

Care Quality Commission

Inspection Evidence Table

OHP-Harlequin Surgery (1-4506981407)

Inspection date: 13 March 2019

Date of data download: 01 March 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	N/A
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>We saw the practice used a combination of the provider's (OHP) policies and their own.</p> <p>The practice had a lead safeguarding administrator. The administrator was a link between the practice and external children's services. They had regular contact with children's services for updates on vulnerable children registered with the practice. We saw the practice met every four to six weeks with a midwife and health visitor.</p> <p>The administrator also followed up any queries the practice may have regarding vulnerable children. Staff told us contacts with other services had strengthened as a result of this role.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Recruitment took place at practice level although staff were centrally employed. The provider supported the practice in relation to recruitment for example advertising on the OHP website and newsletters. The central team produced standardised job descriptions for the practice.</p> <p>The provider had also developed a bespoke system for recruiting locum staff from an internal bank through working with a locum agency. The practices could go into this to request locum support and internal staff could input their availability to do locum work.</p> <p>Staff at the practice told us the provider had supported them in recruiting a salaried GP and they also used the approved locum agency to employ locum GPs.</p> <p>We saw the practice's record for staff vaccination was incomplete and the practice was in the process of obtaining the outstanding information.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y 06.10.2018
There was a record of equipment calibration. Date of last calibration:	17.10.2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Partial
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Y 20.02.2019
There was a log of fire drills. Date of last drill:	Y 20.02.2019
There was a record of fire alarm checks. Date of last check: The most recent external check was carried out on 30.01.2019. we saw the practice also checked the fire alarm weekly as part of weekly Health and Safety checks.	Y
There was a record of fire training for staff. Date of last training: From records we viewed all staff had received training.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y December 2018
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: We saw there was one ongoing action from the fire risk assessment. This required staff to receive training on the evacuation chair. The practice manager told us, after the inspection, training had been arranged for April 2019. The practice had adequately risk assessed the storage of nitrogen, however had not carried out all actions to ensure all risks had been mitigated. This included providing staff with appropriate eye protection. After the inspection, the practice told us, they would no longer be storing nitrogen at the practice.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y 12.02.2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y 17.08.2018
Explanation of any answers and additional evidence:	

The practice had completed an Equality access assessment in August 2018, however this did not include the first floor of the building. Following the inspection, the practice sent us an updated version to show they had considered access for patients who had appointments on the first floor.

We saw evidence of a Legionella risk assessment carried out in February 2018 which was valid until February 2020 and evidence of monthly water checks. Legionella is a bacterium that can affect water systems.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	15.01.2019
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The practice had scored 92% in their most recent infection prevention and control audit.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y

There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
Explanation of any answers and additional evidence:	
There was a designated data protection officer for OHP to support practices to adhere to relevant legislation. The General Data protection regulations and guidance had been issued to practices to support them in complying with those regulations.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.97	0.91	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	7.5%	7.6%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	4.39	5.18	5.64	Variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.29	1.97	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines	Y

Medicines management	Y/N/Partial
including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>OHP had recently been awarded a contract from Birmingham and Solihull CCG to provide anticoagulation services. The delivery of these services had been devolved to 15 practices starting in January 2019. This practice was one of the OHP practices providing the anticoagulation services to patients registered with the practice.</p> <p>Staff told us the nurse-led minor illness clinic ran alongside the lead GPs clinic when they were not seeing patients so that minor illness nurses were able to access support from a GP when needed. We saw the practice had audited antibiotic prescribing of non-medical prescribers. However, the practice did not have a formal audit program to review all prescribing activity for non-medical prescribers’.</p> <p>We saw the practice had a defibrillator that was suitable for use on adults only. The practice showed us evidence of a risk assessment where they had appropriately assessed the risk and put adequate mitigating actions into place.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	16
Number of events that required action:	16
<p>Explanation of any answers and additional evidence:</p> <p>The providers standard operating procedures state that all significant events are to be reported by practices through the GP team net governance system enabling them to be monitored centrally. We saw this practice was using GP team net to record significant events.</p> <p>Discussion of significant events was a standard agenda item at weekly practice meetings.</p> <p>All staff we spoke with understood how to report a significant event and could share learning from recent events.</p>	

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

Event	Specific action taken
A patient threatened a staff member with physical violence.	The staff member took the appropriate action at the time of the incident. The incident was reported as a significant event and discussed at the next practice meeting. The practice operated a zero-tolerance policy and the patient was removed from the patient list.
Cold chain failure	Staff took appropriate immediate action and then sought external advice. The event had occurred in the week prior to the inspection and although it had been discussed with nursing staff, it had not yet been discussed with the rest of the practice at the time of the inspection.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Safety alerts were added to GP team net and practices were required to give a response of relevant actions taken and assurance that they had acted on them to the provider.</p>	

We saw the practice were receiving alerts through GP team net. For the alerts we reviewed we saw the practice had taken appropriate action.

