

# Care Quality Commission

## Inspection Evidence Table

### Bosworth Medical Centre (1-555718435)

Inspection date: 16 October 2019

Date of data download: 2 October 2019

## Overall rating: Good

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

### 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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: Evidence gathered during our inspection demonstrated that clinicians had access to and followed evidence-based practices and guidelines, this included guidance from National Institute for Clinical Excellence (NICE) and use of NICE Clinical Knowledge Summaries (CKS). Adherence to evidence-based guidelines were also monitored through reviews and audits.	

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) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.43	0.75	0.75	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- 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.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age. Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma and chronic obstructive pulmonary disease (COPD).
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, COPD, atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins and patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately. Patients with COPD were offered rescue packs and patients with asthma were offered an asthma management plan.

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>	74.8%	80.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	4.7% (28)	12.5%	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>	62.5%	77.2%	77.7%	Variation (negative)
Exception rate (number of exceptions).	5.8% (35)	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) <small>(QOF)</small>	77.5%	81.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.2% (49)	11.4%	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) <small>(QOF)</small>	91.9%	76.6%	76.0%	Significant Variation (positive)
Exception rate (number of exceptions).	38.9% (237)	6.3%	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) <small>(QOF)</small>	97.1%	91.4%	89.7%	Variation (positive)
Exception rate (number of exceptions).	20.2% (69)	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	83.0%	83.1%	82.6%	No statistical variation

measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	3.1% (44)	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) <small>(QOF)</small>	99.2%	88.7%	90.0%	Variation (positive)
Exception rate (number of exceptions).	9.8% (13)	8.2%	6.7%	N/A

### Any additional evidence or comments

The practice demonstrated clear awareness of their QOF performance and the clinical team monitored QOF with the support of staff.

We discussed the practices performance for the of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less). Members of the management team explained that this had improved with the recruitment and support of their diabetes specialist nurse who was working closely with the practices GP diabetes lead and the community diabetes team.

Data provided by the practice during our inspection showed that performance in this area had improved from 62.5% for 2017/18 to 80.6% for 2018/19, the data provided during our inspection was unverified however our review of the recently published QOF data for 2018/19 confirmed that this had improved to 80.7%.

During our inspection we also reviewed areas where exception rates were above average, this included for patients with asthma and Chronic Obstructive Pulmonary Disease (COPD). Staff we spoke with explained that some of their patient population did present some challenges in terms of engaging with their reviews, appointments and generally, their health needs. We observed that the practice operated an effective call and recall process and were continuing to explore ways of educating their patients around the importance of attending for their reviews.

When we looked at a sample of cases that had been exception reported , we saw that they had been done so appropriately and that the practice had made multiple attempts through various methods to try to engage their patients. The lead GP and the practices clinical pharmacist monitored patients' medicines on a regular basis and patients were only exception reported where clinical indicators deemed appropriate.

The practice provided unverified exception reporting data for 2018/19 during our inspection, this data showed that exception rates for asthma had reduced from 38.9% to 25% and from 20.2% to 16.5% for patients with COPD, although we noted that these remained above average; the data indicated that the exception rates had reduced. Shortly after our inspection the QOF data for 2018/19 was published, our review of this supported the reduction in exception rates for these areas.

### Families, children and young people

### Population group rating: Good

#### Findings

- Staff had the appropriate skills and training to carry out reviews for this population group.

- 2018/19 NHS England data from the Child Health Information Systems (CHIS) showed that the practices childhood immunisation uptake rates for 2018/19 were below the World Health Organisation (WHO) targets specifically for the percentage of children aged two that had received their booster vaccinations. Unverified and unpublished data provided by the practice during our inspection showed an improvement in booster uptake for the year so far.
- In other areas of childhood immunisations, performance was more positive. For instance, the 2018/19 uptake for primary immunisations was above WHO targets
- The practice contacted the parents or guardians of children due to have childhood immunisations. The practice had also engaged their patient participation group (PPG) who had reached out to local schools to promote the childhood immunisations schedule.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Health visitors were based on-site and therefore the practice were able to easily liaise with them when necessary.
- 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.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	130	141	92.2%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	110	124	88.7%	Below 90% minimum
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) (01/04/2018 to 31/03/2019) (NHS England)	110	124	88.7%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	110	124	88.7%	Below 90% minimum

