

Care Quality Commission

Inspection Evidence Table

GPS Healthcare

Tanworth Lane (1-2579975434) 5 December 2018

Knowle Surgery 11 December 2018

Village Surgery 11 December 2018

Yew Tree Surgery 12 December 2018

Park Surgery 12 December 2018

Inspection dates: 5, 11 and 12 December 2018

Date of data download: 10 December 2018

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Unless stated otherwise, the findings in this evidence table apply to all the sites we visited as part of the inspection.

Safe

Rating: Requires Improvement

The practice was rated as requires improvement for providing safe services because:

- Although systems and process to promote consistency across the organisation were in place, they were not always applied consistently in practice.
- Some areas such as the management of safety alerts, elements of performance monitoring and the system for monitoring patients on high risk medicines required embedding further.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the provider 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • A case sample was reviewed on the computer system. The use of appropriate icon alerts and coding was evident. We also noted that evidence of discussions with the health visitor had been added to siblings' and parents' notes to ensure clinicians were reliably informed. • Staff we spoke with confirmed they had received training in chaperoning and all had received a DBS check. Records we saw supported this. • Safeguarding policy and processes were accessible to all staff through the GPS intranet. The policies were comprehensive and up-to-date, and included direct links so that referrals could be made to relevant teams. • The lead practice nurse told us that regular multi-disciplinary team meetings were held and that any member of the team could be contacted outside the meetings should they have any queries or concerns. We were told about concerns that had been shared about a patient they considered to be vulnerable which had resulted in support being provided. • The practice nurse told us they had regular contact with the midwife and could contact the health visitor at any time if they had concerns. The reception staff gave an example of when they had identified a patient who had attended the practice and appeared to be vulnerable. They alerted the safeguarding lead who dealt with the concern and made contact with social services. As a result, a support package had been implemented for this patient. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency	Yes

staff and locums).	
Staff vaccination was maintained in line with current Public Health England (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 required medical indemnity insurance had it in place.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Overall recruitment systems and processes were managed centrally by the provider. 	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Yes May 18
There was a record of equipment calibration. Date of last calibration:	Yes May 18
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: Weekly checks in place at all sites	Yes
There was a log of fire drills. Date of last drill: All sites carried out every six months last drill October 2018	Yes
There was a record of fire alarm checks. Date of last check: Weekly checks in place at all sites	Yes
There was a record of fire training for staff. Date of last training: All staff had completed in 2018	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: all sites completed and reviewed monthly	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Water checks last completed during November 2018. Fire evacuation plan (including maps) seen. Detailed fire safety assessments and checks documented. Fire training for staff was managed centrally. Staff completed on line training and received emails when updates or refresher training was due. All training was overseen and monitored by the 	

<p>business manager.</p> <ul style="list-style-type: none"> • There were designated fire marshals at each site, who had all received training. • The fire risk assessment highlighted that hatching needed to be in place to mark the emergency exits at one of the sites and we saw that this had been actioned. • Each practice had a specific practice evacuation template which we saw.
--

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: October 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: October 2018	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We viewed the legionella report which was produced by an external contractor in August 2018. We noted that monthly tests were carried out in-house and recorded in a log book. • We were told that asbestos was present in a locked cupboard at one site which had the appropriate warning notice on the door. An asbestos management report was carried out by an external contractor on 5 December 2016. Recommendations in the report had been adhered to. • We saw examples of risk assessments and relevant training completed for: <ul style="list-style-type: none"> • Manual handling • Computer workstations • Slips, trips and hazards • Accessibility Assessment 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control (IPC).	Yes
Date of last infection prevention and control audit:	01/10/18
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Nursing staff told us there was a standardised approach to IPC across all sites, with nurses taking the lead role. 	

- We saw records to show that quarterly infection control audits were completed, these included documented areas of compliance and non-compliance. There was an action plan for areas of non-compliance including designated actions, owners and proposed completion dates. For example, stocks of single use aprons had been obtained and were stored appropriately away from the risk of infection.
- We saw evidence of room cleanliness and procedure checks and in addition spot checks were carried out on procedures such as handwashing and sharps management. We saw documentation to support this. We also saw a comprehensive range of cleaning schedules which had been completed regularly.
- Staff had received training in infection control and could access updates via online training.
- The nurse was the lead for maintaining the immunisation status of all staff and provided evidence to show that this had been checked.
- All staff received annual infection control training and up to date information was available online.
- Waste management and collection was outsourced to third party. Evidence of contract and weekly collections seen.