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
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 were in place 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
Explanation of any answers and additional evidence:	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.71	0.81	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. 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. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- The practice held registers for patients with COPD; Asthma; CHD; Atrial Fibrillation; CVD; Thyroid Disease; Diabetes and Pre-Diabetes. Registers were reviewed and updated by clinicians.
- Patients with long-term conditions had 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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice nurse held weekly joint diabetic review clinics with a diabetes specialist nurse. A diabetes specialist consultant also attended the practice every three months to review complex patients' treatment plans with one of the GPs. The practice had audited the effectiveness of the joint clinic. The audit showed the clinic had produced better outcomes for patients with diabetes.
- The practice was in the process of setting up an in-house structured education program for diabetic patients, improving patient convenience, we saw that patients had been invited to attend.
- The practice held three monthly meetings with a respiratory consultant to review more complex patients.

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>	83.2%	79.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.2% (109)	12.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.3%	77.0%	77.7%	No statistical variation

Exception rate (number of exceptions).	14.8% (106)	10.4%	9.8%	N/A
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	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>	85.7%	81.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.0% (107)	11.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.3%	76.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	11.6% (83)	6.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.6%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	21.7% (60)	11.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.1%	83.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.4% (76)	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	96.0%	88.6%	90.0%	No statistical variation

therapy (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	16.0% (33)	8.1%	6.7%	N/A

Any additional evidence or comments

The practice was aware their exception reporting was higher than CCG and national averages in some clinical areas. They gave us data that showed exception reporting had reduced for diabetes and asthma patients. We saw exception reporting in COPD patients had reduced, however remained high at 19%. From records we viewed and staff we spoke with, we saw patients were exception reported appropriately.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception including fitting of coils and implants.
- The practice had a lead contact at the practice for safeguarding children. Since appointing a lead, staff told us communication with other children's services had improved.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	107	112	95.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	118	126	93.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received	118	126	93.7%	Met 90% minimum (no variation)

Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	117	126	92.9%	Met 90% minimum (no variation)

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: Good

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 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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)	73.3%	68.1%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	63.4%	63.8%	70.0%	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)	49.8%	44.0%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	78.4%	74.2%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to	44.3%	52.0%	51.9%	No statistical variation

Any additional evidence or comments

The practice's uptake for cervical screening although below the PHE target of 80%, was slightly above the national average. Staff gave us data to show cervical screening uptake had improved between April 2018 and the time of the inspection.

To increase uptake of cervical screening staff told us the practice sent text message reminders to patients as well as letters. The practice offered opportunistic screening if the patient attended the practice for another reason. The practice had information leaflets in alternative languages and in an easy read format to help explain the benefits of screening. Appointments for cervical screening were available at different times and days throughout the week.

People whose circumstances make them vulnerable**Population group rating: Good****Findings**

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had undertaken a six-month training program "Going for Gold" between September 2017 and March 2018. This is a training program for primary care aimed at improving quality and outcomes for patients during end of life.
- The practice held three monthly Gold Standard Framework (GSF) meetings attended by an Assertive Case Manager; district nurse; palliative care nurses; the lead GP and a GSF administrator from the practice.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. at the time of the inspection, the practice did not have any homeless or traveller patients registered with them.
- The practice had chosen one of their healthcare assistants to carry out the learning disability reviews. This ensured consistency for patients and carers, and helped to build a relationship. We saw the healthcare assistant had received training from the lead GP and was working to within their capabilities and reporting any concerns to the GP. Records we viewed confirmed the template on the clinical system was completed correctly and input from the GP was evident in the cases we reviewed.

People experiencing poor mental health (including people with dementia)**Population group rating: Good****Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term

medication.

