

# West Heath 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 West Heath Surgery on 13 December 2016. Overall, the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice were proactive in taking action where safeguarding concerns were raised and discussing these with relevant family members and external stakeholders, for example social services and the Care Quality Commission.
- Staff assessed needs and delivered care in line with current evidence based guidance.

- Clinical audit was integrated within the practices' governance system in order to evaluate the services and quality of care provided.
- The practice identified patients who may be in need of extra support and signposted them to the relevant service.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had identified 44 patients as carers (0.7% of the practice list) and written information was available to direct carers to the various avenues of support available to them.
- Patients could access appointments and services in a way and at a time that suited them. The practice offered extended hours for patients that could not attend during normal opening hours.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
  - The practice had good facilities and was well equipped to treat patients and meet their needs.
  - The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
  - The practice had a proactive approach to succession planning in the practice and was part of a project to create Kingsman College, which provided training for medical secretaries, practice management and phlebotomy.
  - Management were enthusiastic about upskilling and empowering staff members.
  - There was a clear leadership structure and a number of policies and procedures to govern activity and held regular governance meetings.
  - There was an overarching governance framework which supported the delivery of the strategy and good quality care.
  - Staff said they felt valued and supported and were encouraged to identify opportunities to improve the service delivered by the practice.
  - There was a strong focus on continuous learning and improvement at all levels and actively took part in local pilot schemes to improve outcomes for patients in the area.
  - GPs had direct access to book appointments for with a Care Navigator for patients whose needs identified they would benefit from this support.
- We saw one area of outstanding practice:
- The practice had a proactive approach to succession planning in the practice and was part of a project to create Kingsman College. The college provided training for medical secretaries, practice management and phlebotomy and intended to extend training courses that were provided to include nurses, pharmacists and associate physicists.
- The areas where the provider should make improvement are:
- Continue to identify if a patient is a carer and provide appropriate support and guidance, as relevant.
  - Continue to encourage patients to attend national screening programmes for bowel and breast cancer screening.

**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 was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice were proactive in taking action where safeguarding concerns were raised and discussing these with relevant family members and external stakeholders, for example social services and the Care Quality Commission.
- The practice maintained appropriate standards of cleanliness and hygiene.
- Risks to patients were assessed and well managed.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. An emergency box was also available, which included a laptop, which worked from separate providers to ensure they could access patient records, a mobile telephone and manual consultation sheets.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audit was integrated within the practices' governance system in order to evaluate the services and quality of care provided.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- A healthcare assistant provided training in conjunction with Kingsman College to provide phlebotomy training, which was also offered to staff external to the practice. They were also being supported by the practice to obtain their assessor's certificate to train NVQ3 Health and Social Care.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice identified patients who may be in need of extra support and signposted them to the relevant service.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 44 patients as carers (0.7% of the practice list) and written information was available to direct carers to the various avenues of support available to them.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice hosted a range of services to increase the availability of relevant services to its practice population. For example, counselling, alcohol and drug services and Improving Access to Psychological Therapies (IAPT) services.
- The practice hosted a pulmonary rehabilitation course, which ran for 12 weeks at a time. The practice recognised that those attending could be socially isolated, therefore were reviewing the ways in which support could be continued at the end of the course.
- Patients could access appointments and services in a way and at a time that suited them. The practice offered extended hours for patients that could not attend during normal opening hours.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Good



# Summary of findings

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed 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.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a proactive approach to succession planning in the practice and was part of a project to create Kingsman College, which provided training for medical secretaries, practice management and phlebotomy.
- Management were enthusiastic about up skilling and empowering staff members.
- There was a clear leadership structure and a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff said they felt valued, supported, and were encouraged to identify opportunities to improve the service delivered by the practice.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels and actively took part in local pilot schemes to improve outcomes for patients in the area.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs had direct access to book appointments for with a Care Navigator for patients whose needs identified they would benefit from this support.