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
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	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
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	

- Staff worked across sites which facilitated cover during periods of leave or absence. Staff felt there were sufficient staff in place although additional staff such as HCAs and additional nurse hours would enhance service provision.
- Regular locums were employed as required although clinicians confirmed this was not often.
- Evidence based guidelines were followed in delivering patient care and treatment. There was a range of electronic templates, accessible to staff on their computers, to help ensure staff followed appropriate protocols and pathways during consultations. Examples included diabetes management.
- Protocols were in place for clinical and non-clinical staff to recognise and respond to suspected cases of sepsis.
- Sepsis guidance was available in all clinical rooms and in reception areas for staff, with posters in the waiting room for patients.
- Diagnostic equipment was available and sepsis management was regularly discussed at clinical meetings. Staff completed online training for managing sepsis.
- Reception staff were able to describe the process for clinical emergencies and had received formal training. This included identification of patients by telephone.

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
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
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
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 and additional evidence:	
<ul style="list-style-type: none"> • *Reception staff were sharing ideas across sites with the aim of re-designing and improving the new patient registration form. • Evidence based guidelines were followed in delivering patient care and treatment. There was a 	

range of electronic templates, accessible to staff on their computers, to help ensure staff followed appropriate protocols and pathways during consultations. Examples included diabetes management.

- There was a system in place to review all female patients of child bearing age who were taking valproate. A briefing document showed the action to be taken for all patients affected which included taking highly effective contraception. An audit had been conducted which identified one patient who was potentially at risk. Arrangements were made to discuss medicine and effective contraception with the patient. Warning prompts were applied to records of all patients identified at risk.
- The nursing team advised appointment schedules on appointment cards for patients needing follow up appointments, so patients knew when to arrange these with the surgery. Patients were also sent text reminders. For example, a three monthly follow up appointment for the contraceptive injection.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation, however some processes need to be embedded.

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) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.72	0.90	0.94	No statistical variation
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). (01/10/2017 to 30/09/2018) (NHSBSA)	6.0%	7.6%	8.7%	No statistical variation

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 in place to administer medicines (including Patient Group Directions or Patient Specific Directions(PGD/PSD)).	Yes
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.	n/a

Medicines management	Y/N/Partial
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	*Partial
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 in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
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 in place 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
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems were in place 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"> Handwritten prescription pads were kept in locked cabinets at each site. There was a procedure for checking prescriptions in and out when GPs took them out on home visits. There was a system for recording prescriptions stored in printers. These were removed from the printers overnight and stored in a locked cupboard. A suitable patient group directions (PGD) system was available across all sites. A list of all current PGDs showed what was available and included expiry dates. For example, immunisations network included vaccinations for children, flu, pregnancy and travel. We reviewed two of the PGDs (Men.B and PCV risk group). All had been signed and approved by the clinical manager. *We found that some patients had not received timely reviews of medicines and guidelines had not been adhered to. Immediately following the inspection, the practice reviewed all patients on high risk medicines and contacted them where appropriate. We were satisfied that no patients were at placed at risk of harm and the provider sent action plans and new processes which were ratified by the Board in the week following the inspection. 	

Medicines management	Y/N/Partial
-----------------------------	--------------------

- There was a prescribing lead at each site.
- The medicine management policy provided comprehensive guidance for all clinicians which included processes to follow in the event of medicine administration errors and requests for repeat medicines.
- Antimicrobial stewardship was evident with easy access for all clinicians to the appropriate guidance to follow when prescribing antibiotic medicines.
- Antimicrobial prescribing audits had been carried out. Results for the February 2018 audit showed: Three prescriptions had related to UTIs. Examples of learning established that symptoms and discussion options were to be fully recorded on patients notes and that the appropriate information leaflet was given to patients so they could better understand their diagnosis.
- A urinary tract infection (UTI) audit for patients in care home had been carried out to determine antibiotic prescribing for suspected UTIs: as a result of the findings of the audit a flow chart was produced to make changes to the management of patients in care homes. The aim of the flow chart was to guide staff on appropriate action to reduce the reliance on dip sticks for diagnosis and reduce the use of antibiotics. A re-audit was due to be carried out within 12 months to evaluate the success of the changes.
- The practice had a complete handbook of operating procedures regarding issues such as infection control, emergency medicines and cleaning procedures which they showed us during our inspection. They were available to all staff through the GPS intranet. The nurse we spoke with reported that this was a useful guide in ensuring that all staff were aware of what needed done and at what intervals. It contained information on, for example, medicines that could be kept at all sites, the emergency medicines that were to be available and instructions regarding what to do in the event of a breach in the cold chain. Emergency medicines (in individual response packs) were kept in a grab bag in an accessible location within each site. Guidance was available for staff to follow and regular checks on emergency stocks were made. Following a review of emergency procedures all bags and contents were identical for each site.
- We checked fridge temperature recording and monitoring of stocks and found these were effectively managed at each site.
- The medicine management policy provided comprehensive guidance for all clinicians which included processes to follow in the event of medicine administration errors and requests for repeat medicines.

