

Care Quality Commission

Inspection Evidence Table

Heath Street Health Centre (RXKF4)

Inspection date: 3 and 7 December 2021

Date of data download: 25 November 2021

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• Following the practice takeover by Sandwell and West Birmingham NHS Trust (the Trust) in June 2019, all the practice's internal policies were aligned with the Trust policies.• There was an overall safeguarding GP lead and two deputy GP's in place to oversee safeguarding in the practice.• All staff had completed the required level of safeguarding training relevant to their role. Staff we spoke with were clear on the procedure to follow if they had a safeguarding concern.	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> • There were safeguarding registers in place which were regularly reviewed and maintained. We reviewed patient records and found they were coded appropriately and contained relevant information on their record. This also extended to household family members. • There were comprehensive policies and procedures for safeguarding children and vulnerable adults. These were reviewed and updated to reflect any changes and were accessible to staff. • The practice held safeguarding meetings every two months. We reviewed meeting minutes and the practice could evidence that safeguarding concerns were discussed and reviewed in practice and clinical meetings. • There was a process in place to follow up children and young people who did not attend appointments both at the practice and for secondary care appointments. • Staff files reviewed demonstrated that Disclosure and Barring Service (DBS) checks were in place for staff as part of pre-employment checks. This included enhanced and standard DBS checks based on the role and responsibilities of the job. 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. • A standard operating procedure (SOP) was in place for staff who chaperoned in line with the Trust's policies. Staff completed on-line chaperone training and all staff had enhanced DBS checks in place. Signs were clearly visible throughout the practice to notify patients that a chaperone service was available. • Multi-disciplinary meetings were held to review patients with complex needs, safeguarding and vulnerable patients including those with end of life and palliative care. The practice held their own clinical meetings with staff and facilitated clinical discussion, case management and action plans and registers as part of best practice. Any relevant concerns were also discussed with staff during a weekly huddle meeting. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The Trust maintained a recruitment and selection policy and we reviewed three staff records and found recruitment checks were carried out in accordance with regulations. The records were well managed and maintained, there were clear and robust systems in place and information contained electronically was appropriately restricted and accessible to designated practice staff members. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 6 July 2021	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 21 December 2020 and 6 December 2021 Actions from fire risk assessment were identified and completed.	Yes

Explanation of any answers and additional evidence:

- The provider was located in a modern, purpose built premises, dedicated to a number of primary care services. The building was managed and maintained by an external provider who had overall responsibility for health and safety, premise and security assessments. We saw evidence of an up to date premises and risk assessment that had been carried out for the building.
- During COVID-19 social distancing was in operation throughout the building. The buildings contractor had implemented one way systems. Masks in the building were mandatory and suspected COVID-19 patients were triaged and an appointment made at a pre-assessment centre locally.
- Fire alarm testing took place each week. There were nominated fire marshalls for the overall building, however the provider had appointed their own fire marshall in the practice.

The Trust had policies and procedures in place for areas of health and safety for example:

- Fire safety management policy
- Health and safety policy
- Lone worker policy
- First aid
- Security management policy
- Slips, trips and hazards policy
- Sharps and splashes policy
- Slips, Trips and falls policy
- Moving and handling policy

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 22 April 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Explanation of any answers and additional evidence:

- To ensure the safety of both staff and patients during COVID-19 pandemic, clinical staff were given time between seeing each patient to clean their consulting rooms.
- The practice kept up to date with the changing advice and guidance from NHS England to ensure the GP practice offered a Covid Secure environment.
- Staff had completed infection prevention training relevant to their role. There was an infection control lead in place and an infection control audit had been undertaken in April 2021. Areas identified had been actioned appropriately and in addition to this, weekly infection control checks were carried out.

- The lead clinician had set up and lead a COVID site locally during the pandemic and learning continued to be discussed and shared with practice staff during meetings as part of best practice.
- The infection control lead carried out spot checks to check that equipment was available and that staff were adhering to infection prevention and control processes.
- We found that there were suitable arrangements for managing clinical waste and we observed the general environment to be clean and tidy with the layout and facilities of the premises changed in line with COVID-19 guidance to manage infection prevention and control. For example, staff took temperature checks on arrival, hand sanitiser was available, a COVID secure room was available for anyone displaying COVID-19 symptoms and there was a socially distanced waiting area.