- 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.
- 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.
- The practice had a lead GP for managing patients who misused substances and had a system to identify people who misused substances.
- The practice had registers for Dementia and Mental Health, which were monitored with patients having a structured annual review.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.8%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.4% (11)	9.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.6%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	12.3% (13)	7.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.7%	85.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	11.0% (12)	6.0%	6.6%	N/A

Any additional evidence or comments

We discussed with the practice their exception reporting of dementia patients was higher than local and national averages. The practice provided unverified data to show between April 2018 to the time of the inspection they had exception reported 7% of dementia patients.

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)	558.4	545.3	537.5
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

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

The practice had improved its management of patients on anticoagulation therapy. The practice had carried out an audit in March 2018 to find out if patients on anticoagulation medicine were being monitored in line with guidance. The audit showed 138 out of 139 had their blood test in line with guidance. The one patient had gone over the 12 months monitoring period was contacted by the practice. Any new patients had blood tests monitored within the recommended time scale.

At re-audit in January 2019, 179 patients out of 180 patients had blood tests within 12 months. Any new patients had blood tests monitored in line with guidelines. At re-audit the practice had amended their audit to include if a patient's weight had been documented. Weight is needed as part of the monitoring process. The audit identified that 118 patients out of 180 had a weight recorded in the previous 12 months.

The practice had carried out an audit to ensure in all patients recorded as having a (deep vein thrombosis) DVT or pulmonary embolism (PE) this was coded appropriately and the diagnosis was correct. They found two out of 85 patients had genuinely not had a PE, their notes were amended. There were 103 patients recorded as having a DVT, 26 of these patients' notes had been recorded incorrectly. The majority of these had been marked incorrectly by the patients previous GP, records were amended. Following the audit, the practice developed an alert to use on the electronic patient record system to identify patients with a PE or DVT and records accurately reflected genuine cases.

We saw evidence of one minor surgery audit carried out between April 2017 and March 2018. The audit showed 48 patients attended the practice for minor surgery between this time. There were no infections or post-operative complications reported.

The practice had completed an audit to see how effective their joint diabetes clinic was. Those patients with diabetes, primarily seen by the practice for their diabetes care, whose HbA1C was greater than the normal range (>75mmol/l) were included in the audit. 20 patients were included at random, the audit showed in 16 out of the 20 patients, their HbA1C improved.

Any additional evidence or comments

The practice closely monitored performance data during weekly practice meetings.

The practice manager told us all staff could access performance data through the clinical system.

Effective staffing

The practice could 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.	Partial
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 that GPs supported non-medical prescribers informally and the practice had audited antibiotic prescribing of non-medical prescribers. However, the practice did not have a formal audit program to review all prescribing activity or decision making for non-medical prescribers'.	

Coordinating care and treatment

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

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

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
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:	
The practice offered an in-house stop smoking service. The practice gave us data to show between June and December 2018 47 patients attended for advice. Of these patients 17 patients stopped smoking.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.0%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (16)	0.6%	0.8%	N/A

Any additional evidence or comments

OHP had recently been awarded a contract with the Health Exchange (Birmingham and Solihull CCG) for social prescribing. Staff told us they were referring patients to the service to offer additional support with weight loss, exercise and mental health. We saw there was information displayed in the waiting area, including the support workers name and contact information.

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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
Explanation of any answers and additional evidence: From records we viewed, consent was sought and documented appropriately.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	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:	

CQC comments cards	
Total comments cards received.	20
Number of CQC comments received which were positive about the service.	16
Number of comments cards received which were mixed about the service.	Four
Number of CQC comments received which were negative about the service.	Nil

Source	Feedback
CQC comment cards	Patients completed 20 CQC comment cards. All comments were positive about staff and the way they treated patients. Five of the comments were particularly complimentary about the lead GP and comments included patients felt well listened to and the lead GP always treated them with dignity and respect.
OHP Policies	Contain equality and diversity statement.
Staff training	Staff had completed equality and diversity training.

