

Care Quality Commission

Inspection Evidence Table

Midlands Medical Partnership-Lea Village Medical Centre (1-4038454194)

Inspection date: 4 April 2018 and 19 April 2018

Date of data download: 03 April 2018

Safe

Safety systems and processes

Source	
There was a lead member(s) of staff for safeguarding processes and procedures.	Yes*
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes*
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes*
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes*
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes*
Reports and learning from safeguarding incidents were available to staff.	Yes*
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes
Explanation of any 'No' answers:	
<p>*Although the corporate provider had implemented systems and processes for safeguarding patients from harm, the practice's safeguarding lead was unaware of these and did not know how to retrieve the practice's safeguarding registers. We saw a dedicated safeguarding notice board which included safeguarding policies however when we asked the practice lead for a copy they produced a policy that was out of date. Staff we spoke with were unable to recall any safeguarding incidents or referrals made or why patients were on the safeguarding register.</p> <p>The safeguarding registers provided as part of the inspection were not kept up to date. Some patients had only recently been added to the register retrospectively. There was also a 24 year old placed inappropriately on the child protection register. There were no patients on the vulnerable adult register despite a vulnerable adult patient being identified during our inspection.</p>	

Recruitment Systems

The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes*
Explanation of any 'No' answers:	
*We identified one member of the clinical team that did not have adequate indemnity cover.	

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes Date 22/08/2017
There was a record of equipment calibration Date of last calibration:	Yes Date: Feb 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	No
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes Date: May 2016
Actions were identified and completed.	Yes
Additional observations: The practice had liquid nitrogen on the premises. However, no risk assessment was in place, there was no signage and protective equipment was inadequate for use with liquid nitrogen. Gloves used were Marksman 2243 which are used for building and construction work/	Yes
Health and safety	
Health and safety risk assessment and actions Date of last assessment:	Yes Date: May 2016
Additional comments: Members of the administrative team carried out weekly health and safety checks of the premises. However, these had not identified risks associated with the liquid nitrogen or blind loop cords.	Yes

<p>Infection control</p> <p>Policy in place Date of last infection control audit: The provider acted on any issues identified</p> <p>Detail:</p> <p>An infection control audit had been carried at the practice on the 8 June 2017 however the practice was unable to demonstrate progress against the action plan. For example, during the inspection we identified the hand basin and taps in the treatment room were unsuitable for the purpose intended. The hand basin was for domestic use and taps were ornate making them difficult to clean effectively. We also saw sticky residue on the cupboard doors. Both of these points had been highlighted for action in the infection control audit. The action point for upgrading the hand basin was recorded as ongoing and the sticky residue had a completion date for the action recorded as the 1 July 2017. Neither actions had been completed.</p>	<p>Yes 08/06/17 No</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any 'No' answers:</p>	

Any additional evidence

Risks to patients

The practice had systems in place to monitor and review staffing levels and skill mix.	Yes
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance	No
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.	Yes*
The practice had equipment available to enable assessment of patients with presumed sepsis.	No
There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.	Yes
Explanation of any 'No' answers: Our review of patient records identified concerns with patient care. Of the 36 consultation records we reviewed 19 showed examples of inadequate assessment of the patient's presenting symptoms or condition, inappropriate prescribing, lack of follow up or safety netting and lack of coding. *Administrative staff told us that they would let the doctor know if they had concerns about a patient but had not been given any specific guidance on 'red flag' symptoms and how to respond. There was one adult pulse oximeter as part of the emergency equipment but this was not available as part of the routine equipment necessary for examinations being undertaken in consulting rooms to help assess patients with presumed sepsis or other conditions. A notice in the GP consulting room also signposted staff to the incorrect location for emergency equipment. There were no paediatric oxygen masks and paediatric defibrillator pads available with the emergency equipment.	