We saw a range of policies and procedures in respect of the practice infection, prevention and control policies and procedures. For example:

- Infection control policy
- Control of substances hazardous to health (COSHH)
- Legionella policy
- Communicable infections care and management of patients
- Decontamination of environment and equipment
- Hand hygiene policy
- Influenza prevention and control
- Management of outbreaks and serious infections
- Novel coronavirus policy
- Personal protective clothing use
- Influenza pandemic plan

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There was systems and rotas in place to manage staff absences and to ensure that adequate cover arrangements were in place for non clinical and clinical staff. The provider was able to utilise the Trust's bank of staff where required to ensure there was appropriate cover in place to safely operate the service. 	

- There were induction arrangements in place, this included a corporate induction within the Trust and a localised induction tailored to individual roles.
- All staff received training in basic life support and knew how to respond to medical emergencies including sepsis. We saw evidence of sepsis guidance in clinical rooms.
- Reception staff had access to information to signpost patients to the most appropriate clinician. There was an on-call duty GP available each day to support staff with any questions or queries.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • A system was in place to ensure all patient information including documents, laboratory test results and cytology reports were reviewed and actioned in a timely manner. • There was a process in place for the summarising of patient records, this included a system for flagging records which required prioritising. • There was a system in place for managing referrals to specialist services. The provider had devised a system, whereby referrals were colour coded based on urgency to ensure these were completed each day. We saw evidence that tasks and referrals had been actioned promptly. 	

Appropriate and safe use of medicines

The practice had the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2020 to 30/09/2021) (NHS Business Service Authority - NHSBSA)	0.39	0.71	0.71	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2020 to 30/09/2021) (NHSBSA)	4.2%	6.8%	9.8%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2021 to 30/09/2021) (NHSBSA)	5.33	5.17	5.32	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	52.1‰	132.3‰	126.1‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2020 to 30/09/2021) (NHSBSA)	0.14	0.68	0.63	Significant Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	9.7‰	8.6‰	6.7‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had appropriate systems in place for the safe prescribing and monitoring of medicines and were supported by a clinical pharmacist in areas of medicines optimisation. • Other clinical searches carried out on disease modifying drugs and high risk medicines showed that appropriate monitoring was carried out. • There was clinical oversight for all requests to medicine changes and a clear process was in place to demonstrate what actions had been taken. • We found that blank prescriptions were kept securely and there was a system in place to record the serial numbers. • We reviewed Patient Group Directions (PGD's) for the administration of medicines and found these authorisations had been read and signed off appropriately. • Emergency medicines on site were in date and had been risk assessed and regularly reviewed. Vaccines were appropriately stored and there was clear monitoring processes in place. 	

Medicines management	Y/N/Partial
<p>The Trust had a number of medicine related standard operating procedures (SOP's) and policies and procedures in place to promote patient safety and support staff. For example:</p> <ul style="list-style-type: none"> • Drug monitoring • Medicine reconciliation • Online prescription requests • Prescribing controlled drugs • Safe disposal of medicines and vaccinations • Structured medication review • Medication reviews • Specimen collection • Lost and stolen controlled drug prescriptions • Repeats prescription process • Handling controlled drugs 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	18
Number of events that required action:	18
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had a significant events policy in place and all staff were encouraged to report incidents to the management team. There was evidence of regular significant event meetings with all staff which included team discussion and case review. The provider maintained a significant event register which gave practice management oversight. Any incident which initiated a significant event was also reported to the Trust using their electronic incident reporting system. Staff had access to significant event monitoring and analysis templates. Investigations and learning outcomes from significant events were discussed and any policy updates or changes shared with staff. 	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Fridge failure	A notice was placed immediately on the fridge for staff not to use the vaccines. The practice checked with the manufacturer, who advised the process for resetting the temperature had not been properly completed. All vaccines was discarded, and the fridge temperature process was reviewed with all staff. Data loggers were purchased as an additional backup process. Data logger temperatures were reviewed as part of regular fridge monitoring.
A COVID patient was seen for an appointment on the premises	The patient exited the building safely. Members of staff who had contact self-isolated in accordance with government guidance and remote working was put in place. Infection control process were followed, and the room was deep cleaned. An ongoing review of infection control processes including PPE, daily staff temperature and screening at the reception desk was reviewed by the provider.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had a system in place for the recording and acting on safety alerts, in addition to a Trust policy for safety alert notices. The clinical pharmacist reviewed all Medicines and Healthcare products Regulatory Agency (MHRA) and Central Alerting System (CAS) alerts and these were kept on a spreadsheet, disseminated amongst the appropriate staff and discussed in clinical meetings. We looked at a range of safety alerts including historic alerts and found these had been actioned appropriately. 	

