. During our most recent inspection we saw that the practice conducted frequent searches to identify and follow up on patients that were due a blood test or a medicines review.
- We saw that patients prescribed high risk medicines were regularly monitored and reviewed. We looked at patients who had been prescribed high risk medicines during our inspection and found that all patients were up to date with their required monitoring and blood tests.
- The practice's emergency medicines had been updated since our previous inspection in August 2016. The emergency medicines stock consisted of medicines recommended for general practice and the services they delivered. Records were in place to reflect that they were regularly checked.

Good



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

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing responsive services. During our most recent inspection we noted improvements to access and increased patient satisfaction through internal surveys and the NHS Friends and Family Test, in relation to providing responsive services. Therefore the practice is now rated as good for providing responsive services.

Good



# Summary of findings

- Two percent of the practices registered patient list responded to the national GP patient survey (published in July 2017). We saw that in some areas, satisfaction had improved slightly however results remained below average.
- However, the practice had made various changes to their service in order to improve access; these changes were implemented after the survey period and would not have been reflected in the survey results which were published in July 2017.
- For example, to improve access the practice changed their opening times from 9:30am to 1pm and from 4:30pm to 6:30pm Monday to Friday. Previously the practice opened for appointments at 10am and previously closed on Thursday afternoons.
- The practice continued to offer extended hours on Monday evenings from 6:30pm to 8pm. The practice had in-hours primary care cover with a local primary care provider to cover appointment lines during the day when appointments were closed.
- In addition, the practice was able to offer patient's access to services up to 12 hours a day Monday to Friday and between 10am and 2pm on Saturdays, through the My Healthcare HUB model as the practice was part of this federation.
- The practice recognised that patients were experiencing difficulties in accessing appointment by telephone and decided to change telephone providers in October 2017. This resulted in a better organised telephony system so that calls could be better positioned.
- A second telephone line had also been installed so that housebound patients and patients with complex needs could access the service through two direct access lines.
- We saw that the practices satisfaction survey demonstrated improvements to access over time. For example (between April to September 2017) all survey respondents rated the practices opening hours as good, very good or excellent. In addition, 70% of the respondents described appointment access via telephone as excellent, 25% rated this as very good and 5% rated this as good.
- Results from the NHS Friends and Family Test (FFT) also highlighted improved satisfaction rates over time.

# Summary of findings

## Are services well-led?

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing well-led services. During our most recent inspection we noted improvements to providing well-led services, including improved governance to support safe systems and processes. Therefore the practice is now rated as good for providing well-led services.

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Members of the management team explained that access had been a key focus for improvement at the practice overall.
- We saw that survey results and plans to improve access were discussed during practice and patient participation group (PPG) meetings and minutes of meeting were provided to support this during our inspection.
- Overall we noted improvements to service access, access by telephone and some improvements to the practice opening hours. In addition, the practice was able to offer patient's access to services up to 12 hours a day Monday to Friday and between 10am and 2pm on Saturdays, through the My Healthcare HUB model. Reports provided during our inspection demonstrated that patients actively used this service.
- During our inspection we noted improved governance which complimented safe systems and processes, as well as effective risk management.

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 the concerns for safe, responsive and well-led identified at our inspection on 16 November 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safe, responsive and well-led identified at our inspection on 16 November 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safe, responsive and well-led identified at our inspection on 16 November 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safe, responsive and well-led identified at our inspection on 16 November 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safe, responsive and well-led identified at our inspection on 16 November 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safe, responsive and well-led identified at our inspection on 16 November 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Lozells Medical Practice

## Detailed findings

### Our inspection team

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

This focussed follow up inspection was carried out by a CQC Lead Inspector and a second CQC Inspector.

## Background to Lozells Medical Practice

Lozells Medical Practice is a long established practice located in the Lozells area of Birmingham in the West Midlands. There are approximately 4,180 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice 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 to improve the range of services available to patients.