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:	17
Number of events that required action:	17
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Nursing and reception staff reported that they completed significant event forms when they happened and alerted the site manager who would initiate an investigation. They confirmed that the outcome and learning from the investigation was shared at the GPS staff meetings. • Staff provided verbal examples of recent incident reporting and associated processes. This included discussion and learning. • Quarterly analysis of all significant events was carried out to monitor, review and update appropriately. Information and learning was not always shared with all sites within the organisation. • We saw examples of how incidents had been responded to and any changes to practice that had been made. For example, a patient had collapsed at one of the sites. As a result, role play training was introduced to enable staff to feel more confident when dealing with emergency situations. Guidance was developed and rolled out across all sites. A de-briefing session was held after each exercise to establish further learning. 	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Cervical screening test taken one day early.	Immediate change. Re-issued instructions to nurses to check actual date test due.
Failure by registrar to follow up on actions and keep patient informed.	Ensure patients' records are completed at time of conversation or consultation. Dr to make notes for self to ensure follow up of actions promised.
October 2018. Incorrect prescription given to patient	Review of processes and reminders to staff on correct procedures to follow.
Delayed visit by GP to confirm death of a patient	GPs reminded of standard protocols to follow in clinical meetings. Learning was discussed with the clinical team and with other sites within GPS.
Threat of physical violence towards staff	As a direct result of an SEA regarding threats of physical violence made by a patient against a GP, the practice was in the process of reviewing the GPS Zero Tolerance Policy.
Data breach regarding prescription collection	Receptionists were reminded to check name, DOB, address. Letter of apology sent to patient. Meeting minutes seen.
Pharmacy Error	Pharmacist dispensed the wrong medicine. Patient had the medicine for two weeks. This was discussed at the practice

	meeting. Made staff aware that this can happen again.
Patient attended the practice with chest pain.	No-one could log on to ECG machines. The nurse had problems logging in. It is not used as a diagnosis tool. Doctors saw the patient and called 999. the patient was not having a heart attack. This incident was discussed at the practice meeting. The engineers attended to check equipment. All the nurses were now able to log into the equipment to get an ECG done.
Incorrect vaccine	The nurse had administered an incorrect vaccine. Incorrect information had been received from family and the child's red book was not available. As a result of that no harm was done. Learning shared for nurses to double check on the system to see what a patient had received previously. A full explanation was given to the parent and there was no harm to the child. The lessons learned to review all medical history before the consultation.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	*Partial
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We found that not all alerts had been received and or actioned. We informed the practice and they immediately investigated and found that there had been an error in the setup of the online alert account. This was corrected and all alerts had been reviewed back to 2008 following the inspection findings to ensure that nothing had been missed and that patients had not been put at risk. All relevant alerts were actioned immediately following the inspection. The practice sent an action plan to demonstrate that all alerts had been checked for appropriateness and action where necessary. This was recorded as a significant event and reported to the board in the week following the inspection. However, alerts that had been received centrally had been disseminated to site managers, who then emailed these to relevant clinical staff to action. Emails were filed to central folder. All alerts were included on meeting agenda and discussed at the next clinical meeting. Recent example included the fire risk associated with plugging in e-cigarettes. The practice nursing team received safety alerts as well as all GPs. There was a lead GP who was responsible for deciding what action should be taken and ensured the appropriate staff were notified. They gave examples of alerts they had actioned. For example, they had contacted patients to attend for blood tests following an alert regarding blood testing strips. These were discussed at the weekly clinical meetings. 	

Effective

Rating: Good

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
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place 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
<ul style="list-style-type: none"> The practice nurses at each site accessed evidence based guidance on practice computers. They had links on their computers to guidance such as National Institute for Health and Care Excellence (NICE) and the national immunisation guidance. Templates were followed which contained links to appropriate services to share information appropriately. Further work was needed to develop a reliable system of dissemination for NICE guidance. For example, adding to weekly meetings agendas. 	