Effective

Rating: Good

QOF requirements were modified by NHS England for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• Standard operating procedures (SOP's) were in place which promoted evidence-based practice.• Clinical staff were able to describe how they kept up to date with best practice. We saw evidence that the practice held multidisciplinary meetings as part of best practice and vulnerable and complex patients were reviewed in clinical meetings with the wider team.• Our review of the practice clinical system identified appropriate management of patients care and treatment. We saw evidence that patient records were of a good standard and contained relevant information. For example, safety netting, shared decision making, and an agreed care plan was clearly documented in line with best practice.• The provider held regular palliative and end of life care multidisciplinary team (MDT) meetings. Information was recorded within the patient's electronic record and any actions relating to the patient captured and the task sent to the relevant team member.	

- Meetings were held with care homes who received a GP service from the provider on a regular basis. A weekly ward round was conducted at the home by an Advanced nurse practitioner (ANP) and GP.

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- The provider appointed the GP practice to take part in a pilot to support a care home model to improve the quality of health care and avoid admissions to hospital for the elderly population. A named GP and ANP attended weekly ward round in care homes and were proactively working with care home residents to avoid hospital admission and support early discharge.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	92	111	82.9%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	76	105	72.4%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	72	105	68.6%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	73	105	69.5%	Below 80% uptake
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	77	123	62.6%	Below 80% uptake

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

The practice had not met the minimum 90% for all five childhood immunisation uptake indicators or the WHO based national target of 95% (the recommended standard for achieving herd immunity) for any of the five childhood immunisation uptake indicators. Demographics of patients registered at the practice

showed that the practice is located within the 10% of most deprived neighbourhoods within the country with 36.9% of children living in poverty in comparison to the England average of 21.8%. In addition, the practice were aware of resistance to attend and engage with immunisations due to language barriers, cultural barriers, a transient population and ghost patients (these are patients who have not attended the practice or failed to respond to letters) who may be registered at the practice, which they had identified since taking over the contract in 2019. To tackle this the provider had carried out home visits to patients and families to carry out immunisations. At the time of our inspection we could evidence that improvements were being made. For example, The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection had increased from 61.8% to 74.2%, The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) had increased from 61.8% to 68.6% and The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) had increased from 61.8% to 69.5%.

They practice had also produced an action plan which prioritised a review of the following areas which at the time of our inspection was currently underway:

- New recall system in place and a dedicated receptionist to follow up children who did not attend for appointments.
- Reviewing non-attendances with health visitors during multi-disciplinary meetings and during safeguarding meetings.
- A review of the ordering of vaccinations to ensure this is done timely manner.
- Review of training to staff to deliver and provide vaccinations.
- Review of the reporting systems and performance management.
- Review of ghost patients registered at the practice that can be deducted from the patient list.
- To provide opportunistic vaccinations.
- Those families who had attended their country of origin for their child immunisations were encouraged to provide evidence of their vaccinations so these could be recorded.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2021) (Public Health England)	51.8%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	44.4%	65.7%	70.1%	N/A

Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	31.5%	54.9%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	50.0%	48.0%	54.2%	No statistical variation

Any additional evidence or comments

The practice had identified that their cancer outcomes in relation to cervical screening, breast and bowel cancer screening had historically been a challenge as this continued to be below local and national levels prior to the Trust taking over the practice from June 2019. The provider had already seen a slight increase in previous years in cancer outcomes and had carried out 224 smears in the past 12 months during COVID. They had also hosted cervical screening appointments during the weekend to increase uptake and encourage attendance for the working age population. A non-clinical staff member had engaged with cancer champions and reviewed this further with the patient participation group (PPG). Unverified data at the time of our inspection illustrated that 80% of patients aged between 50-65 years and 53% of patients under 50 years had attended for a cervical screening.