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

## Any additional evidence or comments

- 2018/19 NHS England data from the Child Health Information Systems (CHIS) showed that the practices childhood immunisation uptake rates for 2018/19 were below the World Health Organisation (WHO) targets, specifically for the percentage of children aged two that had received their Hib/MenC, Pneumococcal and MMR boosters.
- In other areas of childhood immunisations, performance was more positive. For instance, the 2018/19 uptake for primary immunisations (for children aged one) was at 92.2%.
- Staff we spoke with explained that they were working to educate patients and carers with children, with regards to childhood immunisations. This was in efforts to encourage better attendance for booster vaccinations and engagement overall, noting that some cohorts of their population were more challenging in terms of engagement needs or did not wish to engage in the process. The practices patient participation group (PPG) had helped to support this process by reaching out to local schools to display notices about the childhood immunisations.
- We saw that the practice operated a stringent process for managing their childhood immunisations. This included a process whereby any missed immunisation appointments were followed up via telephone call from a nurse or GP, formal correspondence was also sent by the practice as part of this process. Any repeated failed attendances were raised with the health visitor and where necessary, safeguarding concerns were raised.
- During our inspection we could see that the practice were effectively managing missed appointments and engaged well with the health visitors who were also based in the same premises.
- Unverified and unpublished data provided by the practice during our inspection showed an improvement in booster uptake for the year so far. For example, uptake for January/March was at 89.6%, April/June was at 91.85%, July/September was at 92.56% and for the month so far, the practice was at 90%.

**Working age people (including those recently retired and students)**

**Population group rating: Requires Improvement**

## Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 75. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Figures provided by the practice following our inspection showed that 169 health checks were completed for 2018/19 and a further 263 had been completed from April 2019 to date.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Public Health England (PHE) data showed that the practices cervical screening uptake rates for 2017/18 were below target. Unpublished and unverified data from the practices patient record system supported efforts made to improve uptake.



- Cancer screening in other areas was comparable with local averages and performance for reviewing patient diagnosed with cancer was above local and national average.

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) (01/04/2017 to 31/03/2018) (Public Health England)	64.2%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	59.3%	63.8%	72.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	40.1%	44.0%	57.3%	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. (01/04/2017 to 31/03/2018) (PHE)	78.4%	74.2%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	51.2%	52.1%	51.9%	No statistical variation

#### Any additional evidence or comments

- Public Health England (PHE) data showed that the practices cervical screening uptake rate for 2017/18 was below target. On discussion with the practice staff advised that where possible, patients were offered appointments at different times to support uptake. Members of the management team explained that whilst they faced some challenges in encouraging uptake and engagement in areas, the team encouraged uptake opportunistically such as during consultations and through general patient interactions. We saw that there was also promotional material available in the practice.
- Unpublished and unverified data from the practices patient record system showed that for 2018/19 70.2% of their patients aged 25 – 49 and 83.6% of their patients aged 50 – 64 had been invited in for a cervical screening appointment. We also looked at current data which showed that 76.2% of their patients aged 25 – 49 and 87.3% of their patients aged 50 – 64 had been invited in for a cervical screening appointment between March/to date; this was unverified data from the Quality Outcomes Framework. Although the data we reviewed was not comparable with data from PHE, it demonstrated some of the efforts made in the practice to engage their patients in the cervical screening process.
- PHE data showed that bowel and breast cancer screening performance was comparable with local averages. The performance for the percentage of patients with cancer that had received a review

within 6 months of diagnosis was above local and national average. We saw examples of timely two week wait referrals, which included those resulting in treatment during our inspection. Our review of these cases on the patient record system presented no issues with regards to the referral process or the management of these cases.

- There was also evidence of a stringent call and recall system in place for calling patients in for cancer screening appointments and for effectively following up on any missed appointments.

Following our inspection the practice provided evidence of a formal action plan which demonstrated some of the ongoing work in efforts to improve cancer screening uptake.

- Figures provided by the practice highlighted that out of a cohort of 1190 patients, 233 had been screened for bowel cancer and 213 were non-responders. Any non-responders were identified through a weekly search and followed up accordingly.
- The action plan showed that out of 1250 patients, 115 had engaged in screening for breast cancer and 84 had declined. Any declined and non-attenders were also followed up. The action plan noted that the practice letter heads were used to engage patients in breast cancer screening, the practice had also engaged with the breast cancer screening service and the practices public health champion initiated a breast cancer screening campaign to further engage patients.
- In addition, the action plan noted that the campaign also covered cervical screening. This included advertising in the practices patient waiting and reception area, as well as opportunistic invitations encouraged by the nursing team. Patients were also sent informative invitations outlining the importance of screening.

Quarterly cervical screening data (NHS digital figures) provided by the practice following our inspection showed:

- Out of 2,227 eligible patients, 1,427 (64%) had been screened for quarter one
- Out of 2,249 eligible patients, 1,415 (63%) had been screened for quarter two
- Out of 2,249 eligible patients, 1,419 (63%) had been screened for quarter three
- Out of 2,253 eligible patients, 1,468 (65%) had been screened for quarter four

Following our inspection the practice also highlighted that they had coordinated with other local practices in order to offer cervical screening appointments until 8pm on weekday evenings and on weekends. In addition, cervical screening appointments could be accessed at the practice at any available time during surgery times.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

### Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those



whose circumstances may make them vulnerable.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice regularly reviewed vulnerable patients at local residential homes.

