Care Quality Commission

Inspection Evidence Table

The Acocks Green Medical Centre (1-584619226)

Inspection date: 1 August 2018

Date of data download: 12 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
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.	Yes
Policies 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
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers: The practice incident reporting policy was dated 2015 and had not been reviewed. The practice had a significant events protocol which was not practice specific. Members of the management team explained that staff were required to follow the significant event protocol; however, it had not been signed off by a member of the management team delegated to this task.	

Recruitment Systems	Y/N
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 and if relevant to role.	No
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

Explanation of any answers:

Some staff members who handled clinical specimens as part of their role had not received vaccinations such as Hepatitis B or measles, mumps and rubella (MMR) and no risk assessment to mitigate risks had been carried out.

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 09/05/2018	Yes
There was a record of equipment calibration Date of last calibration: 10/12/2017	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes*
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion: June 2016	Yes*
Actions were identified and completed. Fire risk assessment last carried out June 2016. The associated action plan included replacing damaged office chairs, installation of a fire door in the second-floor kitchen, removal of loose wires and a fire evacuation plan to be placed on visitors signing in sheet. We saw that actions had been completed with the exception of loose wires which were visible in a room on the second floor.	
Additional observations: An external contractor who specialises in fire safety carried out annual checks of fire extinguishers and emergency lighting. Monthly checks of smoke alarms were also carried out and the last fire evacuation drill was carried out in July 2018	
Health and safety Premises/security risk assessment? Date of last assessment: 10/10/2016	Yes*
Health and safety risk assessment and actions Date of last assessment: 11.01.2018 & 04.06.2018 Actions include heaters not reaching the temperature desired in clinical rooms – reviewed the requirement of a new boiler. Door in practice difficult to lock, organised a repair; banister in stairs coming away from the stairs, repairs completed. Loop cords in consultant rooms, not picked up in risk assessment.	
Additional comments: Practice security risk assessment included in the 2016 health and safety policy. Identified actions had	

been carried out; however, the risk assessment had not been revisited since 2016.

Staff explained that fixed wire testing had been booked in for August 2018.

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: 02/02/2018 The practice acted on any issues identified Detail: Action plan included repairs to the toilet areas, refurbishment programme for the upgrade of all hand washing basins to ensure they comply with current guidance and replacement of carpets with a hard-wearing vinyl. We saw completion target dates set for December 2018 and the practice were making progress to achieve this. The practice had a contract in place for deep cleaning of carpets.	Yes*
The arrangements for managing waste and clinical specimens kept people safe?	Yes*
Explanation of any answers: We reviewed the practice Control of Substances Hazardous to Health (COSHH) risk assessment carried out in 2016 and saw that only two data sheets had been completed; no risk assessments had been carried out for cleaning products used by the cleaner. Clinical waste was stored in locked bins awaiting collection; however, bins were not located in a secure area and clinical waste awaiting collection was not appropriately labelled.	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes*
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers: The practice did not carry out a risk assessment to mitigate potential risks relating to the absence of some recommended emergency medicines.	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice 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
Explanation of any answers:	

Appropriate and safe use of medicines

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).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.84	0.96	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	6.9%	7.6%	8.9%	Comparable to other practices

Medicines Management	Y/N
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
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	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).	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 systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
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 General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes*
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and	Yes

transported in line with PHE guidance to ensure they remained safe and effective in use.	

Explanation of any answers:

Health care assistants used patient specific directions which were written into patients' consultation notes (PSDs are written instruction, signed by a prescriber for medicines to be administered to a named patient after the prescriber has assessed the patient on an individual basis). However, there was no associated protocol or guidance to accompany the PSDs in order to support health care assistants when administering vaccines.

In the absence of some recommended emergency medicines such as Benzylpenicillin used to treat suspected bacterial meningitis and Dexamethasone used to treat Croup (children) the practice had not carried out a risk assessment to mitigate risks. The practice operated a system for monitoring the stock levels and expiry dates of emergency medicines; however, this had failed to identify one medicine (Benzylpenicillin) that was eight months out of date.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
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	Yes
Number of events recorded in last 12 months.	Five
Number of events that required action	Five