Information to deliver safe care and treatment

Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	No
The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.	No
Referral letters contained specific information to allow appropriate and timely referrals.	No*
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 'No' answers: The provider had introduced templates to support the management of patients and to deliver care in	

line with current guidance, however these were not utilised by all clinical staff. Consultation records seen lacked detail to support safe continuity of care. For example, a patient with asthma and COPD was diagnosed with a chest infection but no oxygen saturation, respiratory rate, pulse rate or peak expiratory flow rate was reported. Another patient was diagnosed with stress and anxiety and prescribed a new antidepressant however, there was no record of suicidal or self harm assessment having been carried out, no follow up arranged and no recording of safety netting advice given.

Our review of consultation records identified patients with chronic disease that had not been READ coded so that they could be identified and appropriately followed up.

We found post and other correspondence relating to patients was not always acted on in a timely manner to ensure it was available when needed. For example, we found spirometry results dated the 15 January 2018 that had not been scanned onto the patient records. We also found 49 letters awaiting processing dating back to 26 March 2018 including those from the out of hours service. Some of these identified patients who required more urgent follow up by the GP.

*We reviewed seven referral letters that were shared with us. Those seen did not always contain information about past medical history, medicines and any allergies the patient may have. The secretary was reliant on information contained within the consultation record when making a referral which was often lacking in detail. Following the inspection the provider advised us that there was a system in place for an appendix to be added to referral letters which contained this information but this was not made available on the day. However, the GP did not have an understanding of the process or could demonstrate that they were signing off the letter with confidence. The provider told us they had installed a digital dictation system and had trained practice staff in its use but they were not using it.

Safe and appropriate use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017) _(NHSBSA)	-	0.97	-	-
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) _(NHSBSA)	-	7.7%	-	-

Medicine Management	
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	No
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use.	No
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes*
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes*
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes* Yes* Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any 'No' answers:</p> <p>On the 4 April 2018 we reviewed 10 patients on high risk medicines (Methotrexate and Azathioprine) and identified concerns with the monitoring checks for six of these patients for example blood test were overdue. Clinical decision making was not consistently recorded to these patient notes to provide assurance that risks had been considered.</p> <p>On the 19 April 2018 We returned to the practice and reviewed six patients on Spironolactone. We identified one patient where appropriate monitoring had not been undertaken.</p>	

Searches for patients on high risk medicines were not picking up all patients for example those on acute prescriptions.

The practice did not demonstrate it was using local prescribing guidelines. For example, we saw prescribing of antibiotics that was not in line with best practice guidelines to support antimicrobial stewardship. We identified other examples of inappropriate prescribing including a 5 year old prescribed 6plus Calpol and patients prescribed medicines such as steroids, anti-depressants and a Ventolin inhaler without follow up arranged.

We found uncollected prescriptions dating back to 24 Jul 2017, 23 prescriptions awaiting collection were over eight weeks old and 18 of them were printed in 2017.

Emergency medicines stocked did not contain dexamethasone in line with recommended guidance. Following the inspection the provider advised us that the risk had been considered however all risks had not been fully mitigated, for example, timing and availability of ambulances.

Although there were checks to monitor the emergency medicines, these checks had failed to pick up an expired medicine (adrenaline) over several months.

There was no paediatric oxygen mask or paediatric defibrillator pad available with the emergency equipment.

Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Most
There was evidence of learning and dissemination of information	Some
Number of events recorded in last 12 months.	10

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

Event	Specific action taken
Keys to open front door of the surgery could not be found.	In the interim patients were asked to use back door and signage was put up. The keys were found and retrieved.
Needle stick injury whilst turning around after patient using a mechanised wheelchair could not enter room and injection was given in doorway.	The provider identified that alternative practices should be offered to patients in the future to ensure privacy and dignity. The sharps box should also be nearer to the patient.