Prescribing	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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.48	0.81	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. These patients were subsequently discussed at clinical meetings. The practice used the Randomised Evaluation of shared Prescribing for Elderly People in the Community over Time, ReSPECT approach. The practice participated in the Older Persons Assessment Liaison (OPAL) pathway which had been trialled locally in 2018. Linked in with this was the development of a virtual clinic for older

people provided by a GPS clinician in conjunction with the local hospital. Clinicians across the sites could raise cases for increased scrutiny and gain advice online from the hospital geriatrician.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. Patients with dementia on the frailty or learning disability register were included.

People with long-term conditions Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. Single appointments to cover a number of conditions were provided so that holistic reviews of patients' health could be conducted.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, the practice nurse had undertaken a diploma in Asthma and was working towards a diploma in chronic obstructive pulmonary disease (COPD).
- The practice nurses told us they carried out home visits on patients with long term conditions who were housebound and carried out blood test and their annual review in the home.
- For patients with the most complex needs, the GPs worked with other health and care professionals to deliver a coordinated package of care.
- 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 atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.4%	80.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	13.0% (299)	12.4%	13.2%	N/A
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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.7%	77.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.8% (250)	10.4%	9.8%	N/A

	Practice	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 (01/04/2017 to 31/03/2018) (QOF)	83.0%	81.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.4% (355)	11.6%	13.5%	N/A

Other long-term conditions	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, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	80.3%	76.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	9.9% (235)	6.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.9%	91.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	16.2% (120)	11.2%	11.5%	N/A

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 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	86.7%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	8.1% (518)	4.5%	4.2%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	89.3%	88.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (51)	8.1%	6.7%	N/A

Any additional evidence or comments

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. The practice nurses reported that they took the opportunity to ensure immunisations were up to date when dealing with patients who attend for other reason such as post-natal checks or cervical screening. They told us they worked to ensure that every consultation counted using the opportunity to promote all interventions relevant to each patient.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance. The nurse told us the midwife attended the practice weekly and they liaised with them regarding any issues relating to patients during their pregnancy specifically immunisation.
- The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation. They contacted patients directly and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception. Patients could make appointments at one of the sites where a specific clinic was held with a GP with additional training in this area. We noted there were also posters in the waiting area advertising local sexual health services for young people.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	379	395	95.9%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	420	447	94.0%	Met 90% minimum (no variation)
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) (01/04/2017 to 31/03/2018) (NHS England)	418	447	93.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	417	447	93.3%	Met 90% minimum (no variation)

Any additional evidence or comments

The practice was proactive in promoting immunisation using opportunities such as post-natal checks and cervical screening to remind parents of overdue immunisations.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- 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.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the practice sites.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Appointments were available outside normal hours via the extended hours hub based in one of the branch sites for patients unable to attend due to being at work.

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) (01/04/2016 to 31/03/2017) (Public Health England)	75.5%	68.6%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	74.8%	64.8%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	62.1%	44.3%	54.6%	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)	74.4%	76.5%	71.3%	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)	53.9%	50.1%	51.6%	No statistical variation

Any additional evidence or comments

- We reviewed the data for cervical screening as this was 76%, which although above local and

national averages, was below the 80% coverage target for the national screening programme. The practice followed up patients who had not attended for screening and offered another appointment. They had systems to ensure they had received a result for all screening tests and subsequent treatment.

- The practice nurses, who were supported by a GP and a nurse with specialist interest in women's health, were proactive in promoting cervical screening and other health interventions.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule, such as flu and shingles.
- The practice demonstrated that they had a system to identify people who misused substances. There was a lead GP with a specialist interest in substance misuse.
- The practice had worked with travellers and had approximately 60 patients registered from this community. Staff conducted home visits to a local traveller site twice a week.
- The practice worked with refugee families including sharing information and meeting with other agencies.
- The practice recognised that transgender patients required specific monitoring and set the national day, in November, as the review date for all patients in this group.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. All staff had received dementia training in the last 12 months.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- A member of the non-clinical team had undertaken external training to become a mental health first aid trainer to support patients and also staff as part of the GPS wellbeing strategy. Internal training had been completed for an additional four members of staff with more planned for the future. The provider had engaged with the University of Warwick and the West Midlands Combined Authority to provide evidence to support wellbeing programmes for staff in the workplace.

