

# Care Quality Commission

## Inspection Evidence Table

### West Heath Medical Centre

Inspection date: 17 April 2018

## Safe

### Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes*
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Additional comments:	
*Overarching policies were in place for services provided by South Doc Services Limited, however these were not always specific to reflect the services provided specifically by the Virtual Centre.	

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes April 2018
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs 29.3.18	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 05.01.17
Actions were identified and completed. There were two actions, both of which had been completed	Yes
<b>Health and safety</b> Premises/security risk assessment? yes Date of last assessment:	Yes 18.08.17
Health and safety risk assessment and actions Date of last assessment:	Yes 11.01.18
Additional comments: N/A	

## Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	Yes
Staff knew how to respond to emergency situations.	Yes
The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.	Yes

## Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	Yes
The services demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

## Safe and appropriate use of medicines

Medicine Management	
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
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes*
There was a process for the management 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 audits for unusual prescribing, quantities, dose, formulations and strength)	N/A
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
<p>Explanation of any 'No' answers:</p> <p>*The service monitored and kept prescription stationery secure. However, the system did not allow for the effective management of prescription security.</p>	

## Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	No
Number of events recorded in last 12 months.	4
Number of events that required action	4
<p>The senior management team informed us that significant events were discussed in operational meetings and details were emailed out to all relevant staff. However, the provider was unable to show us any evidence of emails that had been sent to all relevant staff. We saw evidence of operational meeting minutes where incidents had been discussed.</p> <p>We saw from staff meeting minutes, staff received regular updates to services. We saw evidence of learning following a complaint was shared in the February 2018 prescription ordering department (POD) staff meeting. However, from meeting minutes we saw discussions of incidents and/or complaints did not take place at every staff/POD meeting.</p>	

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

Event	Specific action taken
A patient was incorrectly passed to the virtual centre for a home visit instead of their own GP practice	The Virtual Centre raised this with the patient's own practice
A GP from the Virtual Centre carried out a home visit on a weekend afternoon.	The individual GP was reminded that the Virtual Centre does not do home visits. The GP was also reminded about ensuring their own safety.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Alerts came in to the senior management team through email. They were emailed to all service managers, including the lead for clinical governance, who then sent out the alert to all service staff, a copy of the alert was filed on the shared drive and all staff had access to this.</p> <p>The service did not carry out any searches following an alert as they did not have a patient list.</p>	

# Effective

## Monitoring care and treatment

Event	Specific action taken
The provider used data they had collected between January and December 2017 to review their workforce. Data showed how many patients had accessed the service, which age group and if male or female.	Data showed that almost double the number of females than males had accessed the virtual GP/pharmacist service during this time and consequently the provider increased the number of female GPs employed in response to the results.
The provider was able to monitor how many patients from each age group accessed the virtual service.	For example, they provided us data to show patients from all age groups accessed the service, however those aged between 20-39 accessed the service the most with the next highest user being aged 40-59.
Practice survey	<p>The provider had carried out a survey in April 2018 to obtain feedback from practices using the virtual service, 20 out of 50 practices responded (40% response rate). Findings included:</p> <ul style="list-style-type: none"> <li>• 79% of practices responded to say they had used the virtual service.</li> <li>• 58% of practices said it was a positive experience.</li> <li>• 59% of practices felt patients could be more effectively managed clinically using the virtual GP or pharmacist service.</li> <li>• 47% of practices responded that the virtual GP or pharmacist could offer a more convenient appointment time.</li> <li>• 71% of practices responded that the virtual service could offer an earlier appointment than could be offered by their own surgery.</li> <li>• 90% of practices responded that the virtual service reduced demand on general practice.</li> <li>• 70% of practices responded that the virtual service reduced inappropriate face to face appointments in general practice.</li> <li>• 90% of practices wanted the service to continue.</li> <li>• 90% of practices would recommend the service to a patient.</li> <li>• 80% of practices had confidence in the service.</li> </ul>
Audit of POD service: November 2017 and then repeated in April 2018	<p>The provider randomly reviewed 200 medication requests to see how each request was handled by the POD team. The provider found:</p> <ul style="list-style-type: none"> <li>• In November 2017, the POD had completed majority of the medication queries, and only referred 4% back to the</li> </ul>