**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.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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.
- All staff had received dementia training in the last 12 months. 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.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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) <small>(QOF)</small>	96.8%	93.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	31.9% (29)	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) <small>(QOF)</small>	74.6%	93.4%	90.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	22.0% (20)	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) <small>(QOF)</small>	100.0%	85.9%	83.0%	Significant Variation (positive)

Exception rate (number of exceptions).	31.6% (18)	6.0%	6.6%	N/A
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### Any additional evidence or comments

During our inspection we reviewed areas where exception rates were above average, this included for the recording of alcohol consumption, documenting agreed care plans and face to face reviews of these for patients experiencing poor mental health. Members of the management team highlighted that they had been working to improve this area.

The practice provided unpublished exception reporting data for 2018/19 during our inspection, this data showed that exception rates for the recording of agreed care plans had reduced from 31.9% to 21.28% and from 31.6% to 5.7% for face to face reviews of these. QOF data for 2018/119 was published shortly after our inspection. Our review of this data showed that exception rates for the recording of agreed care plans had reduced from 31.9% to 21.3% and from 31.6% to 6.9% for face to face reviews of these. Whilst we noted that care plan exception rates remained above average, the rates for reviewing them had significantly reduced.

In addition, published QOF data for 2018/19 showed that exception rates for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months; had reduced from 22% to 7.4%.

When we looked in to specific exception reporting cases during our inspection we did not identify any inappropriately excluded patients. We saw the practice followed an appropriate process where for example, patients that repeatedly failed to attend their appointment where excluded; following three (and sometimes more) attempts from the practice.

Staff explained that patients who declined treatment or investigations were excluded, where this occurred the patient consented to this and the practice managed these on a case by case basis to ensure that vulnerable patients were not inappropriately excluded. There was clinical oversight of the practice's exception reporting, this was supported by the GPs.

### 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)	523.9	546.1	537.5
Overall QOF score (as a percentage of maximum)	93.7%	97.7%	96.2%
Overall QOF exception reporting (all domains)	7.2%	6.1%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took	Y

appropriate action.	
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:

The practice provided evidence of improved patient care and outcomes through clinical audits during our inspection. For example, we saw a repeated audit focussing on their prescribing of specific medicines in Diabetes (SGLT2 Inhibitors) which showed an improvement in appropriate prescribing rates and adherence to formulary. Other audits included monitoring of antibiotic prescribing and an audit of patient deaths which included monitoring their palliative care register, preferred place of death details, capturing of main carers, care plans and medicines. We saw that audit findings were shared in practice meetings and also with practices within the locality, audits also resulted in action plans used to help drive improvement.

### 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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
We saw evidence to confirm that appropriate recruitment, induction, training and supervision arrangements were in place at the practice. We saw that staff were up to date with any essential and mandatory training, with access to regular appraisals, one to ones, clinical supervision, and revalidation.	
There was clinical mentorship in place for clinical staff including nurses, the practice paramedic and pharmacist. We saw evidence of formal supervision which included regular reviews of prescribing practice for practice prescribers with peer review and consultation auditing across the clinical team.	

### 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)	Y
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence: During our inspection we saw evidence to support that regular multidisciplinary working took place with inclusion from other health and social care services. We also saw evidence to support that formal safeguarding and palliative care meetings were taking place in the practice.	

## 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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: N/A	

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,	94.0%	96.1%	95.1%	No statistical variation

schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.6% (13)	0.6%	0.8%	N/A

### Consent to care and treatment

**The practice was able to demonstrate that it 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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: Discussions with clinical staff demonstrated that they understood best practice guidance for obtaining consent. Written consent was also obtained for immunisations and minor surgery procedures.	

## Caring

**Rating: Good**

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: N/A	

### CQC comments cards

Total comments cards received.	One
Number of CQC comments received which were positive about the service.	One
Number of comments cards received which were mixed about the service.	Zero
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
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CQC Comment Cards	We received one completed comment card, staff explained that they encouraged completion of the cards and we saw that cards were easily accessible in the patient waiting area.  Comments on the card we received were complimentary about the care provided, specifically with regards to the dementia care provided in practice.
Interviews with patients	Feedback from patients we spoke with during our inspection was positive about staff, care and treatment.

## 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
9175.0	461.0	132.0	28.6%	1.44%

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 (01/01/2019 to 31/03/2019)	73.2%	86.8%	88.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	76.5%	85.5%	87.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	91.0%	94.4%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	52.7%	80.1%	82.9%	Significant Variation (negative)

## Any additional evidence or comments

The results from the national GP patient survey with regards to questions about listening, care and concern and overall experience were below local and national average. These results reflected the period



of January/March 2019 and represented 1.44% of the practices population.