At the time of our inspection, an action plan was underway to address the following:

- Appropriate coding
- Systems for following up call/recall
- Systematic approach to reviewing patients who did not attend appointments
- Addressing demographic challenges presented by language and cultural issues.
- Review of patients living currently out of the area
- Review of patients without full contact details
- Review of staffing to carry out cervical screening during the evening and weekend.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

A urinary tract infection (UTI) audit was carried out in July 2021. The aim of the audit was to assess antibiotic prescribing for UTI's against the recommendations in NHS Sandwell and West Birmingham CCG Guidelines for the Management of Common Infections in Primary Care. The audit found that 82% of patients were prescribed the correct choice of antibiotic, 58% were prescribed the correct treatment duration and 97% were prescribed the correct strength and dose frequency. The audit found that a high usage of locums affected prescribing. This was discussed within a practice meeting as part of the action plan to ensure locums were adhering to local guidance. A further audit was to be completed in six months time.

At this inspection we found that there was a regular programme of quality audits in place. This included audits for:

- Warfarin safety audits
- Respiratory audits
- Diabetes audits
- Novel oral anticoagulants (NOAC's) dose safety audit
- MHRA drug safety alert audits
- Disease-modifying anti-rheumatic drugs (DMARDs)
- High risk drug monitoring audit
- Potential missed diagnosis audit
- Medication review audit for patients over 75 years
- Retrospective end of life care audit

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	

- The clinical lead had specific time allocated one day per week to provide advice, information and training to staff to support them in their clinical roles. We saw evidence that clinical supervision was being carried out for clinicians, in addition to audits of their consultations in line with best practice.
- Staff had completed training identified as mandatory by the provider. This included level three safeguarding training for clinical staff. A training report was completed monthly which was monitored by the management team to ensure all staff were up to date with their training needs.
- Staff told us as part of their development, they were given protected time to attend any training and development courses and were encouraged to do this.
- We found that staff appraisals had been completed and we saw evidence that staff members were supported with development opportunities.

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw evidence that the practice worked with multidisciplinary teams and across the primary care network (PCN) to coordinate care effectively for patients. • The practice were piloting a care home model and were the single point of contact to provide clinical care to local care homes by proactively supporting care home residents to improve quality of health care, avoid hospital admissions, attend MDT, ward rounds, support early discharges from hospital and deliver education and training to care home staff. 	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes

Explanation of any answers and additional evidence:

- The practice had a programme of quality improvement to ensure patients received the appropriate reviews and monitoring.
- The practice was engaged in the Primary Care Network and was supported by a social prescriber to support patients in managing their health and wellbeing.

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes

Explanation of any answers and additional evidence:

- Practice staff were aware of legislation and guidance when considering consent and put this into practice when providing care and treatment to patients.
- Our clinical searches identified that DNACPR decisions made were appropriately and clearly recorded.
- Staff used the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) processes and patients at the end of life care were referred to the palliative care hub who coordinated the care between the out of hours services.

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was mixed about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff understood the needs of the population and had received appropriate training in providing a chaperone service as well as promoting equality and diversity.	

Patient feedback	
Source	Feedback
NHS UK	Feedback on the NHS UK choices website was mixed with patients reporting that they had a wonderful experience, staff were good, they were grateful for the care and they would recommend, whilst others reported staff were rude and not understanding.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	70.5%	86.3%	89.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	73.1%	85.0%	88.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	88.1%	93.8%	95.6%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	65.5%	76.8%	83.0%	Tending towards variation (negative)

Any additional evidence or comments

The practice were aware that areas within their patient survey results in relation to caring were below local and national outcomes. They had analysed the feedback received which represented 1.1% of the patient list and work was underway to improve outcomes. The provider consulted with staff and analysed feedback from a variety of sources such as their Friends and Family Test (FFT) and complaints and had developed an action plan for improvement.

The action plan included the following:

- Discuss GP survey findings at PPG, practice and directorate review for feedback and suggestions.
- Review appointment times and types
- Increase e-booking slot
- Increase appointment times available including at the weekend and review extended access during the week
- Open clinics up in advance.
- Increase use of online appointments and trial online triage tool
- Review GP appointments times.
- Consider the need to recruit more clinicians for continuity of care.