The management team consists of the principle GP partner (male), the practice manager and an IT manager. The clinical team also includes a long term-sessional locum GPs (female) as well as two female practice nurses. The practice is supported by a team of four staff who cover reception, secretarial and administration roles.

The practice is now open for appointments between 9:30am to 1pm and from 4:30pm to 6:30pm Monday to Friday. The practice offers extended hours on Monday evenings from 6:30pm to 8pm.

There are in-hours primary care cover arrangements with a local primary care provider (Primecare) to cover

appointment lines between 8am and 9:30am and from 1pm to 4:30pm, Monday to Friday. If a patient requires care from a practice clinician during this time then the call is managed by Primecare and passed to the GP on call.

The practice is also part of a local GP federation called My Healthcare; this enables patients to access services at a neighbouring practice located over the road from Lozells Medical Practice. Services can be accessed up to 12 hours a day Monday to Friday and between 10am to 2pm on Saturdays.

## Why we carried out this inspection

We carried out a focussed follow up 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 had made improvements identified during the comprehensive inspection carried out in August 2016.

## How we carried out this inspection

We undertook out a focussed desk based inspection on 27 October 2017 and during our visit we:

- Spoke with the principle GP partner, the practice manager and the IT manager
- Spoke with five patients who used the service, on the day of our inspection
- Reviewed some patient records when reviewing systems for managing safety alerts and monitoring of medicines, in order to gain assurance that patients were safe
- Reviewed patient survey information



## Detailed findings

- Reviewed the practice's policies and procedures

# Are services safe?

## Our findings

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing responsive services. This was because at the time of our inspection, the practice was unable to provide evidence to demonstrate that all patient safety alerts had been acted on where required. We noted that the practice provided further assurance to demonstrate that no patients had been impacted as a result of this, shortly after our inspection took place.

However we also found that the practices processes for reviewing patients on repeat medicines were not always effective, as some patients were overdue their medicines reviews at the time of our last inspection. In addition, we found that some emergency medicines were not kept in the practice and although there was a pharmacy attached to the practice premises, the formal risk assessment in place did not demonstrate assurance that mitigating actions were in place.

During our most recent inspection we noted improvements to providing safe services, specifically with regards to managing safety alerts and with regards to the management of medicines. Therefore the practice is now rated as good for providing safe services.

### What we found as part of our follow up inspection in November 2017

#### Overview of safety systems and processes

The evidence reviewed during our inspection demonstrated that the practice had improved their process for managing safety alerts, for example:

- We saw that when alerts were received and disseminated, they were recorded on the system to monitor actions taken. For instance we saw that the practice identified three patients requiring two adrenaline auto-injectors for use in the event of anaphylactic shock. We saw that these patients were prescribed with the required auto-injectors in line with a recent medicines safety alert. In addition, we saw that the alert was discussed during a practice meeting in September 2017.

- We saw that other safety alerts were discussed during practice meetings and that this was supported by a standing agenda item to ensure that discussions routinely took place.
- We saw that locum GPs were included in the dissemination of alerts and records were kept to monitor and confirm when locums had received and reviewed alerts.
- Alerts were also saved on the practices shared drive for staff to access and refresh knowledge if needed.

The evidence reviewed during our inspection demonstrated that the practice had improved systems and processes to support safe medicines management, for example:

- There was an effective recall system in place for patients needing medicines reviews and we noted that this had been strengthened since our previous inspection in August 2016. For example, previously we found that some patients were overdue medicines reviews and specific blood tests. During our most recent inspection we saw that the practice conducted a weekly search to identify patients that were due a blood test, as well as a bi-weekly search to identify patients who were due a medicines review. These patients were routinely called in to the practice and we saw evidence of correspondence sent as part of this process.
- We saw that systematic alerts were in place to ensure that where required, medicines reviews and blood tests were completed prior to prescribing. A search on the practices patient record system highlighted that at the point of our inspection, 399 patients were prescribed medicines to treat high blood pressure, six of these patients required blood tests and we saw that these patients had been contacted to arrange an appointment for a blood test. In addition, we saw that 10 patients had been identified as needing a medicines review, these patients had also been contacted to arrange an appointment.
- There was an effective system in place for the prescribing and monitoring of high risk medicines. We saw that patients prescribed high risk medicines were regularly monitored and reviewed. We looked at

## Are services safe?

patients who had been prescribed high risk medicines during our inspection and found that all patients were up to date with their required monitoring and blood tests.