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.
- Patients at risk of hospital admission were identified as a priority and appropriate support was provided including personalised care plans.
- 87% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines 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.
- The practice hosted a pulmonary rehabilitation course, which ran for 12 weeks at a time.
- Diabetes education classes had recently been introduced for patients to receive additional support and guidance in managing their condition.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to local and national averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 66% and the national average of 74%.
- The practice encouraged attendance for national screening programmes for bowel and breast cancer screening. Although data for 2014/15 showed the practice was lower than the national averages and in line with local averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Breast feeding and baby changing facilities were also available at the practice.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **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 to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services to book appointments and request repeat prescriptions.
- A full range of health promotion and screening was offered that reflected the needs for this age group.
- The practice had a 63% uptake in 2015/16 from those that were eligible for an NHS health check.
- The practice was part of a pilot to introduce a digital channel of support and guidance to patients. This included an application for mobile phones, which would aid patients to book appointments, access medical records and request repeat prescriptions.

Good



## **People whose circumstances may make them vulnerable**

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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 and were aware of their responsibilities.
- Clinical staff understood and were able to evidence how they assessed best interest for a patient, in conjunction with the relevant health and social care professionals.

## 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).

- 93% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 89%.
- 82% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice held registers of patients experiencing poor mental health and those with a diagnosis of dementia and ensured they were offered a review each year.
- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted a range of services to increase the availability of relevant services to its practice population. For example, counselling, alcohol and drug services and Improving Access to Psychological Therapies (IAPT) services.

Good



# Summary of findings

- All staff had received dementia awareness training.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 319 survey forms were distributed and 111 were returned. This represented 1.8% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.

- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients before our inspection. We received 18 comment cards, which were all positive about the standard of care received. Patients said staff were helpful and friendly and that GPs and nurses provided emotional support and helped to alleviate their anxieties.

The practice received 29 NHS Friends and Families Test returns between August 2016 and October 2016. Results showed 100% of patients were likely to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Continue to identify if a patient is a carer and provide appropriate support and guidance, as relevant.

- Continue to encourage patients to attend national screening programmes for bowel and breast cancer screening.

## Outstanding practice

We saw one area of outstanding practice:

- The practice had a proactive approach to succession planning in the practice and was part of a project to create Kingsman College. The college provided training for medical secretaries, practice

management and phlebotomy and intended to extend training courses that were provided to include nurses, pharmacists and associate physicians.

# West Heath 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 adviser and a second CQC inspector.

### Background to West Heath Surgery

West Heath Surgery is a GP practice, which provides primary medical services to Birmingham South Central Clinical Commissioning Group commission the practice's services.

The practice has three GP partners (male) and five salaried GPs (two female and three male). The nursing team consists of two practice nurses and three health care assistants. They are supported by a Managing Partner, Assistant Manager, Reception Manager and a team of reception staff and administrative staff.

The practice is open between 8am and 8pm Monday to Friday; the practice also opens at 7.15am on Wednesdays and between 8am and 3pm on Saturdays and Sundays. Appointments are available from every morning and afternoon throughout the day. In addition to pre-bookable appointments that can be booked up to eight weeks in advance, urgent appointments are also available for people that need them.

Patients can access out of hours support from the national advice service NHS 111, where telephone advice may be offered or alternatively an appointment at the GP Primary Care Centre at Selly Oak or a home visit would be offered.

The practice is an approved training practice for the training of trainee doctors and medical students.

### Why we carried out this inspection

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 December 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, healthcare assistant, members of the management team and administrative and reception team.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

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

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

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

- Older people

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff informed the practice manager and a GP partner of any incidents and there was a recording form available on the practice's computer system. The incident recording form and significant event policy supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, provided with an explanation, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice dealt with urgent matters immediately and carried out a thorough analysis of the significant events, which were discussed at weekly clinical meetings.
- Significant events were reviewed and discussed at an annual significant events and complaints meeting. All staff were encouraged to attend to review the actions taken to ensure they had been embedded.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. All alerts were received by the Practice Manager and distributed to clinicians, as appropriate and discussed at clinical meetings. Staff were able to show us where historical alerts were stored and evidence of the action they took as a result.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse, which reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Alerts on the patient system were put onto a patient record if there were known safeguarding concerns. The practice were proactive in taking action where safeguarding concerns were raised and discussing these with relevant family members and external stakeholders, for example social services and the Care Quality Commission.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A healthcare assistant 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. Annual infection control audits were undertaken, as well as handwashing assessments. Cleaning inspection audits were also carried out every three months to ensure cleaning was carried out to appropriate standards. We saw where action had been identified; plans were in place to address them. Reception staff were aware of the correct process to handle specimens and knew where to locate the spillage kit, if needed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. Any changes or new medication for a patient as a result of a hospital admission were reviewed by a GP partner or pharmacist. Patients were also contacted to ensure they were fully aware of the changes to their medication. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the