- To support virtual PPG
- Consider reviewing patient survey with a more representative sample including vulnerable groups.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Partial

Any additional evidence
The practice had carried out their own friends and family feedback exercise for a number of months during 2021. We saw evidence that during July 2021 83% of patients reported that the practice was good or very good with patients reporting that staff were very friendly, caring, helpful, kind and it was a great friendly team. The practice continued to analyse feedback and look at ways to improve outcomes in relation to caring for both patients and staff. We saw evidence that themes from complaints were regularly reviewed during staff meetings and in directorate meetings. Equality and diversity training, customer service, workforce strategy, building resilience and staff morale were all areas reviewed to improve outcomes.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Resources were available such as language line and a hearing loop for patient support. The electronic records included coding to assist staff to identify patients who may require additional support, such as patients with carers, learning disability, physical disability, literacy, hearing or sight impairment. 	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	82.1%	90.3%	92.9%	Tending towards variation (negative)

Any additional evidence or comments
An action plan was underway to address areas of low performance within the patient survey results. The practice were currently in the process of recruiting additional salaried GP's to reduce the use of locums for continuity of care.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 155 patients who were carers which represented 2.5% of the practice list size.
How the practice supported carers (including young carers).	Advice and support was available on the practice website. A carers board was visible in the reception area and a carers pack was available for patients which contained useful resources available locally for both adults and young carers. All patients registered as a carer were eligible for a carers assessment, an annual health check and flu vaccination.
How the practice supported recently bereaved patients.	A noticeboard was available in reception with useful resources available for patients on bereavement services available locally. The practice would contact families for further follow up and refer patients to a social prescriber where necessary.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial

A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
	8am – 6.30pm
Appointments available:	
Monday	8am – 5.30pm
Tuesday	8am – 5.30pm
Wednesday	8am – 5.30pm
Thursday	8am – 5.30pm
Friday	8am – 5.30pm
	Patients were also able to access appointments between 6.30pm and 8pm through a site locally.

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Ward rounds were completed each week to local care homes.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available throughout the week for school age children so that they did not need to miss school.
- The practice had completed home visits to carry out immunisation uptake to improve outcomes and tackle hard to reach groups.
- The practice had engaged with and attended a local school to look at ways to create a healthier community.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. This was extended to patients with safeguarding concerns, learning disability and vulnerable adults.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a primary care network.
- The practice had hosted cervical screening appointments during the weekend to increase uptake and encourage attendance for the working age population.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- The practice was aware that digital and remote management would not be suitable for all patient populations, particularly those who had limited access to digital technology. The practice regularly reviewed and adapted their clinical model based on patient need, to ensure timely access to face to face appointments when required for both acute and routine care.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people, substance misuse and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were able to access care and treatment in a timely way.

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Due to the COVID-19 pandemic the practice had adapted how appointments were booked. Patients could request appointments from 8am each morning for same day and pre-bookable consultations, over the phone and in person. The reception team took details and a brief description of the request in order to ensure they were signposted to the appropriate clinical staff member within a safe time period. At the time of our inspection, patients were still able to attend the practice and obtain an appointment in person. 	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	59.9%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	52.0%	62.7%	70.6%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	69.4%	62.2%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	60.5%	76.3%	81.7%	Variation (negative)

Any additional evidence or comments

We saw evidence that some outcomes in relation to access had improved, where others had declined when compared with the previous year's survey. For example, The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone had increased from 48% to 59.9% and The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered had declined from 71% to 60.5%.

The COVID pandemic attributed to some of the changes to appointment availability within the practice, however we saw evidence where this was discussed and reviewed to improve patients experience. We saw examples of the Trusts directorate review meetings which included discussions about patient access and expectations. An action plan had been implemented to address some of the challenges where results were lower than local and national averages. This included:

- Review of appointment times and types
- Increase e-booking slot
- Increase times available including the weekend and review extended access during the week
- Open clinics up in advance using embargoes (restricted or reserved appointments)
- Increase use of online appointments and trial online triage tool
- Review GP appointments times.
- Recruitment of additional clinicians