	<p>patient's GP.</p> <ul style="list-style-type: none"> <li>In April 2018, 100% of medication queries were dealt with by the POD.</li> </ul>
Arden & Great East Midlands Commissioning Support Unit (Arden & GEM CSU) were commissioned to undertake an accelerated local evaluation of MyHealthcare (the Virtual Centre). July 2016	<p>Findings of the evaluation included:</p> <ul style="list-style-type: none"> <li>Both staff and patients had a favourable view of the services offered by MyHealthcare and would recommend the service to others.</li> <li>Staff agreed that the service should continue with minimal improvements.</li> <li>General Practice staff had confidence in the service and reported that it increased their primary care offer.</li> <li>Practice staff agreed that MyHealthcare increased capacity in primary care.</li> <li>Patient satisfaction was high and the majority of patients liked the convenience of the extended opening times.</li> <li>Slightly fewer patients attended Accident and Emergency from MyHealthcare Practices, especially during the Out of Hours period on weekdays, but this would need to be evaluated over a longer period to establish if this was a significant difference.</li> </ul>
Data from Birmingham Cross City CCG February 2018	Data from the CCG showed since the inception of the POD scheme there had been significant cost savings on prescribing compared to rising costs for patients not using the POD scheme.
Virtual GP/pharmacist records were audited by the provider each year	20 sets of records were selected at random each year for each clinician. The clinician received feedback following the audit.
Throughout the month of February at the end of each call, patients were asked to give feedback on the POD service.	Patients commented that the service was convenient and felt their waiting time had been reduced.
Patient audit February to August 2017	The provider had carried out an audit of the patients sent for a CRP blood test between February and August 2017, which showed 34% of patients did not require an antibiotics prescription. Patients not requiring antibiotics were given appropriate health care advice and supporting written information to help manage their symptoms.

### Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes

The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to appraisals, one to one, 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
Additional comments:	

# Caring

Interpretation services were available for patients who did not have English as a first language. Yes

Information about support groups was available on the service website. No

Carers	Narrative
How the service supports carers	There was a carer’s policy for all of the provider’s services. Carers could access the service provided the patient’s own GP had made a record of consent of this on the patient’s clinical record. There was further guidance for staff on how they could gain authority from the carer.

## Privacy and dignity

	Narrative
Arrangements to ensure confidentiality	Clinicians in the Virtual Centre were separated from the administration team by glass partitioned walls to ensure privacy for consultations.



# Responsive

## Responding to and meeting people's needs

Opening Times		
Virtual GP/Pharmacist opening times	<b>Monday</b>	08.00-20.00
	<b>Tuesday</b>	08.00-20.00
	<b>Wednesday</b>	08.00-20.00
	<b>Thursday</b>	08.00-20.00
	<b>Friday</b>	08.00-20.00
	<b>Saturday</b>	08.00-14.00
	<b>Sunday</b>	08.00-14.00
POD		08.30- 17.30 Monday to Friday

Home visits
The service did not carry out home visits. If a home visit was required, the clinician contacted the patient's own GP practice and asked to arrange this.

## Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The provider told us following a complaint an initial letter and complaints form detailing the complaints process were sent to the patient, all complaints were investigated including verbal complaints.	
The medical director for the organisation was the lead for clinical complaints and reviewed all complaints. Complaints were discussed by the senior management team in operational meetings every three months.	
We saw evidence of learning from complaints being shared with staff during POD staff meetings.	