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

Event	Specific action taken
Referral and delay in appointment booking	Audit of referrals undertaken over a two-month period in 2017, practice noted that 36% of patients did not have their appointments booked. As a result, the practice changed the referral process. For example, GPs were trained to carry out their own two weeks wait referrals during consultations so that patients left the practice with an appointment.
Children not registered with a GP since birth possible safeguarding concern	Systems reviewed and staff were required to send out a registration form with all new post-natal letters for parents to complete. There was increased communication with the community midwife who attended the practice. Staff obtained a list of patients from the community midwife regarding babies due in the next four weeks. Pregnant women and new births were discussed during health visitor meetings as well as multi-disciplinary meetings. Information from the registration form was cross referenced with health visitors to ensure all children and new babies were not slipping through the net.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes

Comments on systems in place:

The practice had systems for receiving, disseminating and acting on patient and medicine safety alerts such as alerts received from Medicines and Healthcare Products Regulatory Agency (MHRA). For example, Valproate pregnancy prevention programme material received and discussed at team meeting. Valproate advice booklets placed in clinical rooms and searches carried out to identify women of child bearing age.

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	1.30	0.87	0.90	Comparable to other practices

People with long-term conditions

Diabetes Indicators				
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	66.9%	80.1%	79.5%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	10.1% (32)	11.6%	12.4%	
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	72.4%	77.3%	78.1%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	7.3% (23)	9.5%	9.3%	
Indicator	**Practice performance**	**CCG average**	**England average**	**England comparison**
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	61.2%	80.3%	80.1%	Significant Variation (negative)

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	8.5%	(27)	11.2%	13.3%	

Other long term conditions				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	75.9%	76.9%	76.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	2.4% (8)	6.3%	7.7%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	86.2%	92.1%	90.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	5.1% (5)	10.7%	11.4%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	76.8%	83.4%	83.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	3.4% (20)	4.0%	4.0%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	81.3%	88.0%	88.4%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	5.9% (2)	10.4%	8.2%	

Any additional evidence or comments

To address areas where performance were below local and national averages the practice streamlined the nursing clinics so that nurses were able to concentrate on specific conditions and target patients more effectively. Staff explained that appointments were more organised and structured to enable closer monitoring of patients diagnosed with a long-term condition. Staff told us that that when ordering blood tests cholesterol checks were often missed. To address this GPs received IT training and were now using GP diabetic review templates which reduced the risk of tests being missed. The practice employed a pharmacist who carried out medicine reviews and provided patients with heathy lifestyle advice to better control their diabetes.

As part of the East Birmingham Health Organisation the practice offered additional services to patients. For example, the practice received support every three months from a specialist diabetes nurse who also supported the practice nurses with upskilling and sharing ideas to improve management of patients' health. The practice also provided a virtual clinic where patients who needed extra support with medicine compliance were discussed with a specialist consultant and treatment plans were developed. The practice operated a virtual clinic where patients diagnosed with COPD with high assessment of breathlessness scores or regular secondary care visits were discussed and an action plan to improve management in primary care was developed. The practice established close links with the respiratory nurses from the local secondary care service who shared discharge summaries with the practice.

Clinical audits carried out showed a decline in the management of patients diagnosed with atrial fibrillation. The practice was aware of this and taking action to improve monitoring. For example, clinical staff were advised to ensure risks and benefits were discussed with patients and documented in care records of patients which were not anticoagulated. Patients prescribed aspirin were reviewed and appropriate action taken such as considering anticoagulation.

Families, children and young people

Child Immunisation				
Indicator	**Numerator**	**Denominator**	**Practice %**	**Comparison to WHO target**
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	67	75	89.3%	Below 90% Minimum (variation negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	60	70	85.7%	Below 90% Minimum (variation negative)
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) (01/04/2016 to 31/03/2017) (NHS England)	60	70	85.7%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	59	70	84.3%	Below 90% Minimum (variation negative)

Any additional evidence or comments

To increase the uptake of childhood immunisations the practice was involved in a pilot with Public Health England. For example, staff explained that the practice identified data recording issues as well as issues with the clinical systems used by various health care services not communicating well together. An action plan was developed in collaboration with Public Health which involved staff following a set script when contacting parents. The practice proactively identified patients such as out of country residents and upon registration parents were required to provide information regarding child's immunisation status. The practice also provided a monthly immunisation day which enabled nurses to work through the practice waiting list and enable access for patients who found it difficult to obtain an appointment due to slots allocated by child health being all filled. Unverified data provided by the practice showed that the practice achieved 90% target of childhood immunisations and 90% of pre-school boosters given during a three-month period which ended March 2018.