## Are services safe?

practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The same recruitment checks applied to locum staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire safety checks and fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). An estates risk assessment had also been completed which aligned with the business continuity plan regarding potential disruptions to the service, including floods and loss of power.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Clinical rotas were reviewed on a regular basis and planned up to two months in

advance to ensure there was appropriate cover to meet appointment demands. Administrative rotas were also in place to ensure enough staff were on duty and there was appropriate cover for reception.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and guidance was available for reception staff relating to the recognition of serious illness, specifically the action to take when a patient presented with chest pain.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, we noted that emergency equipment was not located together and the practice did not stock a mechanical ventilation mask or suction. They were unable to provide a risk assessment in relation to this.
- 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included a site to re-locate to if required. An emergency box was also available, which included a laptop which worked from separate providers to ensure they could access patient records, a mobile telephone and manual consultation sheets.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- All new and amended NICE guidelines that were applicable to the practice were reviewed and discussed at clinical meetings to determine if any action was required.
- NICE guidelines were incorporated into patient records to ensure best practice was followed, for example atrial fibrillation, primary prevention of coronary heart disease, asthma, diabetes and chronic obstructive pulmonary disease.
- 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available.

Data from 2015/16 showed:

- Performance for diabetes related indicators was better compared to the national average. For example, 87% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 93% of those with a diagnosis of schizophrenia, bipolar

affective disorder or other had a comprehensive and agreed care plan in place, compared to 89%. 82% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.

The practice had a high exception reporting rate for one specific clinical indicator. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

- 36% of patients were exception reported for those with a diagnosis of diabetes and had influenza immunisation, compared to the CCG average of 20% and the national average of 20%.

The practice reviewed this information and confirmed patients were contacted at least three times in writing and then by telephone. Patient records contained evidence of the telephone conversations and that patients had declined the offer of a flu vaccination.

There was evidence of quality improvement including clinical audit. Clinical audit was integrated within the practices' governance system in order to evaluate the services and quality of care provided.

- There had been 10 clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice improved their management of patients prescribed warfarin in line with local and national guidelines.
- The practice participated in local audits, peer review and research.

### Effective staffing

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

- The practice had a staff induction policy which included a tour of the premises on the first day, an introduction to policies and procedures and a fire safety awareness induction. Staff shadowed staff members, were supported with training and had a probation period with regular reviews.



# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and those carrying out NHS health checks.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and relevant refresher training.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and dementia awareness. Staff had access to and made use of e-learning training modules and in-house training.
- A healthcare assistant provided training in conjunction with Kingsman College to provide phlebotomy training, which was also offered to staff external to the practice. They were also being supported by the practice to obtain their assessor's certificate to train NVQ3 Health and Social Care.

### 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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice kept a record of all referrals sent, including those for a two-week appointment, to ensure they had

been received by the hospital and an appointment had been made. The practice also recorded if a patient had attended for their hospital appointment and contacted the patient if they were notified that they did not attend.

- Test results were reviewed on a daily basis by the duty doctor to ensure appropriate and timely action was taken.
- Patients records were visible to the extended hour's access service provided by the hub, including patient medication records to ensure appropriate care and treatment was provided.
- Patients receiving end of life care had regular reviews. Clinical records demonstrated regular discussions with the patients, families and involvement of other external health and social care professionals including ensure patient preferences were documented and adhered to.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs, including those receiving palliative care.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff had also received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

# Are services effective?

(for example, treatment is effective)

- Clinical staff understood and were able to evidence how they assessed best interest for a patient, in conjunction with the relevant health and social care professionals.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. For example:

- Patients receiving end of life care, carers and those at risk of developing a long-term condition.
- Members of the nursing team were trained to provide smoking cessation advice.
- The practice hosted Health Trainers, which patients could access for support and advice on diet and exercise.
- Diabetes education classes had recently been introduced for patients to receive additional support and guidance in managing their condition.