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes*
Staff understand how to deal with alerts	Yes*
<p>Comments on systems in place:</p> <p>Safety alerts were managed by the provider's centralised team who carried out searches and emailed them to the team leaders at each practice to action. Alerts were also placed on relevant patient records to remind staff.</p> <p>We reviewed records to verify action had been taken in response to a recent alert (sodium valproate). Three patients were identified and advice given.</p> <p>We asked clinical staff about any other alerts they had acted on but they were unable to recall any from the last 12 months even when asked about specific ones.</p>	

Any additional evidence

Effective

Please note: Quality Outcomes Framework (QOF) results for the period 2016/2017 relate to the previous provider. There was however, continuity of clinical and non-clinical staffing at the location between the previous and current provider at the time of inspection.

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	-	0.91	-	-

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	78.3%	80.9%	79.4%	Data not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (11)	12.8%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	86.2%	77.0%	78.2%	Data not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.1% (8)	10.3%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	65.6%	81.0%	80.1%	Data not available
QOF Exceptions				

	6.9%	(9)	12.3%	13.3%	
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Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QoF)	78.1%	76.2%	76.4%	Data not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (1)	7.8%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	92.1%	91.6%	90.4%	Data not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.6% (1)	12.1%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QoF)	85.6%	83.1%	83.4%	Data not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.4% (9)	4.5%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QoF)	88.9%	87.4%	88.4%	Data not available
QoF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.7% (5)	11.2%	8.2%	

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	35	41	85.4%	Below 90% Minimum (variation negative)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	26	31	83.9%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	25	31	80.6%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	26	31	83.9%	Below 90% Minimum (variation negative)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	60%	68.3%	72.1%	Data not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	48.7%	63.9%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	38.0%	43.7%	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)	50.0%	72.6%	71.2%	N/A

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	90%	91.3%	90.3%	Data not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (1)	11.3%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	100%	91.8%	90.7%	Data not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.3% (3)	9.4%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)	88.9%	84.7%	83.7%	Data not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	6.2%	6.8%	

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	547	544	539
Overall QOF exception reporting	6.3%	6.6%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. 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 provider had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
<p>If no please explain below:</p> <p>Our inspection identified concerns with clinical care provided at the practice. Systems in place did not ensure the effective oversight of the quality of clinical care provided by all clinical staff at the practice.</p> <p>Nursing staff from within the wider organisation MMP were providing temporary support while a permanent practice nurse was recruited.</p>	

Coordinating care and treatment

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

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	97%	95.5%	95.2%	Data not available
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (2)	0.7%	0.8%	
Indicator	Practice	CCG average	England average	England comparison
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)	-	50.3%	-	-

Any additional evidence

We found a lack of care planning in place for some of the practice's most vulnerable patients. There were 27 patients on the practice's palliative care register we reviewed patient records for seven patients on the register (three were rated red or amber which required a care plan). None of these patients had care plans in place and patient records stated that 'advance care plan was not appropriate at this stage'.

There were eight patients on the practice's dementia register, we reviewed patient records for three of these patients. None had evidence of care plans being created despite READ coding indicated that they had been done.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	29
Number of CQC comments received which were positive about the service	21
Number of comments cards received which were mixed about the service	6
Number of CQC comments received which were negative about the service	2

Examples of feedback received:

Source	Feedback
Patient comments	Patients we spoke gave mixed views about the practice. They were generally happy with the care but described 'niggly things' for example one patient told us that since the prescriptions have gone electronic there was always something missing. Another patient told us that they had three calls in one day to come in to the practice for different things, flu vaccinations, blood pressure and diabetes check.
NHS choices	Mixed reviews.
Friends and family test (December 2017)	50% of patients said they would recommend the practice based on six reviews.
CQC comment cards	Feedback from the comment cards was mostly positive about service and staff. Those that were negative related to: <ul style="list-style-type: none"> • Issues with prescriptions (two comments) • doctors room not sound proof (one comment), • difficulties obtaining appointments (two comments) • not feeling listened to / rude staff (two comments).