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and	52.3%	68.9%	72.1%	Significant Variation (negative)

within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) **(PHE)**	60.6%	65.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)**(PHE)**	38.4%	44.6%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. **(PHE)**	85.7%	76.4%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	16.7%	50.7%	51.6%	Comparable to other practices

Any additional evidence or comments

To improve the uptake of national screening the practice reviewed audits carried out by the cytology team of samples taken, followed systems to identify eligible patients as well as following up of patients who failed to attend.

Audits carried showed sample takers high inadequate rates (the rate of patients who have been required to have a repeat test because the first one could not be read properly) and placed staff on further training. The practice provided data which showed that sample takers inadequate rate had reduced from 10% to 4% in the last two years. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Staff explained that the practice carried out cervical screening days and identified women were invited in for screening. There were posters in the waiting room advertising the screening service and screening were also carried out opportunistically.

The practice was taking action to improve the uptake of breast and bowel cancer screenings. For example, the screening service attended the practices patient participation group meeting to deliver a presentation promoting the benefits of screening. Staff explained that there were also plans to play the presentation on monitors in the patient waiting area to raise patent awareness.

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.9%	91.9%	90.3%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	5.4% (4)	9.7%	12.5%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.2%	91.9%	90.7%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	6.8% (5)	7.7%	10.3%	
Indicator	**Practice**	**CCG average**	**England average**	**England comparison**
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	83.3%	85.2%	83.7%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	3.2% (1)	6.2%	6.8%	

Any additional evidence or comments

The practice had 49 patients with a learning disability; unverified data provided by the practice showed 13 annual health checks had been carried out in the last 12 months. The practice had allocated staff members who monitored the uptake of health checks and patients were contacted by letter and phone inviting them to attend for their annual health check.

Monitoring care and treatment

Indicator	Practice	CCG average	England average

Overall QOF score (out of maximum 559)	528	544	539
Overall QOF exception reporting	5.8%	6.1%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.3%	95.7%	95.3%	Comparable to other practices
QOF Exceptions	**Practice Exception rate (number of exceptions)**	**CCG Exception rate**	**England Exception rate**	
	1.3% (12)	0.6%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
The practice monitored the process for seeking consent appropriately by reviewing care records and staff had received training to ensure they understood the requirements of legislation and guidance when considering consent and decision making.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	39
Number of CQC comments received which were positive about the service	32
Number of comments cards received which were mixed about the service	Seven
Number of CQC comments received which were negative about the service	Nil

Examples of feedback received:

Source	Feedback
CQC comments cards	As part of our inspection, we asked for CQC comment cards to be completed by patients prior to our inspection. Completed comment cards showed that patients felt staff were very supportive, helpful and took their time to listen to patients concerns.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,943	385	101	26.23%	2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	74.1%	75.5%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	85.2%	88.2%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	97.1%	95.3%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	83.2%	85.1%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	88.2%	90.1%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	84.5%	89.0%	90.7%	Comparable to other practices
Any additional evidence or comments				

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

Date of exercise	Summary of results
05/03/2018 to 29/03/2018	The practice carried out a survey in response to feedback received regarding patients experience of non-clinical staff. The survey focused on patients experience of reception staff. Overall the practice received positive feedback regarding the reception team and the information they provided to patients was clear and understandable. Overall 97% of patients who completed the survey were satisfied with their interaction with receptionists.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC Comment cards	Patients felt they were listened too and clinical staff involved them in their care and treatment. Patients felt that staff related information in a clear and understandable manner.

National GP 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 saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	88.3%	86.3%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	81.4%	81.5%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	89.1%	88.6%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	85.7%	84.7%	85.4%	Comparable to other practices
Any additional evidence or comments				

Question	Y/N
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 easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as carers (1% of the practice list).
How the practice supports carers	Information leaflets and posters regarding support services were available in the reception area. Staff explained that the carers lead provided carers with advice; carers were offered flu vaccinations, stress level reviews and carers who were not registered patients were able to register at the practice as a temporary patient in order to access general health care services. Patients and their carers were invited to a specific dementia and Alzheimer's support session held at the practice. Staff explained that five people had attended the session and all five were referred to a community support service who provides support and advice to carers of dementia patients. Following this session patients had access to a monthly drop-in session held at the practice. We spoke with a community Dementia co-ordinator who explained that between six to eight carers would attended the monthly drop in sessions. These sessions enabled carers to receive one to one support to discuss their concerns; support with accessing social services and address issues relating to isolation. Carers also received emotional support and home visits were arranged if required.
How the practice supports recently bereaved patients	If families had suffered bereavement, their usual GP contacted them and they were invited in to speak with the GPs or sent a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had bereavement packs which included information and details of support services available for the family. Carers of patients with dementia also received ongoing support from dementia coordinators for an additional 12 months following the death of a loved one.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
Privacy and dignity	Staff recognised the importance of people's dignity and respect.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
CQC comment cards	Completed comment cards showed that patients felt staff were caring and patients felt they were able to discuss sensitive matters in private.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	**Time**
Monday	09.00 - 18.00
Tuesday	09.00 - 18.00
Wednesday	07.00 – 18.00
Thursday	09.00 - 18.00
Friday	09.00 - 18.00

