

# Your Health Partnership

## Inspection report

Darby Street  
Rowley Regis  
West Midlands  
B65 0BA  
Tel: 01215593957  
[www.yhp.org.uk](http://www.yhp.org.uk)

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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 location

Requires improvement



Are services effective?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Good



# Overall summary

We carried out an announced focused inspection at Your Health Partnership (YHP)- Regis Medical Centre on 19 November 2019 as part of our inspection programme. As part of the inspection process we visited the five branch sites of Your Health Partnership during the inspection.

We carried out an inspection of this service following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

This inspection focused on the following key questions: Effective, Responsive and Well-led. Because of the assurance received from our review of information we carried forward the rating for the following key questions: Safe and Caring.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## **We have rated this practice as Requires Improvement overall.**

We rated the practice as **requires improvement** for families, children and young people and working age people (including those recently retired and students) in the Effective key question because:

- Cervical screening targets were below the national average.
- Childhood immunisation rates were below national average.

We rated the practice as **requires improvement** for all population groups in the Responsive key question because:

- National patient survey results were below local and national averages for access.
- Patient feedback highlighted difficulties in accessing the service.

We rated the practice as **Outstanding** for older people in the Effective key question because:

- YHP cared for emergency assessment beds in the locality. There was a total of 55 beds across six care homes. The service was led by an advanced nurse practitioner who carried out weekly ward rounds at each of the homes. Weekly multi disciplinary team meetings were held with intermediate care and social services to ensure patients received a co-ordinated package of care when they left the care homes.
- YHP had implemented a pathway to support the diagnosis and management of patients with dementia and to offer support to their carers. There was a lead nurse for dementia who worked closely with a Consultant Elderly Care Psychiatrist who offered review clinics once a month at Regis Medical Centre. A dementia information group had been started by the lead nurse to support patients and their carers.
- YHP had implemented a range of projects to improve patient outcomes. For example: To address the number of smoking patients who were housebound and to offer an inhouse service; Patients' responses showed there was a need for support to tackle loneliness. YHP decided a more person centred approach was required which may influence lifestyle changes. The primary care network link worker was asked to scope patient needs and review what services were available to offer support.
- YHP had introduced a home visiting team of advanced nurse practitioners to support patients who could not attend the practices. The home visiting team monitored patients on the housebound register, patients who had recently been discharged from hospital and attended to patients requesting home visits. A GP supported the team by speaking with patients to ascertain the reason for the home visit when a request was made.

We rated the practice as **good** for providing well-led services because:

- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care. The practice had identified areas where there were gaps in provision locally and had taken steps to address them.
- There were innovative approaches to providing integrated person-centred care.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

# Overall summary

- There was a strong emphasis on learning and sharing outcomes with the whole team and external organisations to promote best practice.
- All opportunities for learning from internal and external incidents were maximised. All learning was shared with staff regularly.
- Leaders demonstrated they had the capacity and skills to deliver high quality, sustainable care.

Whilst we found no breaches of regulations, the provider **should:**

- Continue to monitor patient feedback to improve access to services.

- Encourage patients to attend screening and immunisation appointments.
- Review current processes for exception reporting to ensure they are appropriate for each patient.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and two CQC inspectors.

## Background to Your Health Partnership

Your Health Partnership's registered location with the CQC is located at Regis Medical Centre. The practice has good transport links and there is a pharmacy located nearby.

The provider is registered with CQC to deliver the Regulated Activities; treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services, diagnostic and screening procedures and family planning. These services are delivered across all the sites within Your Health Partnership (YHP).

Your Health Partnership is situated within the Sandwell & West Birmingham Clinical Commissioning Group (CCG) and provides services to 46,000 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. YHP has one registered location with the CQC, Regis Medical Centre. There are five branches across the locality.

The provider is a team of 13 GP partners (nine male and four female). YHP has a team of clinical staff which

includes 13 salaried GPs (five male and eight female), four physician associates (two male and two female), four clinical pharmacists (three male and one female), 13 practice nurses (all female) and four health care assistants (all female). The practice has set up their own primary care network. The clinical team were supported by a team of managers and administration/reception staff. YHP were a training practice for both medical students and trainee nurses.

There are higher than average number of patients over the age of 65 years. Data provided by Public Health England showed YHP had 15.9% of patients aged 65 years and over in comparison to the local average of 12.4%. The National General Practice Profile states that 87% of the practice population is from a white background. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.