- The practices emergency medicines had been updated since our previous inspection in August 2016. The

emergency medicines stock consisted of medicines recommended for general practice and the services they delivered. Records were in place to reflect that they were regularly checked.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing responsive services. This was because some results from the July 2016 publication of the national GP patient survey were below local and national averages; these were specific to practice opening hours, access to appointments and accessing the practice by telephone.

During our most recent inspection we noted improvements to access and increased patient satisfaction through internal surveys and the NHS Friends and Family Test, in relation to providing responsive services. Therefore the practice is now rated as good for providing responsive services.

### What we found as part of our follow up inspection in November 2017

#### Access to the service

As part of our follow up inspection we looked at the results from the national GP patient survey (published in July 2017) in order to see if improvement had been made with regards to access following the results we reviewed at the point of our previous inspection.

The practice received 68 responses from the survey published, 382 surveys were sent out; this was a response rate of 18% and this represented 2% of the practices registered patient list. We saw that in some areas, satisfaction had improved slightly however results remained below average, for example:

- 45% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 30% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 71%. This had increased from 27% on the survey published in July 2016.
- 56% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 76% and the national average of 84%. This had increased from 52% on the survey published in July 2016.
- 61% of patients described the overall experience of this GP practice as good compared to the local CCG average of 77% and the national average of 85%. This had increased from 48% on the survey published in July 2016.
- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 65% and the national average of 77%. This had increased from 45% on the survey published in July 2016.
- 30% find it easy to get through to the surgery by phone compared to the local CCG average of 60% and the national average of 71%. This had increased from 27% on the survey published in July 2016.
- In addition, results highlighted that 40% patients described their experience of making an appointment as good compared to the CCG average of 63% and national average of 73%.
- 44% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 54% and national average of 64%.
- 32% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 46% and national average of 58%.

The practice had made various changes to their service in order to improve access, these changes were implemented after the survey period and members of the management team explained that therefore, these changes would not have been reflected in the survey results which were published in July 2017, for example:

- The practice had changed their opening hours and was now open for appointments between 9:30am to 1pm and from 4:30pm to 6:30pm Monday to Friday. Previously the practice opened for appointments at 10am and previously closed on Thursday afternoons.
- The practice continued to offer extended hours on Monday evenings from 6:30pm to 8pm.
- The practice had in-hours primary care cover with a local primary care provider (Primecare) to cover appointment lines between 8am and 9:30am and from

# Are services responsive to people's needs?

## (for example, to feedback?)

1pm to 4:30pm, Monday to Friday. If a patient required care from a practice clinician during this time then the call would be managed by Primecare and passed to the GP on call at the practice.

- In addition, the practice was able to offer patient's access to services up to 12 hours a day Monday to Friday and between 10am and 2pm on Saturdays. This was because the practice was part of a local GP federation called My Healthcare, where patients could access primary care services through the My Healthcare HUB model. Furthermore, the service was based over the road from the practice and therefore patients did not need to travel far to access this.
- We saw that the practice advertised the My Healthcare service through their website and on resources in the patient waiting area, such as the practice leaflet.
- During our inspection the practice provided a report which highlighted that patients actively used the My Healthcare HUB service, with 559 appointments accessed by their registered patients between February and October 2017. Furthermore, the practice expressed that use of the HUB was helping with their A&E attendance rates and a report was provided during our inspection which highlighted 6% reduction in A&E attendance rates since partaking in the MY Healthcare HUB model.
- The practice recognised that patients were experiencing difficulties in accessing appointment by telephone and decided to change telephone providers in October 2017. This resulted in a better organised telephony system so that calls could be better positioned.
- A second telephone line had also been installed so that housebound patients and patients with complex needs could access the service through two direct access lines.