National GP Survey results

Practice population size	Surveys sent out	% of practice population	Surveys returned	Survey Response rate%
2,267	372	16.4%	70	18.82%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)	61%	72%	77%	Data not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	74%	89%	89%	Data not available
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)	89%	95%	95%	Data not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	64%	85%	86%	Data not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)	70%	90%	91%	Data not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)	67%	89%	91%	Data not available

The practice carries out its own patient survey/patient feedback exercises - No

Date of exercise	Summary of results
N/A	N/A

Any additional evidence

Results from the latest GP national patient survey published in July 2017 relates to data that was collected prior to the practice merger with Midlands Medical Partnership. Since the survey there have been some staff changes such as the nursing team. The new provider had pulled together an action plan in response to the survey results to identify actions to improve the service. These have focussed on improving the clinical systems, providing input from specialist nurses and personal development time for clinical staff to help improve the patient experience.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients / comment cards	Most patients did not comment on this. We received one comment card where a patient said they did not feel listened to by staff.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	65%	87%	86%	Data not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	55%	82%	82%	Data not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017) (GPPS)	71%	88%	90%	Data not available
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017) (GPPS)	63%	84 %	85%	Data not available

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. - None seen but staff told us they could ask the central team to provide this if they needed information in a different format.

Information about support groups was available on the practice website. – There was nothing specific on the practice website but the notice board in the waiting room had information about support groups for example, carer support.

Carers	Narrative
Percentage and number of carers identified	27 carers on the register (1.2% of the practice list size)
How the practice supports carers	There is a carers' board in the waiting room which contains information about local support and an information pack which is given to patients who are carers. Carers are offered flu vaccinations. The provider told us that they were working in partnership with Birmingham Carers hub to provide drop in cafes at their various practices. Patients at this practice could attend these.
How the practice supports recently bereaved patients	The practice sent a letter and booklet which contained details of contacts for support and advice.

Privacy and dignity

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Reception desk was close to waiting area. There were glass screens at reception to reduce reception staff being overheard. The screens also made it more difficult for patients to see the computer screen at reception.

Consultation and treatment room doors were closed during consultations. Yes*

A private room was available if patients were distressed or wanted to discuss sensitive issues. Yes

Examples of specific feedback received:

Source	Feedback
CQC Comment card	*Patient reported that the main doctor's room was not sound proof and that you could overhear patient conversations.
PPG meeting minutes – 15 March 2018	It was also reported in the PPG minutes that patients could overhear conversations in the doctor's room.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	09:00-18:30
Tuesday	09:00-18:30
Wednesday	09:00-18:30
Thursday	09:00-13:30
Friday	09:00-18:30

Appointments available
Next bookable appointment with a GP was in 3 working days.
Extended hours opening
The practice did not operate any extended opening hours but by agreement patients could arrange to be seen at one of the other MMP practices.

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Details of the home visit request were recorded by the receptionist who passed these to the GP to assess whether the home visit was clinically necessary and the urgency of the need for medical attention.	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	76%	74%	76%	Data not available
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	68%	58%	71%	Data not available
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	90%	80%	84%	Data not available
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	71%	66%	73%	Data not available

Examples of feedback received from patients:

Source	Feedback
CQC Comment cards	Two out of the 29 comment cards received had comments relating to difficulties with access and appointments.
NHS Choices	There were two comments on NHS choices website that related to access difficulties.
Complaints	Four of the practice complaints related to appointments.
Patient comment	The practice turns the telephone off on a Wednesday and Thursday afternoon. Calls go over to BADGER so you can't make an appointment.

Listening and learning from complaints received

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

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

Complaints	
Number of complaints received in the last year.	7
Number of complaints we examined	1
Number of complaints we examined that were handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
The provider's central team provided oversight to the complaints process to ensure it was being managed appropriately. Complaints were investigated locally and reported to the central team.	

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values

The Vision and values of the provider were displayed in the waiting area of the practice. Following the merger the provider had a documented QOF 2017/18 strategy for the practice, this had involved putting in place the infrastructure for the practice to support them meet QOF targets. Progress against this strategy was monitored on a monthly basis.

The provider had also put in place various projects to improve patient outcomes for example the immunisation project aimed at improving patient uptake.

Culture

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

Source	Feedback
Interviews with staff	Staff welcomed the support they received from the provider organisation. For example, the provider was able to pick up patient referrals when the practice secretary was on leave.