Mental Health Indicators	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 (01/04/2017 to 31/03/2018) (QOF)	93.0%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	9.0% (17)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.9%	93.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.5% (16)	7.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.6%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.3% (22)	6.0%	6.6%	N/A

Any additional evidence or comments

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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	-	537.5
Overall QOF exception reporting (all domains)	5.5%	6.1%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

<p>Audits had been completed across all GPS sites on the Pneumovax status of patients with sickle cell anaemia (SCA) and splenectomy. The first audit found that 10 of 16 patients with splenectomy had received a booster within the past 5 years (62.5%). Out of three patients with SCA only one was up to date with their immunisation (33%). The re-audit found some improvement with 87.5% achieved for patients who had a splenectomy and 66% for patients with SLA. Although improvements had been made the practice still needed to ensure that learning was shared with all sites. The practice also needed to develop a more structured process for deciding on audits (e.g. central approval), collating data (e.g. use trainees) discussing findings (e.g. add to meeting's agenda) and sharing across all sites.</p> <p>Urinary tract infection (UTI) audits had been carried out across all six sites in November 2017 and February 2018 to review appropriate antibiotic prescribing. The re-audit had seen a 30% reduction in antibiotic prescribing.</p>
--

Any additional evidence or comments
<p>During our inspections of the sites where the provider delivered services we identified issues in the way the provider analysed some of its QoF data and with the system used to recall patients for review.</p> <p>The provider took immediate action during our inspection to address all these areas of potential concern across its sites, including ratification of decisions at an appropriate level and was also able to interrogate its systems to provide assurance that no patients had been put at risk as a result.</p>

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. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	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. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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.	n/a
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff confirmed their immunisation status. They confirmed they had received an appraisal in the last 12 months which had helped to establish their learning and development needs. They also told us that they were able to discuss any development needs at any time. For example, a member of reception team was training to be a medical secretary which was funded by the practice. • The nurse we spoke with confirmed they had received their immunisation update this year and had undertaken their three-yearly cervical screening update which was due for renewal in 2019. They also confirmed that the lead for the organisation in cervical screening contacted them to discuss inadequate test rates in line with best practice. • Nursing and reception staff told us they had had a mid-year and an annual appraisal in the last 12 months and had found this a useful process and had an opportunity to identify learning and development needs. They also told us that they were able to discuss any development needs at any time. We saw documentation to confirm this. • The practice had developed a New Employee Probation Pack which was comprehensive. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
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	Yes

services.	
-----------	--

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
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, tackling obesity.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Patients were encouraged to attend for regular monitoring of their health conditions. Patients were signposted to other agencies for support and were engaged in social prescribing such as health trainers and Solihull Active, which is a local initiative which aims to promote participation in sport and physical activity. • The practice nurses told us they were proactive and encouraged patients to attend for regular monitoring of their health problems. They gave examples of initiative they referred or signposted patients to, such as health trainers who supported patients with lifestyle changes as well as social prescribing services. • Examples of social prescribing included health training, lowering cholesterol and heart disease and contraception. • Clinical staff had access to links to information on their computer system which they could print off during consultations so patients had information to help them understand how to manage their health and medicines. 	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QoF)	94.8%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (55)	0.6%	0.8%	N/A

Any additional evidence or comments

--

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
The practice monitored the process for seeking consent appropriately.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Clinical staff recorded patient consent on the patients’ computer records, such as for cervical screening. One of the lead practice nurses showed us that a reminder prompt appeared on screen which restricted moving forward until consent has been obtained for the procedure to continue. Examples where consent had been obtained was seen. The practice nurses recorded patient consent on the patients’ computer records, such as for cervical screening. Online training for mental capacity and consent was completed by clinical staff. Consent forms were used for procedures where consent was required. Gillick and Fraser guidelines were used. 	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care,	Yes

treatment or condition.	
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We saw that patients were treated with respect during the inspection. Staff were pleasant, helpful and courteous. There was an accessibility standard operating procedure which guided staff on understanding and respecting the personal, cultural, social and religious needs of patients. This included training on 'making every contact count'. Staff training included customer service and conflict resolution to provide staff with the tools to help them. We observed that staff treated patients with respect and kindness during our inspection. All staff used a torch icon on the clinical system to identify patients who may need assistance. 	