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
10990	357	113	31.7%	1.03%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	80.1%	87.7%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	77.4%	85.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	87.6%	95.4%	95.6%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	65.0%	81.0%	83.8%	Variation (negative)

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

Any additional evidence

The practice had carried out their own survey in February 2019 to determine if action they had taken since the national patient survey had improved patient satisfaction. The practice had compared the results of the in-house survey to those of the national patient survey. A total of 57 out of 100 patients had responded to the survey. The survey showed patient satisfaction had improved in all areas and patient satisfaction was more in line with national averages. For example:

- The percentage of respondents in the in-house patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to had increased to 95%, compared with 88% in the national patient survey.
- The percentage of respondents in the in-house patient survey who responded positively to the overall experience of their GP practice had improved to 88%, compared with 65% in the national patient survey.

The practice monitored friends and family test results. Between August 2018 and January 2019 661 patients completed the test. Results showed 70% of patients that responded would recommend the practice to their friends and family, with 9% of responders unlikely to recommend the practice.

Patient feedback on CQC comment cards we viewed confirmed patients were generally satisfied with the overall experience at the practice and had trust and confidence in the healthcare professional they saw or spoke to.

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:	

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 (01/01/2018 to 31/03/2018)	85.0%	92.8%	93.5%	No statistical variation

Any additional evidence or comments

Results from the practices in house patient survey showed satisfaction with how well patients felt involved in decisions about their care and treatment had improved to 95% compared with 85% in the national patient survey.

	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:	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 113 patients (1% of their patient list) as carers.
How the practice supported carers.	The practice had produced a carers pack with information on support groups. The practice used an alert on their record system to alert staff if a patient was a carer. The practice offered carers health checks and the flu immunisation. The practice told us between April 2018 and March 2019 50 carers had been offered health checks and 25 of these patients had attended.
How the practice supported recently bereaved patients.	Staff told us the patient's usual GP would write to the family. We saw there was information about bereavement support in the practice entrance.

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
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	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
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Patients could access additional services such as Birmingham Healthy Minds, Scriven's Hearing Service which provided free hearing health checks for patients over the age of 50 and Social Prescribing at the practice.</p> <p>The practice also offered Phlebotomy, Electrocardiograms (ECGs) and 24-hour blood pressure monitoring, improving patient convenience.</p> <p>The practice sent us an updated equality access assessment after the inspection which showed they had fully considered accessibility for all patients.</p>	

Practice Opening Times

Day	Time
Opening times:	
Monday	08.30 – 18.00
Tuesday	08.30 – 18.00
Wednesday	08.30 – 12.30 14.30-18.00
Thursday	08.30 – 18.00
Friday	08.30 – 18.00
Appointments available:	
Monday	08.30 – 18.00
Tuesday	08.30 – 18.00
Wednesday	08.30 – 12.30 14.30-18.00
Thursday	08.30 – 18.00
Friday	08.30 – 18.00
Extended access appointments	
Monday to Friday	18.30 – 20.00
Saturday	08.30 – 12.30

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10990	357	113	31.7%	1.03%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	91.6%	94.4%	94.8%	No statistical variation

Any additional evidence or comments

The provider had worked collaboratively to develop seven extended access hubs across the city which opened in October 2018. OHP-Harlequin Surgery provided one of the extended access hubs. The central team had joint responsibility for the governance and staffing of the hubs with the relevant practices. The service was available to patients at this and other local practices.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice held nurse-led anticoagulation clinics on a Tuesday and Wednesday for the initiation of treatment and monitoring. Home visits were also available for those patients who needed them.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team, community matrons and consultant specialists to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice offered housebound patients long term condition reviews; vaccinations and phlebotomy in their own home.
- The practice offered longer appointments for those with multiple long-term conditions. Long-term condition appointments were available in the extended access hub weekday evenings and Saturday mornings, being more convenient for working age patients or those with working carers.
- The practice offered minor surgery, and held a joint injection clinic on a Monday afternoon.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held weekly clinics for child health immunisations and six-week checks at the practice.
- Midwife led antenatal clinics were held at the practice on a Wednesday.
- The practice held a sexual health clinic on a Monday afternoon.
- The practice offered contraceptive services, with implant and intrauterine device fitting available.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could access pre-bookable extended access appointments at the practice on evenings and Saturday mornings.
- Long term condition appointments were also available during extended access hours.
- The practice offered telephone consultations for patients that may not be able to access the surgery during normal hours and did not feel they needed a face-face consultation with a clinician.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had appointed a dedicated healthcare assistant to carry out learning disability reviews with support from the lead GP. The healthcare assistant was able to provide consistency to patients and carers.
- The practice offered social prescribing. Staff told us patients could self-refer as well as staff referring them.
- The practice had a policy for supporting transgender patients and staff.
- Staff had access to interpreters.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice had a lead for managing patients with substance misuse. The lead GP worked with drug workers to provide in-house substance misuse clinics.