The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 66% and the national average of 74%. There was a system in place to write to patients who did not attend for their cervical screening test, if they still did not attend after three appointments, the patient was contacted by telephone. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Although data for 2014/15 showed the practice was lower than the national averages and in line with local averages. For example:

- 65% of females aged 50-70, were screened for breast cancer in the last 36 months, compared to the CCG average of 67% and national average of 72%.

- 47% of females aged 50-70, were screened for breast cancer within six months of invitation, compared to the CCG average of 70% and national average of 73%.
- 44% of persons aged 60-69, were screened for bowel cancer in the last 30 months, compared to the CCG average of 46% and national average of 58%.
- 42% of persons aged 60-69, were screened for bowel cancer within six months of invitation, compared to the CCG average of 46% and national average of 58%.

The practice were aware of the low uptake and had planned to improve communication to ensure relevant information was available to patients, for example displays in waiting areas.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 99% and five year olds from 79% to 99%. CCG averages ranged from 90% to 96% for vaccinations given to under two year olds and 82% to 96% for those given to five year olds. National averages ranged from 73% to 95% for vaccinations given to under two year olds and 81% to 95% for those given to five year olds. Reception staff monitored the attendance for immunisations and if a child had failed to attend on three occasions, this was brought to the attention of a GP to discuss with a health visitor.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, annual health checks for patients with learning disabilities and NHS health checks for patients aged 40-74. We saw for 2015/16, the practice had a 63% uptake from those that were eligible for an NHS health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains and privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A notice in the waiting area was also displayed so patients were aware they could ask to discuss sensitive issues in private.

All of the 18 patient Care Quality Commission 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 spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 97% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 91%.
- 98% of patients said the nurse gave them enough time compared to the CCG average of 89% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.

## Are services caring?

- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example, Birmingham Healthy Minds, domestic abuse and wellbeing co-ordinator programme.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 44 patients as carers (0.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them, including the Birmingham Carers Association. The practice had introduced a carers group to provide additional support. The practice had recognised that the group was not in the correct format and therefore were working with the association to reform the carer group to be a more supportive and helpful group.

If families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. The practice was also in the process of designing a bereavement pack which would provide advice and guidance to families experiencing bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice 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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Breast feeding and baby changing facilities were also available at the practice.
- GPs had direct access to book appointments for with a Care Navigator for patients whose needs identified they would benefit from this support. Care Navigators were trained in safeguarding and social isolation and were able to support patients with their specific needs, ensuring a holistic approach was met.
- The practice hosted a range of services to increase the availability of relevant services to its practice population. For example, counselling, alcohol and drug services and Improving Access to Psychological Therapies (IAPT) services.
- The practice hosted a pulmonary rehabilitation course which ran for 12 weeks at a time. The practice recognised that those attending could be socially isolated, therefore were reviewing the ways in which support could be continued at the end of the course.

The practice had also started to liaise with a local Mental Health NHS Trust to increase the services available at the practice for its' patients to access. For example, IAPT services were provided every Thursday and the practice was hoping to also host women's aid and domestic violence services to improve the local support that patients could be signposted to.

### Access to the service

The practice was open between 8am and 8pm Monday to Friday, the practice also opened at 7.15am on Wednesdays and between 8am and 3pm on Saturdays and Sundays. Appointments were available every morning and afternoon throughout the day. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

The practice was also the main hub within the area to deliver extended hours access. Following the extended hours access service, the practice had seen a decline in demand for appointments on Monday mornings due to the increased availability of primary care outside of normal working hours.

We reviewed the appointment system and noted that the urgent appointment to see a GP was on the same day, the next routine appointment to see a GP was on 17 December 2016, the next nurse appointment was on 15 December 2016 and the next appointment available for a blood test was also on 15 December 2016.