We discussed the results during our inspection with members of the management team. Staff highlighted that patient feedback about actual care and treatment was positive but as some of their patient population presented challenges in terms of expectation and demand, this had a negative impact on their survey results in other areas. Staff expressed that they felt the results stemmed from patients expectations regarding access.

To tackle this the practice was working to educate patients about how the practices systems and processes worked across key areas. Examples included efforts to inform patients on the different appointment types available, as they had identified that their patients were requesting GP appointments for issues that could be dealt with by another clinician such as a nurse.

The practice was based in a deprived area with high levels of unemployment. Public Health England data ranked the levels of deprivation in the area as one out of 10, with 10 being the least and one being the most deprived. During our inspection staff explained that the practice received a high level of sick note requests which also impacting on access so to help with this they implemented sick note slots for the GPs in their daily clinics.

The practice was aware that some patients were uncomfortable with sharing their symptoms with members of the reception team when having to book appointments however in order for appointments to be directed to the most appropriate clinician or healthcare service, the receptionists were requested to ask patients for a short description of their problem. We saw that to help ease patient anxiety with regards to this process the practice was working on educating patients about different appointment types whilst giving assurance around confidentiality, privacy and dignity. Following our inspection the practice clarified that in the event that a patient was uncomfortable with sharing symptoms with reception then arrangements were made for the GP to contact the patient by phone and determine the most appropriate health care professional for the patient to see.

The practice had also implemented a new telephone system which enabled them to monitor phone calls, areas for improvement were addressed through customer care training and through one to ones with members of the reception team. One of the GPs would also complete their triaging duties behind the reception area to offer support to the reception team where needed. Staff we spoke with described a cohesive team and a culture of learning at the service when discussing this.

Overall, we noted that the practice was working through these challenges by making efforts to change the culture of the practice so that patients understood why various processes needed to be followed. Efforts included increased patient information, posters on display and updates on the practice website all of which were also shared with the practices patient participation group (PPG) for support. Although we saw efforts undertaken to improve patient satisfaction there was no evidence provided to determine if these efforts had improved patient experience with regards to actual consultations, care and treatment.

Following our inspection the practice provided evidence of a survey analysis, the survey reflected the period of 4 November to 22 November 2019 and explored further some of the areas covered as part of the national GP patient survey. The practice gave out 400 surveys and received 204 in return; this represented 2% of the practices population. These results were more positive. For example:

- 95% of the respondents felt that the clinician was very good at listening to them during their last appointment.
- 97% felt treated with care and concern during their last appointment with a clinician.

- 96% commented that they had care and confidence in the clinician seen at their last appointment.
- 94% of the respondents described their overall experience of the practice as very good.

The survey also resulted in an action plan. Evidence provided following our inspection showed that actions included customer care training for reception. In-house survey responses showed that 94% of the respondents found the receptions to be helpful.

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

#### Any additional evidence

The practice received 45 responses to their in-house survey carried out during the Spring of 2019. This represented 0.5% of the practices population. We saw that 56% of the respondents described the help provided by reception as excellent, 30% described this as good and 5% described this as fair. Although the practice carried out its own patient survey, we saw that this this focussed mostly on access and did not cover patient experience during consultations.

Following our inspection the practice provided evidence of a more recent survey which focussed on areas for improvement following the publication of the national GP patient survey, this included how the practice cared for patients and also access to services.

#### 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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Explanation of any answers and additional evidence:

We saw that the practice made use of and signposted patients to access support through local supportive schemes.

Source	Feedback
Interviews with patients	Feedback from patients we spoke with during our inspection highlighted that overall, they felt involved in decisions about their care and treatment.

#### 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 wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	79.8%	91.9%	93.4%	Variation (negative)

### Any additional evidence or comments

The results from the national GP patient survey were below local and national average with regards to feedback for involvement in decisions about care and treatment. To tackle this the practice was working to educate patients about how the practices systems and processes worked across key areas. Although we saw efforts undertaken to improve patient satisfaction there was no evidence provided to determine if these efforts had improved patient experience with regards to actual consultations, care and treatment.

Following our inspection the practice provided evidence of a survey analysis, the survey reflected the period of 4 November to 22 November 2019 and explored further some of the areas covered as part of the national GP patient survey. These results were more positive in response to questions about involvement in care and treatment decisions; 81.6% commented that they felt involved and 12.8% commented that they felt involved to some extent.

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

Carers	Narrative
Percentage and number of carers identified.	There were 91 carers on the practices carers register, this represented 1% of their registered patient list.
How the practice supported carers (including young carers).	The practice had appointed a carers liaison receptionist to lead on carers identification and to offer carers with information including how to access further services for support. Carers were provided with supportive resources where needed which included signposting information to support services, they were also offered health checks and flu vaccinations. In addition, the practice had introduced quarterly carers drop-in sessions in conjunction with Solihull Carers, this enabled carers to join a drop-in session to gain further advice and support, as well as engaging with other carers.