CQC comments cards	
Total comments cards received.	45
Number of CQC comments received which were positive about the service.	33
Number of comments cards received which were mixed about the service.	*6
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient interviews	Positive feedback relating to practice. Professional staff and can always get an appointment.
Comment cards	All comment cards were positive regarding the service received from GPs, nurses and reception staff but *three patients commented on difficulty in accessing appointments. Patients mentioned GPs by name highlighting how their kindness and caring nature had been helpful when they were experiencing significant health difficulties. The practice had provided training for all staff regarding domestic abuse in order to raise awareness and ensure patients were identified and signposted appropriately.
One comment card	*Patient positive about the service although felt that some reception staff were disinterested.
One comment card	*Patient positive about the service although experienced some difficulty in accessing appointments.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
40241	242	113	46.7%	0.28%

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 (01/01/2018 to 31/03/2018)	82.4%	87.7%	89.0%	No statistical variation
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 (01/01/2018 to 31/03/2018)	81.2%	85.9%	87.4%	No statistical variation
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 (01/01/2018 to 31/03/2018)	88.3%	95.4%	95.6%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	74.2%	81.0%	83.8%	No statistical variation

Any additional evidence or comments

The provider recognised the low results data for patients who had confidence and trust in the healthcare professional they saw or spoke to and were reviewing patient comments to identify how to improve these results.

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

Any additional evidence

- Suggestion boxes were in all waiting areas with feedback forms for patients to leave their comments.
- Friends and family test: Comments from the completed cards were analysed and an action plan was produced. For example, for the period July to September 2018 82% of patients were either likely or extremely likely to recommend the service to their friends and family.
- Comments were reviewed and summarised in a 'You said...We have done' newsletter which was displayed in the surgery waiting room for patients to view.

- Actions taken in response to some of the comments included; in house training with reception staff had been completed in response to patients who found reception staff rude.

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"> • Patients were given advice and information during consultations to help them manage their health and conditions. Staff accessed information on the computer which they printed for patients. This assured that patients had the most up to date information. • The practice nurses told us they were pro-active in providing holistic care and ensured that each consultation they reinforced patients understanding of their condition and the need to attend for follow up reviews and regular screening where necessary. • Patients at registration were encouraged to inform staff about their carer responsibilities. Information on support for carers was available on the notice board in the surgery waiting room. Solihull carers network provided scheduled in-house support sessions for carers at individual branches. 	

Source	Feedback
Interviews with patients.	Comments from patients we spoke with included that they always felt consulted with and involved in their care and that staff were friendly and respectful.

National GP 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	91.9%	92.8%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)				

Any additional evidence or comments

	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:	
<ul style="list-style-type: none"> In the waiting areas of all sites there was a significant amount of information for patients regarding support from a variety of organisations. For example, the Carers Trust, cancer and dementia support groups and bereavement services. We noted a folder in the waiting area of each site containing comprehensive information regarding a whole range of support information and local services for patients experiencing a variety of conditions. 	

Carers	Narrative
Percentage and number of carers identified.	636 carers had been identified, equivalent to 1.6% of the whole patient population of GPS.
How the practice supported carers.	The practice was actively looking for carers – during flu injections, during reviews and health checks. They referred carers to local group Solihull Carers who provided regular sessions at all sites where support and advice was offered. Carers were also signposted to the on-line Solihull My Life Portal.
How the practice supported recently bereaved patients.	Cards were sent to next of kin following a bereavement and if required an appointment would be offered

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
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
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff had received training on how to recognise and deal with distressed patients. • Rooms away from the main reception were available for patients if additional privacy was required. • At all sites there was sufficient room to allow patients to stand back from the reception area whilst other patients were being attended to. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
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
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Monthly meetings were held to discuss patients at the end of their life and those with complex conditions. • Single appointments were available for patients with multiple long-term conditions so that they could receive holistic care and reviews of their care. • Extra-long appointments were available as required for dementia patients and patients with learning disabilities. Annual reviews usually took 30 minutes. • Patients of no fixed abode were able to register at any site for example those who live on boats on the local canal network. 	

- The practice had introduced a policy to cover the needs of transgender patients to ensure they were treated in the most appropriate way.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6:30
Tuesday	8am – 6:30
Wednesday	8am -6.30
Thursday	8am – 6:30
Friday	8am – 6:30
	Knowle and Village surgeries close from 1pm on Wednesdays however patients could see a GP at any other GPS branch. Extended access appointments were available between 6.30 – 8pm week nights and 10am to 1pm on weekends

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
40241	242	113	46.7%	0.28%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.8%	94.5%	94.8%	No statistical variation

Any additional evidence or comments

Receptionists who field calls had received care navigator training.