Appointments available	
	GP consulting hours are available from 9am to 1pm and 2pm to 6pm Mondays to Fridays, except Wednesdays when GP consulting hours are available from 7am to 8.10am, 9am to 1pm and 2pm to 6pm; Thursdays consulting hours are available from 9am to 1pm on the last Thursday of every month. The practice has opted out of providing cover to patients in their out of hours period and the last Thursday of every month when the practice is closed from 1pm. During this time as well as between 8am and 9am Monday to Fridays, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.
Extended hours opening	
	Extended opening hours are from 7am to 8.10am on Wednesdays.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
To assess whether a home visit was clinically necessary and the urgency of the need for medical attention patients who requested a home visit would be placed on a home visit request list, which GPs worked though collectively. Staff explained that GPs would call the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for	

a GP home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits. Staff we spoke with explained how they navigated patient's appointments effectively.

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4,943	385	101	26.23%	2%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. **(01/01/2017 to 31/03/2017)**	79.6%	77.2%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" **(01/01/2017 to 31/03/2017)**	52.9%	62.1%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment **(01/01/2017 to 31/03/2017)**	59.5%	68.7%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment **(01/01/2017 to 31/03/2017)**	57.0%	67.4%	72.7%	Comparable to other practices

Any additional evidence or comments

The practice was aware of the national GP survey results and were taking access to further improve patients' satisfaction regarding access. For example, the practice recruited a clinical pharmacist, the practice increased the number of patients registered for online services and increased the number of appointments available by online access. The practice also reviewed appointment duration as the use of more templates within consultations was identified as one of the reasons why appointments were running late. Staff explained that the practice changed the telephone access times from 9am to 8am to accommodate patients who were finding it difficult to get through to the practice by phone. August 2018 data published following our inspection, shows patients satisfaction was closer to local and national averages. For example, 61% of patients were satisfied with the general practice appointment times, compared to CCG average of 63% and national average of 66%. The survey also showed that 49% of patients usually get to see or speak to their preferred GP, compared to CCG average of 46% and national average of 50%.

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Feedback received over the last 12 months was mainly positive about the care provided by the clinical team and engagement with non-clinical staff. For example, anonymised comments showed that patients felt staff were friendly, kind, professional and helpful. Patients were complimentary of the nursing team and felt empowered following appointments. Some less positive comments related to patients feeling staffing levels did not meet patient demands, clinical staff running late and appointments were not always accessible.
CQC comment cards	Completed CQC comment cards showed patients were mainly satisfied with the level of access and their overall experience of the practice. Patients had also seen an improvement within the practice over the last 12 months.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	Seven
Number of complaints we examined	Three
Number of complaints we examined that were satisfactorily handled in a timely way	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

Example of how quality has improved in response to complaints
To improve quality of the service as a result of complaints, the practice implemented monthly searches to identify patients who required their immunisations. Identified patients were contacted and booked in for an appointment. Staff explained that during periods where nurse availability was limited the practice held a cancellation list and locum nurses were brought in to cover these sessions. The practice also ensured that locums clinical abilities and scope of expertise were discussed at the start of their sessions.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice
Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised inclusive leadership. The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, some members of the management team had completed the level five management diploma for business managers and others were part way through the course.

Vision and strategy

Practice Vision and values
There was a clear vision to provide patients with high quality care. The practice mission statement was to provide the best quality service for patients by working together as a practice and working through effective collaboration with colleagues. All staff were aware of the vision and we saw that this translated into the action of the practice.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care
Staff we spoke with told us they were able to raise concerns and were aware of practice policies to support this process. The practice actively promoted and trained staff in equality and diversity. Working relationships between staff and teams had been established.