How the practice supported recently bereaved patients.	The practice sent condolences and supportive bereavement information to recently bereaved patients on a case by case basis. Bereaved patients were signposted to support services such as Cruse Bereavement Care.
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## 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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Although we observed adequate arrangements in place to manage patients privacy and dignity, some of the feedback we gathered from patients during our inspection highlighted that they weren't always comfortable sharing details about their medical needs when phoning through to reception for appointments.</li> <li>When discussing the appointment system with staff during our inspection they explained that in order for appointments to be directed to the most appropriate clinician or healthcare service, the receptionists were required to ask patients for a short description of their problem.</li> <li>We saw that to help ease patient anxiety with regards to this process, the practice was working on educating patients about different appointment types whilst giving assurance around confidentiality, privacy and dignity; efforts included increased patient information, posters on display and updates on the practice website all of which were also shared with the practices patient participation group (PPG) for support.</li> <li>Feedback from patients during our inspection highlighted that patients felt their privacy and dignity was respected when undergoing examinations and when receiving treatment.</li> </ul>	

## Responsive

## Rating: Requires Improvement

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y

There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	
<p>There was a varied skill mix within the practices clinical team, in addition to other health care services based within the premises shared by the practice which overall offered a range of services to registered patients at the practice, for example:</p> <ul style="list-style-type: none"> <li>• The practice had recruited a non-prescribing paramedic. The paramedic could see mostly patients with acute needs, carried out home visits and supported those in a medical emergency situation. There was a GP on duty (duty doctor) available each day at the practice to deal with urgent patient needs, the paramedic role worked in conjunction with the duty doctor role.</li> <li>• A diabetic specialist nurse (also an independent prescriber) worked at the practice on a fortnightly basis and worked closely with the GP diabetes lead and the community diabetes team to support the practices diabetes care.</li> <li>• The practice had employed a senior clinical pharmacist who worked at the practice part time, they carried out medicines reviews with patients and helped to monitor and audit the practices prescribing trends with oversight and support from the practices GP lead for prescribing.</li> <li>• Furthermore, to help increase access to services available to patients the practice was upskilling their nursing team, one of the practice nurses had been trained to carry out reviews of patients with Rheumatoid arthritis and the health care assistant was undergoing training to offer support with diabetic foot checks.</li> <li>• The practice offered a weekend phlebotomy service and health checks on weekends.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am – 6.30pm 6.30pm – 8pm open for pre-booked appointments provided by the practices primary care network (PCN): North Collaborative, available at the practice
Tuesday	8.30am – 6.30pm 6.30pm – 8pm open for pre-booked appointments provided by the practices PCN
Wednesday	8.30am – 8pm (practice extended hours) 6.30pm – 8pm also open for pre-booked appointments provided by the practices PCN
Thursday	8.30am – 6.30pm 6.30pm – 8pm open for pre-booked appointments provided by the practices PCN
Friday	8.30am – 6.30pm 6.30pm – 8pm open for pre-booked appointments provided by the practices PCN
Saturday	9am – 12pm open for pre-booked appointments provided by the practices PCN
Sunday	9am – 12pm open for pre-booked appointments provided by the practices PCN

Appointments available:	
Monday	8.30am – 12pm and 2pm – 6.30pm 6.30pm – 8pm: pre-booked appointments provided by the practices PCN
Tuesday	8.30am – 12pm and 2pm – 6.30pm 6.30pm – 8pm: pre-booked appointments provided by the practices PCN
Wednesday	8.30am – 12pm and 2pm – 8pm for extended access 6.30pm – 8pm: pre-booked appointments provided by the practices PCN
Thursday	8.30am – 12pm and 2pm – 6.30pm 6.30pm – 8pm: pre-booked appointments provided by the practices PCN
Friday	8.30am – 12pm and 2pm – 6.30pm 6.30pm – 8pm: pre-booked appointments provided by the practices PCN
Saturday	9am – 12pm: pre-booked appointments provided by the practices PCN
Sunday	9am – 12pm: pre-booked appointments provided by the practices PCN

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9175.0	461.0	132.0	28.6%	1.44%

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 (01/01/2019 to 31/03/2019)	90.7%	93.2%	94.5%	No statistical variation

#### Any additional evidence or comments

The results from the national GP patient survey with regards to patients who stated that their needs were met at their last general practice appointment, were below local and national average. These results reflected the period of January/March 2019 and represented 1.44% of the practices population. To tackle this the practice was working to educate patients on the different appointment types available to them to meet their needs and to ensure appointments were booked in with the most suitable clinician, as well as directing patients to other services such as for pharmacy advice.