Older people

Population group rating: Good

Findings

- All 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.
- Holistic care plans were provided for older patients.
- Rapid response teams were available as required.
- Nursing home support was provided.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one extended appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice had trialled a multi-disciplinary 'one stop shop' pilot for patients living with long term conditions at one of the sites and hoped to extend this to other sites in the future.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, the practice nurse had identified a group of children who did not attend the practice for immunisations and had raised this with the GPs to discuss the feasibility of attending the children at home to provide this service.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Additional nurse appointments were available until 7pm on a Monday for school age children so that they did not need to miss school.
- Eight-week mother and baby checks and immunisations were available as single appointments.
- The practice had set up a young people's support group in conjunction with a local school, being trialled at the Knowle Surgery site with the first meeting to be held in January 2019.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Some sites were open until 8.15pm on a Monday and Friday. The practice was part of a group of local GPs who provided extended appointments from 6:30pm until 8pm at a local site in Knowle Surgery. Pre-bookable appointments were also available to all patients at additional locations

within the area, appointments were also available Saturday and Sunday from 10am until 1pm.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered appointments that could be booked on the day and book in advance appointments, although patients reported having difficulty accessing appointments. The practice was aware of patient difficulties in accessing appointments and told us they were awaiting a new telephone system which may alleviate the problem of telephone access. We noted from discussions with staff that patients could not routinely call the practice and access an appointment to any of the sites without the reception staff calling the other surgery to ensure this was acceptable.
- Pre-bookable appointments were also available to all patients at additional locations within GPS.
- Online services for appointments and medical requests was available.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, refugees, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice had access to an improving access to psychological therapies (IAPT) councillor who held clinics at all sites.
- Dementia friends' days were held at sites.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when necessary.	Yes
Explanation of any answers and additional evidence: Home visits were arranged by telephone and logged on the practice system. Patient summaries were printed off for GPs when visiting.	

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 (01/01/2018 to 31/03/2018)	59.5%	60.2%	70.3%	N/A
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	58.7%	62.5%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	54.6%	63.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	75.7%	69.9%	74.4%	No statistical variation

Any additional evidence or comments

The provider recognised that some of the GP patient survey results were low and as a result of this and comments received through the suggestion boxes in each branch they had put in place a number of changes for example,

- the number of same day appointments had been increased in response to patients who commented they found difficulty accessing appointments.
- the telephone system had been discussed at the PPG meetings and was an ongoing item for improvement.

- The provider had liaised with the CCG to help in identifying an appropriate option to the current telephone system.
- Clarity of appointment availability in response to comments that it was difficult to get appointments. For example, two, three, seven and 14-day pre-bookable appointments were available.

Source	Feedback
For example, NHS Choices	Of the 20 ratings received on NHS Choices the provider received a rating of three stars with specific comments about caring and attentive nursing staff and continued good service over a number of years. Comments did reference difficulties in getting appointments and staff attitude. The provider had responded to the comments and suggested contacting the site to discuss further. We also saw that actions had been taken to address the issues for example, training for reception staff.

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.	14
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	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: <ul style="list-style-type: none"> • Complaints were discussed at site managers' meetings and trends were monitored. • We saw evidence that action from complaints often involved reinforcing processes with staff. • Two complaints had been referred to NHS England one still being reviewed. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
-----------	-----------------------

Clinicians refusal to prescribe.	Following investigation and discussion at clinical meetings the complaint was partially upheld.
Staff attitude.	Complaint was investigated and additional staff training provided to review how staff engaged with patients.
Blood Test Results	Staff inform patients which results have been received at time of call and advise to call again for any results not received. If abnormal results clinician will inform patient. Patients to be advised that results will not be available in paper form.
Flu vaccine delay	Site Manager explained the way the flu vaccine was distributed this year to the patient and acknowledged patients were eligible. The meeting brought up other issues which were discussed and resolved and the patient reported that they were happy with the outcome of the meeting.
Prescription issued by hospital consultant not available on NHS	The secretary explained this medicine is not available on the NHS. The patient felt the secretary was rude to her. All calls are recorded and this part was not upheld. The practice had reflected on this and felt that in future these sorts of cases should be escalated straight to a doctor. NHS England are currently reviewing this complaint.

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 in place, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We saw an example of how the organisation used innovative approaches to address existing problems. This included the increasing integration of the Tanworth Lane and Village Surgery sites, known collectively as the 'Twillage', to meet the needs of a rapidly increasing patient population near the Village surgery site combined with the existing restrictions on the premises. The sites shared a medical team and patients could choose which site they would like to attend. 	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff we spoke with were aware of the vision and the future for the service. • Reception and nursing staff could describe the practice vision and priorities. • Staff spoken with felt they were always involved in the development of the services and their role to achieve this. Communication was seen to be effective with update emails and screen saver updates. 	