The provider organised for an independent review to be carried out of the Gateway Family Services scheme used by the Virtual Centre and by other GP practices under the provider (Hubs) during October 2015 to September 2016. During this time, 137 patients were supported by Gateway Family Services following referrals made by clinicians at the Virtual Centre and Hub practices. Most referrals (72%) had come from the under 65 population and 80% of patients had been identified as having intensive needs. Of the 137 supported patients, around one third experienced a significant risk reduction due to engagement with the service. The most common elements of support were social in nature and included support with benefits, housing, budgeting, and debt management. Many of the patients had experienced barriers to accessing mainstream services and needed support to help them access these services. There was also a high level of need for mental health support. Patient satisfaction with the scheme was high and patients valued the home visits. The review showed there was evidence of behaviour change, with patients accessing services more appropriately.

The provided gave us data that showed the Physio First programme had significantly reduced patient's waiting time for an appointment from weeks to a few days and patients attended fewer follow up appointments indicating they achieved faster results.

The provider collected patient feedback each year from a sample of patients using the virtual service. We saw from the data provided, in 2016 23 out of 27 patients were happy to have a telephone consultation rather than a face to face appointment. 22 of the 27 patients responded they were satisfied with the outcome of their consultation and 26 out of 27 patients responded they would recommend the telephone service to a family member or friend.

In November 2017, the provider asked 100 patients who had used the POD for their feedback on the service. 100% of patients felt the service had benefited them, they would use it again and they would recommend it.

We saw the provider responded to patient's suggestions appropriately for example, by employing more staff who were able to speak multiple languages.

We also saw the provider had responded to patient feedback that was collected during the independent evaluation in 2016 to improve services for patients. For example, the provider had made leaflets available at all practices with maps and contact details of all of the locations where patients could access services.

In February 2018, the provider created an online survey for all POD pilot practices to complete. The survey was open to all members of the practice and was accessible through a web link. Practices were asked how they could improve the service for them. The provider shared data that showed they had received 34 responses from staff working at eight different GP practices. 80% of those that responded felt the POD service benefited them. 82% felt the POD service had saved them time and 94% would recommend the service to others.

The provided had responded to feedback from practice staff to improve services further, for example they informed us they had employed four additional members of staff for the POD since February 2018. This had resulted in reduced call waiting times for patients. In May 2018 the average queue waiting time was 1 minute and 15 seconds.



# Well-led

## Leadership capacity and capability

### Vision and strategy

Provider Vision and values
The provider's vision was to deliver the highest possible standards of care to patients across Birmingham, in the most appropriate setting for their needs.
The provider's values were teamwork, innovation, mutual respect and a shared commitment to patient-centred care.

### Culture

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

Source	Feedback
Staff survey	<p>During October 2017 the provider carried out a staff survey across all of its services. 33 staff completed the survey in total. This included, 14 responses from staff working at the Virtual Centre.</p> <p>The following results, are responses from staff working at all services, the provider was unable to differentiate which responses came from staff working at the Virtual Centre only:</p> <ul style="list-style-type: none"><li>• 94% of staff were either somewhat or very satisfied working at South Doc Services.</li><li>• 90% would recommend South Doc Services as a good place to work.</li><li>• 90% of staff agreed they were supported to carry out their role.</li></ul>

Examples of changes made by the practice as a result of feedback from staff

Source	Example
Staff survey action plan	We saw evidence of clinical staff receiving feedback following an audit of their records.
Staff survey action plan	The service had implemented lunch and learn sessions to help staff feel part of the organisation

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff consultation	The provider updated their Managing Attendance Policy following staff consultation.

#### Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Policies and risk assessments observed during the inspection	We saw the provider had reviewed their Cultural and Religious policy in October 2017. This included the needs of staff including public holidays, staff uniform and dress for religion. The provider had reviewed their Managing absence policy following staff consultation. We also saw health and safety risk assessments for staff.

#### Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Action plan	The provider had produced an action plan in January 2017 to review its HR processes to ensure they were collecting appropriate information on protected characteristics during the recruitment process and for existing staff.
Policy	The provider had policies for equal opportunities and equality and diversity.