Timely access to the service

People could 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 necessary.	Y
Explanation of any answers and additional evidence:	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	37.8%	N/A	70.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	41.7%	62.4%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	47.5%	62.8%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	48.1%	69.8%	74.4%	Variation (negative)

Any additional evidence or comments

The practice had proactively responded to the national patient survey and taken action to address the areas of low satisfaction, the outcomes of these actions were being monitored. The practice demonstrated that, by surveying their patients, patients' satisfaction was improving.

One of the advanced nurse practitioners (ANP) informed us they had taken the lead on improving the appointment system. The ANP had carried out an audit to establish how many urgent appointments were needed compared with routine/planned care appointments. The audit showed 80% of appointments were for planned care and did not need an on the day appointment.

The appointment system was amended in July 2018 to include 80% planned care appointments which

could be booked up between one and nine days in advance. Any urgent on the day appointments would be triaged by a clinician and seen on the day if appropriate. The practice had introduced the new appointment system after consultation with all staff and the Patient Participation Group.

Staff told us since implementing the new appointment system they could meet the demand for urgent appointments with no patient being turned away. Also before the new system, patients would wait outside the practice, before it opened to book an urgent appointment. Since using the new appointment system, staff told us they had noticed patients had stopped doing this.

The practice had recently installed a new telephone system.

Staff were actively promoting patients to register for online services, for accessing appointments; repeat prescriptions and medical records.

The practice employed two independent prescribing practice nurses who were trained to provide minor illness clinics to help respond to demands in urgent on the day appointments.

The practice premises were used as an Extended Access Hub with appointments available 18.00 to 20.00 Monday to Friday and 08.30 to 12.30 every Saturday. The provider was monitoring how many patients accessed the extended access service and the practice provided evidence to show patients registered with this practice were utilising the service effectively.

The practice also monitored how many patients did not attend their appointments and used this information when they were reviewing their appointment system.

The practice had carried out an in-house patient survey in February 2019 using the same questions as those asked in the national patient survey to determine if actions they had taken since the national patient survey had improved patient satisfaction.

100 patients were invited to complete the survey and 57 patients responded. The practice had compared the results of the in-house survey to those of the national patient survey. The in-house patient survey showed patient satisfaction had improved in all areas and was more in line with national averages.

For example:

- The percentage of patients who responded positively to how easy it was to get through to someone at their GP practice on the phone had improved to 72% compared with 38% in the national patient survey.
- The percentage of patients who responded they were very or fairly satisfied with the practice appointment times that were available had improved to 67% from 48% in the national patient survey.
- The percentage of patients who responded positively to the overall experience of making an appointment had improved to 68%, from 42% in the national patient survey.
- The percentage of patients who were satisfied with the type of appointment (or appointments) they were offered had improved to 60% from 48% in the national patient survey.

The results of the in-house patient survey were further supported by the results of the friends and family test. The practice told us between August 2018 and January 2019 661 patients completed the test. Results showed 70% of patients that responded would recommend the practice to their friends and family,

with 9% of responders unlikely to recommend the practice.

Source	Feedback
For example, NHS Choices	We saw the practice had received eight reviews on the NHS choices website between March 2018 and November 2018. Patient feedback was mixed and included three negative reviews relating to the appointment system. The practice had not received any further reviews between November 2018 and the time of the inspection.
CQC comments cards	The practice received a total of 20 CQC comments cards. Out of the 20 comments received, four comments were relating to appointments and in-particular commented on difficulties in getting an appointment.