#### Older people

#### Population group rating: Requires Improvement

#### Findings

- Feedback from patients during our inspection and from the national GP patient survey, highlighted



low satisfaction rates with regards to access. Whilst saw efforts undertaken to improve access there was no evidence provided to determine if these efforts had improved patient experience in this area, at the time of our inspection. This applies to all population groups.

- 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.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.
- The practice had a dedicated phone line for patients aged 75 and over.

## People with long-term conditions

## Population group rating: Requires Improvement

### Findings

- Feedback from patients during our inspection and from the national GP patient survey, highlighted low satisfaction rates with regards to access. Whilst we saw efforts undertaken to improve access there was no evidence provided to determine if these efforts had improved patient experience in this area, at the time of our inspection. This applies to all population groups.
- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The local district nursing team were based in the premises shared by the practice, we saw that the practice regularly liaised with the district nurses 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.

## Families, children and young people

## Population group rating: Requires Improvement

### Findings

- Feedback from patients during our inspection and from the national GP patient survey, highlighted low satisfaction rates with regards to access. Whilst we saw efforts undertaken to improve access there was no evidence provided to determine if these efforts had improved patient experience in this area, at the time of our inspection. This applies to all population groups.
- Patients could access appointments at the practice during extended hours Wednesday evenings.
- In addition, patients could pre-book appointments through the practices PCN for weekday evenings and on weekends; this service was also based at the practice. Families with children could also access these appointments outside of school times.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.
- Young people could access services for sexual health and contraception.

### **Working age people (including those recently retired and students)**

### **Population group rating: Requires Improvement**

#### **Findings**

- Feedback from patients during our inspection and from the national GP patient survey, highlighted low satisfaction rates with regards to access. Whilst we saw efforts undertaken to improve access there was no evidence provided to determine if these efforts had improved patient experience in this area, at the time of our inspection. This applies to all population groups.
- 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.
- Patients (including working age people) could access appointments at the practice during extended hours Wednesday evenings.
- In addition, patients could pre-book appointments through the practices PCN for weekday evenings and on weekends; this service was also based at the practice.

### **People whose circumstances make them vulnerable**

### **Population group rating: Requires Improvement**

#### **Findings**

- Feedback from patients during our inspection and from the national GP patient survey, highlighted low satisfaction rates with regards to access. Whilst we saw efforts undertaken to improve access there was no evidence provided to determine if these efforts had improved patient experience in this area, at the time of our inspection. This applies to all population groups.
- The practice held a register of patients living in vulnerable circumstances including homeless people, 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 such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The GPs were sometimes asked to complete correspondence for patients with housing needs, they had received approximately five requests for the year so far. We noted that the practice had reached out to the local housing team and they were in the early stages of developing an electronic method of sharing information, to prioritise the process for patients with housing needs.

### **People experiencing poor mental health (including people with dementia)**

### **Population group rating: Requires Improvement**

#### **Findings**

- Feedback from patients during our inspection and from the national GP patient survey, highlighted low satisfaction rates with regards to access. Whilst we saw efforts undertaken to improve access there was no evidence provided to determine if these efforts had improved patient experience in this area, at the time of our inspection. This applies to all population groups.
- 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.
- Two Community Psychiatric Nurses (CPNs) worked with the practice and offered patients with mental health and wellbeing support, the GPs could make direct referrals in to the service and had readily access to the CPNs where needed.

### Timely access to the service

### Patient feedback highlighted that they felt unable to access care and treatment in a timely way.

#### National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: We saw evidence to demonstrate that patients with urgent needs had their care prioritised and that the practice operated an effective system to assess whether a home visit was clinically necessary. However, feedback from patients we spoke with during our inspection and feedback on the national GP patient survey published in July 2019 indicated that patients felt unable to access care and treatment in a timely way.	

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 (01/01/2019 to 31/03/2019)	16.1%	N/A	68.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	25.7%	61.4%	67.4%	Significant Variation (negative)

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 practice appointment times (01/01/2019 to 31/03/2019)	41.0%	61.2%	64.7%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	48.6%	69.0%	73.6%	Variation (negative)

### Any additional evidence or comments

The results from the national GP patient survey with regards to questions about access were below local and national average. These results reflected the period of January/March 2019 and represented 1.44% of the practices population. We noted a number of actions implemented in efforts to improve access, for example:

- On discussing telephone access with the practice staff informed us that the practices telephone number was initially used as the main line to access services based in the same premises as the practice. This was due to an error in setting up the phone line initially, as a result receptionist at the practice were often having to redirect calls from other services users and this impacted the practices telephone access. The practice was able to rectify this issue by having a new telephone system installed in February 2019.
- The practice received 45 responses to their in-house survey carried out during the Spring of 2019. This represented 0.5% of the practices population. Although the practice had made efforts to improve their telephone access, results from the survey highlighted that 37% of the respondents found that telephone access to be easier and 63% of the respondents did not. Staff explained that occasionally service users were still coming through to the practice line due to them storing the practices phone number as the contact number for the overall premises. Staff expressed that over time this should continue to improve. We saw that notices were clearly displayed to inform patients and public about the practice contact number, this was also clearly displayed on the practice website.
- As the practice was based in a shared primary care premises with one main reception desk on entry, staff explained that public would often attend the practices reception area for directions to the other services based within the premises. Staff explained that this sometimes impacted on access also due to dealing with non-patient queries. To help with this the practice had displayed a large sign on reception to differentiate between the practices reception desk and the reception areas for other services.
- Staff expressed that generally incoming calls to the practice were high, we looked at practice telephony reports and noted high call volumes, for instance call volumes had reached 2187 inbound calls in one week. To help with this the practice had increased their reception team cover to help with telephone demand.

- The practice expanded their clinical team in efforts to improve access for patients by offering more appointments with various health care professionals. For example, the practice had recruited a paramedic who was able to see patients with acute needs and carry out home visits. The practice employed a senior clinical pharmacist who was able to conduct medicines reviews with patients and a diabetic specialist nurse worked at the practice to offer support with the practice's diabetes care.
- Staff highlighted that some of their patient population presented challenges in terms of expectation and demand. Examples included demand and expectation around timeframes for non-urgent appointments, patients wanting to see a GP for issues that could be managed by another health care professional, as well as other requests such as sick note requests and correspondence for areas such as housing support. To tackle this the practice was working to educate patients about how their systems and processes worked across various areas. This included informing patients more about the different appointment types available and introducing sick note slots in the appointment system for the GPs.
- Furthermore, to meet the demands of their population the practice offered a high level of telephone consultations with a GP and a high level of same day appointments. Members of the management team described that as a practice they offered above the national average for overall appointments at 854 appointments per week compared with the national average of 676 (these figures were provided by the practice during our inspection and not based on verified data). Figures provided by the practice highlighted that they offered 640 GP, 60 pharmacist and 130 Allied Health Professional face to face appointments per week; these did not include other appointments available such as appointments with the nurses. Our review of the appointment system during our inspection showed good access to both urgent and routine appointments.
- Patients could also book appointments online. We saw that the practice had increased their online appointments but staff explained that due to patient preference and demand they were often booked up quickly once released.
- In addition to extended access provided by the practice on Wednesday evenings, the practice was also a host site for their extended access appointments offered as part of their PCN. These appointments were pre-bookable and available on weekday evenings and weekends. Patients could also access blood tests and asthma reviews during these times. We saw that results from the extended access survey was positive, highlighting that overall, 88% of those who had accessed the service since January 2019 described it as excellent or very good.

Whilst we saw efforts undertaken to improve access there was no evidence provided to determine if these efforts had improved patient experience in this area, although we noted that feedback from the practice's patient participation group (PPG) was positive regarding changes to access. The practice was however working through an ongoing improvement plan which focussed further actions for completion such as analysing progress through audit and gathering further patient feedback, following changes implemented. The practice was also considering options to implement a sit and wait clinic on Monday mornings to help meet the demands and preferences of their patient population.

Following our inspection the practice provided evidence of a survey analysis, the survey reflected the period of 4 November to 22 November 2019 and explored further some of the areas covered as part of the national GP patient survey. The practice gave out 400 surveys and received 204 in return; this represented 2% of the practice's population. Results showed that 74% of the respondents felt they were given enough time with the clinician at their last appointment, describing this as very good. In addition,

21% described this as good. The evidence provided following our inspection highlighted mostly results in response to questions about care and treatment. The survey also resulted in an action plan. Evidence provided following our inspection showed that actions included a plan to monitor call waiting levels more effectively and to discuss at monthly practice meetings, this was in relation to telephone access.

In addition, the practice provided a comparison report which showed that their survey results were comparable with those received at a local practice across various areas including access.

Source	Feedback
Interviews with patients	Whilst patients we spoke with were positive about care and treatment, they expressed that it was sometimes hard to access appointments, at times due to demand, or due to challenges in getting through to the practice by phone. Some of the feedback highlighted that appointments were booked up quickly and this included those available online.
NHS Choices	The practice received 13 reviews on NHS Choices, five of these were made during the last 12 months. The theme from the comments reviewed at the point of our inspection highlighted that patients were less positive with regards to accessing the service.
NHS Friends and Family Test (FFT)	Results from the NHS FFT showed that based on five responses, 80% would recommend the practice to friends and family members.