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Source	Feedback
NHS UK	Patients reported difficulties in obtaining face to face appointments and having appointments changed or cancelled, whilst others were happy with the quick and prompt response by the practice.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	15
Number of complaints we examined.	Four
Number of complaints we examined that were satisfactorily handled in a timely way.	Four
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complaint relating to a prescription	The complaint was investigated, and a response was given to the patient. The practice found they had issued medication for a sufficient length of time in accordance with the NHS recommendations. The complaint was discussed with staff as a significant event and the guidance for prescribing was reviewed with staff.
Patient complained there was a delay in getting their prescription and there was poor communication with the practice.	An apology was given to the patient. The matter was investigated as a significant event and discussed with staff. There was a review of the appointment system and messaging service. The process of handover was reviewed with clinicians.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture and outcomes for patients. These included patient access, contracts and capacity, the assurance of a highly skilled workforce and expansion of services into primary care. They took account of the challenges faced by the patient population, which included the demographic needs and how they could meet those needs locally. Local challenges had included culture changes in the practice due to a change in provider, health inequalities, overcoming barriers to improve patient outcomes, staff turnover and vacancy rates. In addition, there had been changes in service delivery during the pandemic such as telephone triage and video consultations. The Trust and primary care directorate considered the challenges and had put in place strategies to meet them and regularly measured and reviewed their progress. The team worked well together to manage the service. They had policies in place to prioritise compassionate and inclusive leadership. The leadership team were committed in involving all staff to shape and improve the service. Staff were overwhelmingly positive about the practice and all reported that leaders were visible and approachable. The practice was a member of a primary care network (PCN) and the leadership team were aware of the changing landscape of primary care. 	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p>	

The practice vision was to:

- To distinguish ourselves through providing seamless, caring primary health and wellbeing services to support our local population with passionate, supportive staff

The practice and trust understood the challenges facing primary care, and the need to be flexible, to adapt and to embrace new initiatives in order to create a new, sustainable model for the practice and working with secondary care to improve patient health.

The practice had a set of promises and strategic objectives. This was to strengthen practical working relationships with community and social organisations, such as community health providers, local schools, local government organisations, and voluntary services to make the practice a community hub that can act as a gateway to both traditional and non-traditional services for patients. They believed that by working seamlessly with their diverse population, people, and partners they can Improve the Health Outcomes and Life Chances of the Population.

These was underpinned by the 3 P's:

- Patients: to be good or outstanding in everything we do
- People: to cultivate happy and sustain happy, productive and engaged staff
- Population: work seamlessly with our partners to improve lives

Staff we spoke with at the practice had a clear vision and set of values prioritising good quality healthcare provision and all staff at the practice were always aware of the vision of providing high quality and patient focused care

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There were clear systems and processes in place to ensure effective care and drive quality improvement. The practice had clear policies and procedures accessible to all staff, for example, whistleblowing, freedom to speak up guardian and health and safety systems and processes in place. There was clear guidance on the variety of individuals that staff could contact in order to raise any issues or concerns, both inside the practice and within the Trust. • The practice focused on the needs of patients and worked together to achieve the best possible outcomes for patients. There was a strong emphasis on the safety and wellbeing of all staff. Staff felt respected, supported and valued. • Leaders and managers were approachable and had processes, policies and human resource procedures in place to address behaviour and performance that was inconsistent with the vision and values. • Openness, honesty and transparency were demonstrated when we discussed with staff how they would respond to incidents and complaints. They were aware of and had systems to ensure compliance with the requirements of the duty of candour. • There were processes for providing all staff with the development they required, this included appraisal and career development conversations. Staff were encouraged to develop. For example, the practice manager was completing a health care leadership level 7 course and completing a Master of Business Administration (MBA) apprenticeship with the university of Birmingham. • All staff had received an annual appraisal within the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional development and evaluation of their clinical work. Staff had received equality and diversity training and felt they were treated equally. • The Trust had a specific emphasis on promoting staff's wellbeing and resources were available where staff had access to wellbeing apps, counselling support and a wellbeing sanctuary. 	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	Staff told us that they enjoyed working at the practice and they worked hard to ensure patients had the best level of care. There was an open approach and they felt valued and respected as an employee. Being employed by the Trust was a wonderful experience and they felt supported to develop. Privilege to work with the clinical lead who gave staff confidence and built trust. We work well as a team and support one another.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Structures, processes and systems to support good governance and management were established, clearly set out, understood and effective. Appropriate policies, procedures and activities to ensure safety were established and monitored to ensure effectiveness. Governance arrangements were proactively reviewed and reflected best practice, for example, clinical oversight, recruitment, health and safety. There was a governance reporting structure in place. The Trust used performance information, which was reported and monitored, and management and staff were held to account. The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses through action plans for improvement. Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Evidence reviewed from clinical records and discussions with staff demonstrated patients care and treatment was delivered with effective governance structures and systems and clinical oversight. Quality improvement was in place to ensure governance structures were regularly monitored as part of best practice. Staff were clear who they reported too both locally at practice level and at trust level. Staff we spoke with were clear about their role and responsibilities. New staff received a corporate and role specific induction. We saw that the management team facilitated communication within the practice through an internal meeting structure which included huddle meetings, clinical meetings, complaints and significant events meetings. Minutes of meetings were available for staff. 	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had a range of standard operating procedures, policies and risk assessments in place, for example, business continuity, health and safety, and infection control. • The practice had arrangements to identify, manage and mitigate risks which was regularly kept under review with action plans and directorate meetings to measure performance. • There was a programme of clinical auditing in place to monitor quality and implement improvements. There were systems in place to review the capacity, demand and waiting times to ensure quality and sustainability was regularly assessed and monitored. • The practice had business continuity plans for the management of the building and within the Trust. Strategic aims were kept under review and there were plans to address recruitment with vacancies for an additional female GP and practice nurse at the time of our inspection. 	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes

Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • All patients that requested to see a clinician were first given a telephone appointment. Following the telephone review, the clinician would make a clinical decision if a face to face appointment was required. • Patients that were digitally excluded or vulnerable could still contact the practice either through telephone, where they were assessed by a clinical member of staff or by attending the practice in person. Home visits were available to the practice's most vulnerable patients. • Infection control processes had been strengthened and extra cleaning schedules had been implemented to ensure cleaning was carried out at frequent intervals. Clinical staff were given extra time between patients to clean their consultation rooms. COVID-19 risk assessments had been completed for each member of staff, personal protective equipment (PPE) was available and in use by staff and patients entering the practice, in addition to temperature checks being taken on arrival. There were arrangements in place for staff to work remotely to support the continuity of services, if needed. 	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Quality and operational information was used to review progress and improve performance. For example, the use of Quality and Outcomes Framework (QoF), audits and action plans to improve clinical performance and outcomes for patients. Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. • Systems were in place to ensure risk assessments were completed on a regular basis to manage and mitigate risks. 	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice used NHS approved software when consulting with patients remotely. • Staff had received training and had access to guidance when undertaking remote consultations 	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staff were able to raise suggestions with the leadership team and in practice meetings. • The practice had a Patient Participation Group (PPG) and we saw evidence that a meeting was last held in June 2021. • The practice worked alongside local GP practices as part of the primary care network (PCN) to work together to improve patient care and outcomes. • The practice provided a weekly ward round at two local care homes. We spoke with care home staff who told us they had a positive relationship with the practice team in supporting staff, and patients to ensure medicines and residents were followed up in a timely manner. 	

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• The practice was an accredited Training practice with Health Education England and had medical GP trainees.• As part of the primary care network the practice were involved in various projects such as full clinical records integration with the acute trust.• The provider was involved in a pilot project to engage with local schools to provide health promotion through outreach. We saw evidence that the provider had attended events to promote health and wellbeing and were working with schools to create a healthier community.	

Examples of continuous learning and improvement

- The practice was part of a Care Home pilot programme with Birmingham Community Health Care and was the appointed lead practice as part of a pilot running for 12 months to support a care home model to improve the quality of health care and avoid admissions to hospital for the elderly population. A named GP and ANP attended weekly ward round to two local care homes and were proactively working with care home residents to avoid hospital admission and support early discharge from an acute admission.
- In addition to the outreach work with local schools, we saw evidence that the clinical GP lead was involved in research on promoting good practice in young people and the population health.
- The clinical GP lead had been awarded a primary care award for the most integrated service in the trust for their dedication in setting up a COVID hot site locally during the pandemic.
- At the time of our inspection there was plans to integrate more services into the practice. For example, a sexual health contract was planned, and discussions were taking place to integrate gynecology, breast clinics and pain management clinics at the practice with Sandwell and West Birmingham Trust.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
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- %_o = per thousand.