#### Examples of actions to improve quality in past 2 years

Area	Impact
Audit of inappropriate referrals	In January and February 2018 the manager for the virtual service collected data to see how many referrals were rejected and the reason given. By doing this they were able to identify recurrent reasons for inappropriate referrals and provide practices with more guidance on what counted as an appropriate referral and in turn reduce the number of inappropriate referrals they were taking into the service.
Operational meetings	We saw there was a standing agenda for operational meetings that included compliments, complaints, significant event analysis, outside talks, and feedback from clinician's audits

#### Examples of service developments implemented in past 2 years

Development area	Impact
A POD pilot was started in October 2017 to provide patients belonging to 10 GP practices with a dedicated phone line they could access to discuss any medication queries they may have or order repeat medication	We saw there were benefits to patients, GP practices and a reduction in the cost to the NHS. The service had received permission to expand further and continue for another 14 months.

## Engagement with patients, the public, staff and external partners

### Examples of methods of engagement

	Method	Impact
Patients	Arden & GEM CSU evaluation in 2016	This evaluation showed there was high patient satisfaction with the service
	Feedback on the POD service	Showed patients generally felt positively about the service. Patients commented the service had reduced waiting times and medication wastage.
	Feedback directly through the App	Patients were able to leave feedback about the different services that were available through the App. This allowed the provider to assess how patients were responding to each function of the App.
Staff	Newsletter emailed to all staff	Staff were kept informed of recent events and achievements.
	Staff survey	The provider sought feedback from staff through the staff survey.
External partners	Survey on GP practices 2018	40% of practices returned the survey. 90% of practices would recommend the virtual GP and pharmacist to their patients 90% believed that the services provided by the virtual service reduced demand on GPs
Pilot GP POD practices	Survey :October 2017 to January 2018	Practices included in the POD pilot were given a data collection sheet to calculate how much time was spent processing repeat prescriptions on a daily basis. This audit was completed by the practice staff before the POD was operational; this was then repeated two months later. The survey found that the POD had reduced the amount of time practice staff spent processing prescriptions by more than 50%.

### Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
MyHealthcare Patient App (a computer program designed to run on a mobile device)	Using the App, patients were able to access appointments, their medical record, medication management, and self-help guides that switched on according to the patient's diagnosis. The App encouraged patients to engage in their own healthcare and gave access to long term condition management advice and life style management advice. The App could be translated into 22 languages. The App was secure and had a two-step verification and encryption process. The provider informed us the App would be registered with The Medicines and Healthcare Products Regulatory Agency (MHRA) as a medical device. At the time of inspection, the App was available to

	<p>patients in over 30 GP practices and the provider planned to make it available to all GP practices within the Birmingham and Solihull CCG in May 2018.</p> <p>Patients were able to leave feedback through the App about the App itself and the POD service. Data from the provider showed patients were positive about the App including that 97% of patients were happy with booking an appointment through the App, 96% of patients were happy with ordering medication on the App or through the POD service and 97% of patients were happy with the process for registering on the App</p>
POD	<p>The POD was started as a pilot project in October 2017 with 10 practices. The provider told us the project had received approval to continue for a further 14 months and would include a further five practices. Patients had a dedicated phone line they could access five days a week, nine hours each day to discuss any medication queries they may have or order repeat medication. Since October 2017, the POD service had taken over 30,000 calls that normally would have been taken by the patient's own GP practice. Feedback from patients and practices using the service was positive. The provider gave us data that showed since the inception of the POD scheme there had been significant cost savings on prescribing compared to rising costs for patients not using the POD scheme.</p>
The service was involved in training of Pre-registration pharmacists.	<p>We saw unverified evidence from a pre-registration pharmacist that showed they found their training extremely valuable and had exposed them to learning they may not have received from a more conventional community pharmacy. They were also able to share learning with clinicians for example advising on medication changes following MHRA alerts.</p>

Any additional evidence
N/A