Since the introduction of the Care Navigator Scheme, six patients had been referred to the scheme. Data was collected to show the use of GP services, before, during and after the intervention of a Care Navigator and demonstrated that for 67% of the patients there was a significant reduction in the use of GP services.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and national average of 76%.
- 93% described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.

Comment cards and people we spoke to told us that they were able to get appointments when they needed them.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including a complaints information leaflet.

We looked at three out of six complaints received in the last 12 months and found these were responded to in a timely manner. Responses included a detailed explanation into the circumstances around the complaint and an apology where appropriate. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. Complaints were reviewed and discussed at an annual significant events and complaints meeting. All staff were encouraged to attend to review the actions taken to ensure they had been embedded.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

The practice had a mission statement which was available on the practices intranet site for staff, as well as the practice information leaflet for patients. Staff knew and understood the values.

The practice had a proactive approach to succession planning in the practice and was part of a project to create Kingsman College. The college provided training for medical secretaries, practice management and phlebotomy and intended to extend training courses that were provided to include nurses, pharmacists and associate physicians.

Management were enthusiastic about upskilling and empowering staff members. There was a large emphasis on education and continuous learning.

### 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:

- The practice had strong clinical and non-clinical leads and systems in place to effectively manage safeguarding, HR, education and quality for the entire practice.
- Practice specific policies were implemented and were available to all staff on a local shared administrative network.
- Protocols were linked to NICE guidance and were accessible from the practice's computer system. This enabled staff to more easily follow recommended practice in management of long term conditions and other diseases and illnesses.
- A comprehensive understanding of the performance of the practice was maintained and monitored on a regular basis. This information was used to develop services and improve access for patients, as well as patient

outcomes. For example, the practice regularly monitored the attendance rates at the extended hours access hub to review the impact it had on the practices' service and the satisfaction of the patients.

- Regular meetings were in place with the local CCG medicine management team to review and compare prescribing data.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Weekly clinical meetings were held to discuss risks to the management of the service, including clinical capacity, patient alerts, the progress of pilots for example the pharmacy pilot the practice had been involved in and new or amended NICE guidance, as well as safety alerts.

### Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice supported affected people, provided an explanation into the incident and a verbal or written apology.

There was a clear leadership structure in place which demonstrated line management responsibilities. Staff told us they felt a part of a team and that they were involved in practice development.

# Are services well-led?

Good 

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

- Administrative team meetings were held every three to four months. A recent administrative team meeting showed how staff used the time to discuss processes to direct patients to the right appointment for the right condition and how this could be improved.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff also told us they had social events which supported the team morale.
- Staff told us the partners and management team were approachable and always took the time to listen to all members of staff.
- Staff said they felt valued and supported and were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service and gathered feedback through the patient participation group (PPG) and through surveys and complaints received.

- The PPG was a virtual group which met on an annual basis and discussed and agreed the areas to focus on for the forthcoming year for improvements to patient services. For example, the PPG had raised the effectiveness of introducing a self-check in screen which had been purchased and implemented within the reception area. Another suggestion from the group was for GPs and members of the nursing team to go to the waiting area to call a patient for their appointment. The practice discussed this and implemented it.
- An internal patient survey was carried out in February 2016 and March 2016 regarding the extended access

service provided at the practice. There was a total of 147 returns and showed high patient satisfaction with the service. 92% of the patients who responded would recommend the extended access service to others.

- The practice gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and were able to provide examples of suggestions they had made to improve systems in place, which the practice had then developed and implemented.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had submitted a bid to Health Education England, in conjunction with the local Federation, to build bespoke software to streamline processes around monitoring of staff professional registration status, mandatory training and role-specific training. The project was currently in its first phase of development and was due to be trialled with the input of sample data. Once the software had been developed and piloted, it was to be rolled out to an additional five clinical commissioning groups (CCGs).

The practice was part of a pilot to introduce a digital channel of support and guidance to patients. This included an application for mobile phones which would aid patients to book appointments, access medical records and request repeat prescriptions. The application was also being designed to include self-help guides which could be personalised to the individual needs of the patient, long term condition management guides and lifestyle management guides. The pilot was currently being reviewed by patient focus groups to gain feedback and was due to be rolled out in early 2017.