## 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.	28 for 2018 13 for 2019
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>Information about how to make a complaint or raise concerns was available in the practice waiting area. There was a complaints policy and form which could be used to capture verbal and hand-written complaints.</li> <li>The practices complaints policy reflected NHS complaints guidelines and patients were also signposted to further support services in the event that they wished to gain additional advice or escalate their concerns further.</li> </ul>	



- Minutes of practice meetings demonstrated that complaints, outcomes, actions, learning and themes were discussed at practice meetings.
- Following our inspection the practice provided evidence to demonstrate that the practice analysed themes and trends from complaints on an annual basis. The complaints report showed that 20% of the complaints were made regarding access for 2018/19. Actions such as monitoring clinic running times to ensure patients were kept informed of delays were noted.

Examples of learning from complaints.

Complaint	Specific action taken
Complaint made regarding problems accessing an appointment	The matter was resolved once brought to the practices attention and the complaint was discussed in a practice meeting. The practice also reflected on the conversation between the patient and reception and discussed what could have been done differently. Customer care training was also covered as part of the learning shared.
Complaint made regarding problems accessing an appointment	The complaint was discussed in a practice meeting. The practice also reflected on the conversation between the patient and reception and discussed what could have been done differently such as offering extended access options, asking about online registration and covering general communication techniques.

## 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice had a formal business plan in place which was continually monitored and reviewed.	

### 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.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and	Y

external partners.	
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The overall ethos of the practice was to deliver high quality care, putting patients at the heart of their services. The practice followed a set of aims which included to develop and sustain a learning environment by increasing opportunities for education and professional development. The practice was a training practice and provided training and teaching opportunities to trainee GPs and medical students. The practice also provided opportunities for physician associate students from Birmingham University. There was evidence of future goal setting within the practice, goals included to continue to focus on education, supporting GPs for the future and to continue to monitor demand, capacity and access in efforts to meet the needs of their patients. Conversations with staff from various areas of the practice on the day of our inspection was reflective of the practice aims and further development goals.	

## 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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: There were effective systems in place for recording and acting on significant events. Our review of the practices significant events received in the last 12 months showed that they were managed with candour.	

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

Source	Feedback
Interviews with staff	Staff spoke positively about working at the practice. They described a close team and expressed that they were confident to raise concerns and to make suggestions at work. Management described the team as loyal, flexible and

	adaptable, management confirmed that they felt valued and supported in their role.
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## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw that policies were practice-specific and well embedded, this included safeguarding processes and practices which were effectively implemented. Evidence demonstrated that the practice followed good safeguarding practices, staff we spoke with were well-informed and trained to appropriate safeguarding levels for their role.</li> <li>We saw that the practice received and acted on safety alerts. For example we saw evidence of actions taken regarding an updated drug safety alert on the use of Valproate medicines in females with childbearing potential. We saw that clinicians were informed of these alerts amongst others and actions such as recalling patients in, changing prescribing requirements and following additional alert instructions had been taken. The practice regularly reviewed this area.</li> </ul>	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.</li> <li>There were systems in place to ensure that staff recruitment was safe and recruitment checks were carried out in accordance with regulations.</li> <li>There was an effective approach to managing staffing levels to ensure that capacity met demand.</li> <li>The practice was equipped to deal with medical emergencies (including suspected sepsis) and</li> </ul>	

staff were suitably trained in emergency procedures.

### Appropriate and accurate information

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

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

### 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.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw that the practice sought feedback from patients through in-house surveys, as well as through complaints, responses to feedback on NHS Choices online and for their NHS friends and family test (FFT). We saw that trends and themes were monitored in relation to feedback and action plans were produced to help improve on areas where needed.</li> <li>The practice took actions to improve access, in response to the results of the national GP patient survey which was published in July 2019. The practice was also working through an ongoing improvement plan and planned to analyse progress following changes implemented in the future.</li> </ul>	

### Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>We spoke with a member of the Patient Participation Group (PPG) during our inspection, they noted that they felt involved in the practice and could contribute to practice decisions. Formal PPG meetings took place on a regular basis, themes in patient feedback were shared with the PPG.</li> <li>The practice and the PPG member described how the PPG actively supported the practice flu clinics by attending and encouraging eligible patients to have a flu vaccination.</li> </ul>

- Feedback from the PPG was more positive with regards to care and access, the PPG also noted that patients had informally fed back to PPG members that access was better with the new phone system in place.

## 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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice treated significant events as learning events and had recently started to use this terminology within the practice to ensure that staff were comfortable in raising them. All staff we spoke with described a culture of learning and no-blame amongst the team.</li> <li>We saw that learning and themes from significant events were discussed in practice meetings, in significant event meetings and within the locality.</li> </ul>	

## Examples of continuous learning and improvement

At the time of our inspection we saw that the practice was working through an action plan following a first cycle asthma audit which was initiated by the advanced nurse practitioner (ANP), records of the action plan showed that the practice was in the process of reviewing their asthma register and was following a detailed criterion as part of this. The date for completion of this piece of work was 1 December 2019, after which the audit was due to be repeated to measure improvements and any areas for further work.

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

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

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

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

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

#### **Glossary of terms used in the data.**

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