During our inspection we saw that the practices satisfaction survey demonstrated improvements to access over time, for example:

- Forty patients responded to the practices most recent survey which reflected April to September 2017, this represented 1% of the practices registered patient list.
- With regards to the practices appointment availability, 95% of the respondents felt that it was excellent and had improved, 5% rated this as very good.

- 70% of the respondents described appointment access via telephone as excellent, 25% rated this as very good and 5% rated this as good.
- All respondents rated the reception service as good, very good or excellent.
- All respondents rated the practices opening hours as good, very good or excellent.
- All respondents rated my Healthcare HUB service as good, very good or excellent and all responses highlighted quick access to appointments via this service.
- Most respondents highlighted that appointment waiting times were mostly within five minutes. However 12% of the respondents highlighted that they waited longer than 10 minutes past their appointment time (11 to 20 minutes). Members of the management team explained that appointment waiting times were sometimes longer as the practice also operated a walk in and wait service; this meant that patients were guaranteed to be seen by a clinician the same day.
- Staff explained that they were working on educating patients more so that they were aware that sometimes they would need to wait if accessing the walk in service. Staff also advised that where possible, they would book appointments for patients who walked-in, so that they could return at a later time if the appointment was not urgent. We also saw that this formed part of the practices survey action plan.
- The survey action plan highlighted that staff were encouraging patients to register for online appointment and prescription access to help ease telephone traffic. In addition, staff were encouraged to educate patients about the pharmacy first scheme.
- Members of the management team explained that access had been a key focus for improvement at the practice overall. We saw that survey results and plans to improve access were discussed during practice and patient participation group (PPG) meetings and minutes of meeting were provided to support this during our inspection.

Results from the NHS Friends and Family Test (FFT) also highlighted improved satisfaction rates over time:

# Are services responsive to people's needs?

(for example, to feedback?)

- FFT results for October 2017 showed that 27 respondents (85%) noted that they were extremely likely or likely to recommend the practice to family and friends.
- FFT results for August 2017 showed that 20 respondents (70%) noted that they were extremely likely or likely to recommend the practice to family and friends.

- FFT results for April 2017 showed that 28 respondents (64%) noted that they were extremely likely or likely to recommend the practice to family and friends.

We spoke with five patients as part of our inspection. Two patients commented that it was occasionally difficult to get through to the practice by phone however all patients gave positive feedback with regards to the service and care provided. All patients we spoke with were happy with the service overall.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing well-led services. This was because although the practice vision indicated that they were aiming to improve access and patient experience we found that the practices opening times were limited; with the practice opening at 10am and closing during the afternoon. We also found that some of the content in the practice leaflet was not current and some processes required strengthening with regards to managing risk and operating safe systems and processes.

During our most recent inspection we noted improvements to providing well-led services, including improved governance to support safe systems and processes. Therefore the practice is now rated as good for providing well-led services.

### **What we found as part of our follow up inspection in November 2017**

#### **Vision and strategy**

The practice had a vision to deliver high quality care and promote good outcomes for patients. We found that the practice had worked toward improving patient access and experience; this formed an area that the practice had been focusing on over time. Overall we noted improvements to service access, access by telephone and some improvements to the practice opening hours.

During our inspection the principle GP partner shared some of the future plans for the practice; this included plans to recruit a salaried GP and to plans to offer wider services through the federation to meet the need of their patients.

#### **Governance arrangements**

During our inspection we noted improved governance which complimented safe systems and processes, as well as effective risk management. This was reflected across improved policies for managing safety alerts, monitoring prescribing; as well as the practices arrangements for managing a medical emergency. During our inspection we also saw that the practice leaflet was current.