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.	33
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.	Nil

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The providers standard operating procedures states that all complaints are to be reported through the GP team net enabling them to be monitored centrally. This enabled the provider organisation to look at trends and benchmark complaints across practices. We saw this practice used GP team net to record all complaints including any verbal complaints received.</p> <p>The practice had appointed leads for managing clinical and non-clinical complaints. The practice had learnt from complaints and amended their appointment systems to improve services for patients. The practice had also identified there had been a trend in complaints received regarding the attitude of staff. Management told us they had spoken with staff involved and continued to monitor trends in complaints. Staff told us complaints were discussed in practice meetings and learning was shared following meetings with individuals concerned.</p> <p>The practice monitored results of the friends and family test, we saw these were discussed with staff during practice meetings.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
The practice received a complaint relating to a long wait and the GP had not carried out the procedure they were expecting.	<p>The practice fully investigated the complaint and apologised to the patient. The practice shared learning with all staff to ensure clinical staff communicated clearly with patients when they were booking appointments to ensure the patient understood what the appointment was for.</p> <p>The practice had also amended their appointment set up to allow clinicians 'catch up' time, to reduce the risk of them running late in future.</p>

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:	
<p>The provider organisation (OHP) added OHP-Harlequin Surgery to their registration in November 2017. The OHP partnership model is one of local autonomy in which individual practices and the GP partners work to identify their own local priorities and run their practices in the way they see fit to meet their local population needs. The OHP Board takes on a more strategic role. The OHP Board is made up of nine elected GP partners, the Operations Director and Finance Director. Board elections are staggered on a three-year roll. The OHP board held a development event in June 2018 to assess and challenge the effectiveness of the chosen model.</p> <p>There is a small central OHP team that support the practices to achieve future sustainability and resilience. They do this in various ways such as helping to reduce some of the administrative burden in the running of their practice and to help individual practices realise and identify solutions to local challenges (through innovation and effective partnership working).</p> <p>OHP were aware of challenges faced by GP practices and have for example undertaken work to develop longer term workforce solutions. They recognise locality differences and have focussed General Practice Forward View money to help practices identify new and innovative ways to address local challenges. This has involved working with affiliated non-OHP practices within the same localities.</p> <p>At this practice we found the leadership team to be capable and experienced in managing the practice. They were aware of the challenges that faced the practice and were taking appropriate action to improve services for patients. For example, work undertaken in relation to appointments and access.</p>	

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 external partners.	Y
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
<p>Explanation of any answers and additional evidence:</p> <p>There was a collective vision among OHP member practices which was to provide: ‘A strong and sustainable GP partnership that influences change in health and social care for the benefit of our patients, partners and practices, whilst providing leadership, standards, and support to ensure all we do clinically or operationally is of the highest quality.’</p> <p>The vision and values for OHP and its member practices were set out in the provider business plan. This had undergone annual review with the GP partners to monitor progress of delivery and identify that the direction of travel was still appropriate.</p> <p>The practice had identified their own local vision and values. Staff we spoke with during our inspection were aware of these.</p>	

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
The practice’s speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was an expectation that practices who wished to join OHP shared the same goals.</p> <p>There were arrangements at provider level to address behaviour inconsistent with the vision and values of the organisation (OHP). Member practices were expected to provide monthly returns of core quality markers which were discussed at the provider governance meetings along with other information such as incidents and complaints. This was used to assure the board of quality standards.</p> <p>There was a whistle blowing policy which allowed staff to refer any concerns directly to the provider if they felt unable to raise them with a local practice.</p> <p>At provider level we saw that there was a strong emphasis on the safety and well-being of staff. One of the providers key objectives was to focus on a sustainable workforce and create better work life balance. This was being delivered through the development of staff retention schemes and sharing some of the</p>	

administrative burden on practices.

At practice level staff told us they felt supported by management to develop themselves and services to improve quality. For example, the reception manager told us they had implemented a holiday planner for reception staff, after identifying gaps in the previous system. They told us the new system allowed greater equality for all staff and staff were much happier.

The healthcare assistant had expressed an interest in carrying out learning disability reviews and the practice had supported them to achieve this.

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

Source	Feedback
Staff we spoke with	All staff we spoke with told us the leadership team at the practice were supportive and approachable.

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:

Individual practices retained local responsibility and accountability for the services they provided within the OHP provider model. However, there was also a centralised governance function in which the central team monitored quality across the whole organisation and provided the board with assurance that standards at practice level were being maintained. The central team provided a supportive role to practices who needed it.

We saw the practice held a variety of meetings to keep staff informed on updates or issues affecting the practice. This included monthly nursing meetings, weekly practice meetings and weekly clinical meetings.