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
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff felt they were well supported and able to share any concerns with the site manager or any of the GPs at any time. • There were two speak up champions to give staff every opportunity to raise any concerns • *Although the provider told us a Wellbeing Committee had been in place for over 18 months, some staff we spoke with were unaware of this and expressed disappointment that the 	

committee still had not been established.

- Staff we spoke with told us they felt they could raise concerns at any time with the site manager or GPs and had confidence this would be dealt with appropriately.
- We observed that staff had welcomed a new site manager and taken their ideas on board. They had been without a site manager for a while and welcomed the regular communication.
- We observed a culture which was caring and inclusive. GPS carried out a staff stress survey in 2017 to check on staff wellbeing.
- Staff felt there was a strong team across all six sites. Staff commented that they were caring, the whole ethos of the organisation is that everyone wants to make a difference to the people in the practice population.

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

Source	Feedback
Staff interviews	Comments included that there had been some challenges in the past but very positive at present. Staff we spoke with were always encouraged to expand their knowledge and undertake additional training or qualifications.

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 in place 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"> • We observed good team work at local levels although staff felt they were a long way from being and operating as one organisation. The reception staff and nursing staff had specific additional roles, for example, one member of staff was responsible for recording and monitoring the prescriptions pads and the nurse was responsible for infection control and nurse training. • All staff had access to all policies through the intranet system. Policies were centralised including information governance, standard operating procedures and toolkits, although staff reported that they would normally ask the site manager in the frat instance. 	

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 in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	*Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>*There was evidence of audits at all sites but no consistent approach over all sites.</p> <p>** Whilst there were systems and processes in place we discovered that not all risks associated in managing patients who were prescribed high risk medicines had been mitigated. In addition, the provider had not received all relevant medical safety alerts. Once we had identified this to the provider they took immediate action. They contacted the medical health regulatory authority and had the alert notification corrected and completed all searches relating to alerts. The provider also checked the reviews for all patients on high risk medicines to ensure that all monitoring was up to date and took revised protocols to the executive board to inform them.</p>	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>Explanation of any answers and additional evidence:</p>	

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
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff told us they were involved in the discussions for the development and improvement of services for patients. • Staff we spoke with told us that although the management on the site was inclusive and they kept them informed, they commented that senior level management were sometimes less visible. However, they told us that they received weekly emails from senior level informing them of current issues and changes that may be implemented. • Staff attended quarterly meeting at their own practice as well as meetings where staff from all site attended. • Staff commented on excellent job satisfaction and they felt well supported by GPs and GPS management team who were approachable and open to suggestions • Staff involvement included a Christmas party with all staff invited. Also, staff spoke of having lunch together every day and everyone being made to feel part of the team. 	

Feedback from Patient Participation Group.

Feedback
<p>The practice had local site PPGs, although one had been disbanded prior to the practice merging with GPS. GPS had been proactively working to reinstate this group but in the meantime representative attended representatives other site meetings. There was also an overarching GPS PPG which had representation on the board and at the wider PPG network. Members that we spoke with told us that the practice was responsive to suggestions and included the PPG in discussions about the vision for GPS in the future. The PPG had also been instrumental in securing funding to reintroduce the phlebotomy service.</p>

Any additional evidence

Continuous improvement and innovation

There was 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"> • One of the practice nurses provided examples of where the outcomes of significant events had led to changes in practice. For example, the practice had introduced an alert on the clinical system for patients with specific conditions when staff had not been aware of their medical condition and therefore had not offered an appointment within the correct timescale. • There was a strong focus on continuing learning and improvement. We saw evidence of shared learning across all sites where appropriate. 	

Examples of continuous learning and improvement
<ul style="list-style-type: none"> • A GP with a specialist interest in substance misuse worked to support this group of patients. • There was evidence of support for vulnerable groups for example refugees and providing transcare. Care for each of these patients was discussed at clinical meetings, with the aim of tailoring care to individual need. We saw evidence that all staff were sensitive to issues involved in providing transcare. • Effective relationships had been established and maintained with families forming part of the traveller community who stayed longer in the area. The provider told us this increased childhood immunisations and screening uptake. • One of the practice nurses had been supported by the provider, including cost of course fees, paid time out to undertake study and clinical supervision, in becoming an Advanced Nurse Practitioner and included independent prescribing. As part of their associated dissertation they had developed a career pathway to support future nurse development potential within the organisation. These nurses had undertaken improvement projects as part of their studies.

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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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-practices/gps/how-we-monitor-gp-practices>

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.