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

Source	Feedback
Staff	Most staff we spoke with explained that the team works well together and managers were very approachable. Staff explained that they are able to raise any concerns during practice meetings and staff often have lunch together which provides a positive working environment.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had policies, procedures and activities to support governance arrangements in most areas. However, there were areas where policies had not been reviewed, signed off for use within the practice and protocols to sit with PSDs had not been established.
Other examples	The practice had a programme of quality improvement activities. Clinical audits demonstrated limited quality improvements in some areas. The practice was aware of areas where improvements had not been achieved and were taking action to improve performance. For example, review patients prescribed aspirin and document reasons for patients diagnosed with atrial fibrillation who were not being prescribed recommended medicines.
Other examples	The checking of emergency medicines and vaccination fridges was carried out by non-clinical staff. Staff reported vaccination fridge temperatures when they fell outside the permitted range. However, there was no evidence of clinical oversight to support staff to carry out this role effectively and we found out of date emergency medicines.
Other examples	Following an incident where the nursing team found a flu vaccine stored in the childhood immunisation box the practice introduced a process where clinicians were required to return their own vaccines. However, non-clinical staff we spoke with explained that upon request they would collect vaccines from the vaccination fridge and return any unused vaccines.
Track record on safety	There were areas where the practice did not have a good track record on environmental safety issues and some risks had not been mitigated.

	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Environmental risks	The practice had a health and safety risk assessment in place and there

	were areas in place to ensure yearly inspections of fire equipment. However, Control of Substances Hazardous to Health and legionella risks were not managed effectively.
Immunisation of staff	The practice did not ensure all staff received immunisations that are appropriate their role and risk assessments to mitigate potential risks had not been carried out.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice had an active Patient Participation Group (PPG) who met with the practice three times a year. We spoke with members of the PPG who explained that the practice listened and acted on their views. For example, members explained that the practice changed the telephone access times from 9am to 8am to accommodate patients who were finding it difficult to get through to the practice by phone. The PPG members also explained that support for carers and access to community support services had been established and patients found the engagement with dementia carers support service was very positive.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Orlistat (a medicine used to aid weight loss, or to help reduce the risk of regaining weight already lost) audit.	The practice carried out an audit on the management of a medicine used in the treatment of weight loss to establish whether national guidelines were being followed. The first audit as well as the repeat audit showed that not all patients prescribed Orlistat were being monitored effectively. To address this the practice created a weight monitoring template and GPs were reminded to refer patients to weight management in the practice. However, an analysis to demonstrate measure whether improvements had been made had not been carried out.
Atrial fibrillation (an irregular and sometimes fast pulse) audit.	The practice carried out an audit on the management of patients diagnosed with atrial fibrillation. The audit showed a decline in the monitoring of patients. For example, data provided by the practice showed that patients who had an annual review dropped from 92% to 83%. The practice was acting to improve the monitoring of patients. For example, clinical staff were made aware of audit outcomes and reminded of the clinical standards required for effective monitoring.
Failure demand audit	Audits carried out regarding the appropriateness of clinical appointments showed that staff were booking patients with the most appropriate clinician to address their health needs. For example, the first audit showed that out of a total of 224 consultations 81% of patients who attended the practice during February 2017 were booked with the most appropriate clinician and 8% of appointments could have been dealt with by another clinician. The repeat audit carried out July 2018 showed that out of 155 consultations 71% of patients who attended the practice were booked with the most appropriate clinician

	and 20% of appointments could have been dealt with by another clinician. The practice identified that patients often refused to advise the reception team the of reasoning for the appointment when making bookings. Staff were encouraged to continue discussing with patients the reason for requesting details regarding the nature of their visit to ensure they are booked in with the most appropriate clinical to meet their clinical needs.
Did not attend (DNA) report	The practice carried out audits which enabled the management team to manage patients' accessibility of appointments within the practice. An audit showed that patient demand had increased from 301 to 316 appointments between November 2016 and October 2017. Staff explained that this information enabled the practice to ensure that they had sufficient numbers of clinical staff to meat patients demand. Data provided by the practice also showed that the number of patients who did not attend their appointments (DNA) reduced from 11% to 8% over the last 12 months. Staff explained that this was a direct result of more proactive measures being carried out regarding appointment reminders and identification of patients with multiple DNAs.

DO NOT DELETE THE NOTES BELOW

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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: http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices

Glossary of terms used in the data.

- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England
- **QOF**: Quality and Outcomes Framework (see https://qof.digital.nhs.uk/).
- **RCP**: Royal College of Physicians.
- **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.(See NHS Choices for more details).