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

Source	Example
Interviews with staff / presentation	This was the first year following the merger. The provider had undertaken an analysis of what needed to be prioritised to improve the service. This included standardising systems and processes.

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Review of incidents	Incidents and concerns were investigated locally and overseen by the central team. The provider was able to demonstrate how they had worked with a patient following concerns raised about the practice to ensure they received the care needed.
Staff interviews	We found not all staff at the practice understood what duty of candour meant.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Incident report	There was an incident in which a member of staff was working alone and felt threatened by banging on the doors and police were called. The incident had been reviewed and it was recommended that staff do not lone work at the

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

Source	Example
Interviews	The changes implemented by MMP have helped promote safety and wellbeing of staff through additional managerial support, standardised systems and processes, training and development opportunities.

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

Source	Example
Training records	Equality and diversity training provided for all staff.

Examples of actions to improve quality in past 2 years

Area	Impact
Quality	<p>The provider had implemented new clinical systems with greater functionality and provided staff with training in its use. Standardised templates had also been implemented to reflecting best practice to support staff in the provision of care.</p> <p>The provider had set up projects that aimed to improve up take of immunisations.</p> <p>The provider has introduced to the practice team meetings and learning events. This has enabled best practice to be shared across the whole organisation as well as network opportunities.</p>
QOF performance	<p>An analysis of action needed to improve quality outcome framework scores had been undertaken by the provider and monitored.</p> <p>The practice has received input from specialist nurses to help deliver diabetes and respiratory reviews at the practice.</p> <p>Centralised processes for recalling patients for long term reviews had been introduced by the provider to help relieve pressure on the local practices.</p>

Examples of service developments implemented in past 2 years

Development area	Impact
Policies and procedures	The provider has implemented standardised and consistent processes to support staff to deliver the service.
Clinical System	The new clinical system enabled staff across the provider organisation to provide support remotely.
Centralised management team	The centralised management team has helped provide support, advice and training to the practice.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
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Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Patient Participation Group (PPG)	The PPG has enabled patients to raise issues with the practice and for the practice to share information about changes being made.
	National GP Patient Survey	The provider has used the latest survey results to identify areas for action to improve the service.
Staff	Meetings	Practice staff now have networking opportunities and opportunities for shared learning through the wider provider organisation. All staff regularly attend meeting and learning events.
External partners	CCG, Alzheimer's Society and Citizens Advice Bureau	<p>The practice is participating in the Aspiring to Clinical Excellence programme led by CCG which identifies local priorities for driving improvement in primary care.</p> <p>The provider is also working in partnership with third sector organisations which patients from this practice can access. For example:</p> <ul style="list-style-type: none"> • The Citizens Advice Bureaux is hosted by practices within the provider organisation to provide financial and other support. • The Alzheimer's Society is working with the practices to provide additional support to patients and their families with dementia.

Feedback from Patient Participation Group;

Feedback

Members of the Patient Participation Group we spoke with told us they have not found the meetings that useful and that some of the promised changes had not happened for example, employing a salaried GP. Although, they had noticed that the décor had improved.

Examples of specific engagement with patients and patient participation group in developments within the practice;

Examples	Impact
National GP Patient survey	Results from the latest national GP survey have helped feed into the practice strategy and improvement plans.

Continuous improvement and innovation

Examples of innovation and improvements	Impact on patients
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MMP have brought in standardised systems and processes into the practice.	Clinical systems and templates have been implemented, consistent with best practice for providing care.
Managerial support from a centralised team.	Staff now attend regular meetings and have network opportunities and access to learning events.

Any additional evidence

Since the practice joined MMP, the new provider had brought in many systems and processes to support the delivery of high quality of care. However, this has not been followed by all staff within the practice and a lack of monitoring by the provider, of the quality of care provided meant poor care in some areas had continued.

Notes: CQC GP Insight

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

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

The following language is used for banding variation:

Significant variation (positive)

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

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

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

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>