Managing risks, issues and performance

The practice had 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:	
<p>Performance and risk was managed at practice level however, the central OHP team maintained an oversight of this. The practices were expected to provide assurance that quality standards were being met and quality and risk was being managed through the submission of core quality markers to the central team. These were monitored along with complaints, significant events and safety alerts through the centralised governance management processes. During May and October 2018, we saw this practice had submitted five out of six monthly reports and one of the two quarterly reports to the provider.</p> <p>The central team also offered mock CQC inspections to member practices to help improve and drive quality. Practices wishing to join OHP were expected to meet certain criteria to minimise risks and safeguard the partnership.</p> <p>At practice level we saw most risks were managed well with mitigating actions in place. The practice had effectively risk assessed the use and storage of nitrogen, however had not put all mitigating actions in place. Immediately following the inspection, the practice informed us they would no longer be storing or using nitrogen at the practice.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>GP TeamNet (clinical and governance system) had been rolled out across OHP member practices and provided the main forum for sharing management information. This enabled both the practice and central team to manage and monitor information such as those relating to incidents, complaints, safety alerts and staffing.</p> <p>We saw the practice were using GP Team net to effectively manage information.</p> <p>The central OHP team provided support to practices in relation to statutory notifications to CQC.</p>	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice collected information from patients to help improve services in various ways including the friends and family test and an in-house survey to assess satisfaction with access.</p> <p>The practice held three monthly meetings with the patient participation group and had displayed results of the friends and family test in the waiting area.</p> <p>The provider (OHP) held partners meetings annually which provided a forum for provider level feedback and to check that the direction of travel of the organisation was still appropriate. OHP had also set up a salaried GP community and planned to introduce a similar network for nursing staff working across the organisation.</p> <p>The provider used a practice manager focus group to check progress against objectives and have a voice in shaping future development for example, the provider told us that they had met regularly during the development and evaluation of the extended access service.</p> <p>At practice level staff told us they were kept informed of issues affecting the practice through practice meetings and were involved in helping to improve systems such as the appointment system.</p> <p>The centralised OHP team played a significant role in the stakeholder engagement on behalf of member practices. For example, OHP provided a collective voice for GPs in strategic planning within the health and social care economy and for exploring areas for collaborative working.</p>	

Feedback from Patient Participation Group.

Feedback

We spoke with two members of the patient participation group (PPG). They spoke highly of all practice staff, including reception staff who they said remained calm and patient when facing difficult patients and situations.

They told us the PPG group met three monthly and meetings were attended by non-clinical staff from the practice. They told us the practice kept them well informed about any changes for example to staffing or when the practice changed their appointment system. The practice had informed the group of the results of the national and in-house patient survey. The group felt listened to and told us following their feedback the practice had installed a television screen in the waiting area to help alert patients of their appointment.

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:	
Being part of a large provider organisation (OHP) enabled practices to: <ul style="list-style-type: none">• Collectively bid and benefit from new contracts for example, extended access, anticoagulation and social prescribing services.• Share and learn from each other for example, the system for recording and monitoring incidents and complaints management was adopted from a practice within OHP.• Benefit from workforce developments including an internal staff bank.• Explore digital access through the provider participation in a pilot scheme.• Focus on improvement and innovation through collaborative working within the practices own locality using General Practice Forward View money. Examples, of improvement schemes have included the development and training of reception clerks in managing prescriptions and improving document handling.• Collaborative working with the hospital and community services to bring services closer to home.	

Examples of continuous learning and improvement

The practice held weekly clinical meetings where they discussed updates in guidelines and complex clinical cases.

The practice worked with a local group of GPs (Sigma) and OHP to develop services for the local population. For example, through Sigma and East Birmingham Health organisation the practice had set up virtual diabetes clinics with input from a diabetes specialist consultant. The practice had reduced the number of patients going to secondary care for diabetes management.

One of the GP partners at this practice was the lead for Sigma, helping to drive change in the local community.

The practice offered training to Foundation Year 2 (FY2) doctors and trainee GPs.

Staff gave us examples of how they had improved services for example, by creating a single referral form which included all relevant information, for doctors to use when referring patients for vascular services.

The practice was being proactive with technology and using text messages to remind patients about appointments, cancer screening, and offering advice for NHS health checks and stop smoking.

To help improve its safeguarding processes the practice had assigned a dedicated staff member to act as a link between the practice and external children's service. Staff told us the role had led to more effective relationships with external agencies.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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>

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.