

Perry Park Surgery

Quality Report

Perry Park Medical Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Perry Park Medical Centre on 8 September 2015. Overall the practice is rated as good.

Our key findings across all of the areas inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were discussed and where possible acted on.
- Practice staff were proactive in utilising methods to improve patient outcomes, working with other local providers to share best practice. For example, reviewing patients who had attended the A&E department at the local hospital and providing them with guidance about alternative measures.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Practice staff worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice had a clear vision which had quality and safety as its top priority. High standards were promoted and owned by all practice staff with evidence of strong team working across all roles.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed, well managed and communicated widely enough to support improvement.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed most patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and requests for further training had been acknowledged and acted on. Arrangements were in place for staff appraisals and personal development plans. Staff worked with multidisciplinary teams to promote continuity of care.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about responsibilities and participated in the on-going improvements. There was a clear leadership structure and staff felt supported by management. The practice policies and procedures to govern its activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. Senior staff proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was active and felt they positive contributions for the benefit of patients.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice had regular contact with district nurses and participated in meetings with other healthcare professionals to discuss any concerns and patient's care needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. These patients had regular structured reviews to check that their health and medication needs were being met. For patients with complex needs the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place 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 A&E attendances. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Extended hours were available until 7.45pm each Monday to improve patient access.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Practice staff offered longer appointments for people with a learning disability and all of these patients had received annual health checks. Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing, documentation and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). All patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Staff informed patients about how to access support groups and voluntary organisations. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published July 2015 showed the practice was performing above local and national averages. There were 110 responses and a response rate of 28%.

- 89% found the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 75% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 61% feel they don't normally have to wait too long to be seen compared with a CCG average of 54% and a national average of 58%.
- 94% said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 86% and a national average of 87%.

- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 80% find it easy to get through to this surgery by phone compared with a CCG average of 62% and a national average of 73%.
- 98% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.

During our inspection we spoke with seven patients. All patients told us they were satisfied with the service they received. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. All comments about the standard of care were positive and some described it as excellent. One comment made concerned the poor attitude of a receptionist.

Perry Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and a practice manager, specialist advisors.

Background to Perry Park Surgery

Perry Park Medical Centre is located in Perry Barr, Birmingham and serves approximately 6000 patients. The practice holds a General Medical Services contract and provides GP services commissioned by NHS England.

The practice is managed by three GP partners (two male, one female) who between them provide 25 clinical sessions per week. They are supported by a full time advanced nurse practitioner who holds three clinical sessions per week to see patients who have requested an appointment. There are two practice nurses and a health care assistant (HCA) who support the clinical needs of patients. The practice employs a practice manager and a team of reception, clerical and administrative staff. One of the partners provides training sessions for two medical students.

The practice is open from 8.30am to 6.30pm and until 8pm on Mondays. It is closed from 1pm each Thursdays. Urgent appointments are available on the day. Routine appointments can be pre-booked in advance in person, by telephone or online. Telephone consultations and home visits are available daily as required.

The practice has a branch surgery, Kingsdale Surgery, 422-424 Kings Road, Kingstanding, Birmingham, B44 0UJ;

which we visited as part of our inspection. The opening hours are the same as Perry Park Medical Centre with the exception that it remains open on Thursday afternoons to enable patients continued access to the service.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are provided currently by a service commissioned by Birmingham Cross City Clinical Commissioning Group (CCG). When the practice is closed, there is a recorded message giving out of hours' details.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?

Detailed findings

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 September 2015. During our visit we spoke with a range of staff including three GPs, the advanced nurse practitioner, a practice nurse, the health care assistant, the practice manager and their personal assistant and three reception staff. We also spoke with seven patients who used the service and three members of the Patient Participation Group (PPG). We observed how people were being cared for and talked with family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record

There was an open and transparent approach and all staff were aware of the system for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and where possible made changes to prevent similar recurrences.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, in November 2014 there was a power failure to the vaccine fridge. Although the drug company who had supplied the vaccines felt that it would be safe to administer them, practice chose to discard them and re-order fresh vaccines.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Learning and improvement from safety incidents

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who the contact details of external professionals who could provide further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible or provided reports if requested for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients of their right to have a chaperone. All staff who acted as chaperones were trained for the role and demonstrated good knowledge of how to carry it out. All staff had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff knew where it was located. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked regularly to ensure it was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. The premises were visibly clean and tidy. A practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Regular audits of each clinical room were carried out and all staff were checked for their hand hygiene practices every six months.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For

Are services safe?

example, proof of identification, references, qualifications, registration with the appropriate professional bodies and checks through the Disclosure and Barring Service.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager regularly reviewed the number of patients against the number of clinical sessions provided. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty at both sites. Staff covered each other during absences and worked extra shifts. Locum GPs were used occasionally.

Arrangements to deal with emergencies and major incidents

There was a messaging system on the computers which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on both sites and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this was kept off site by the practice manager to ensure that appropriate response would be instigated in the event of eventualities such as loss of computer and essential utilities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. Staff monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Changes in NICE guidelines were discussed during clinical meetings to ensure all staff were following the latest guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF data from 31 July 2015 showed;

- The dementia review rate of 100% was 6.0% points above the CCG and 6.6% points above the national average.
- Performance for asthma related indicators was 100% which was 3.2% points above the CCG average and 2.8% points above the national average.
- Performance for diabetes related indicators was 99.2% which was 8.7% points above the CCG average and 9.1% points above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 93.1% which was 0.7% below the CCG average and 1.8% below the national average.
- Performance for mental health was 100% which was 8.6% points above the CCG average and 9.6% points above the national average.

The performance data for depression was 81.2% which was 8.8% points below the CCG average and 5.1% points below the national average. There were 343 registered patients who had depression. We spoke with the senior partner

about this. They told us they were aware of this and that the low result was due to clinical staff using the wrong indicator on the computer system. They said they were investigating how this could be resolved.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at three clinical audits that had been carried out within the last 12 months. They identified where improvements had been made and monitored for their effectiveness. The practice participated in applicable local audits, national benchmarking and accreditation. Findings were used by the practice to improve services. For example, good practice was shared between other local practices to improve and provide consistent patient care.

Information about patients outcomes were used to make improvements such as; the reduced availability of staff who carried out phlebotomy duties. This was resolved by the employment of the health care assistant (HCA).

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal date arranged to complete them within the next month.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Other training was provided that was relevant to their roles. Staff had access to and made use of e-learning training modules and in-house training.
- There was a mentoring system in place for all clinical staff. The staff we spoke with told us it worked well and that it enhanced effective team working.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely developed, reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

All clinical staff knew how to assess the competency of children and young people about their capability to make decisions about their own treatments. They understood the key parts of legislation of the Children's and Families Act 2014 and were able to describe how they implemented it in their practice. GPs demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 years of age who have the legal capacity to consent to medical examination and treatment).

Health promotion and prevention

Substance misuse clinics were held every two weeks at Kingsdale Surgery. The clinical session was held by an NHS professional and a GP from the practice. These were held to effectively treat and reduce the number of patients who needed this service. There were 27 patients registered with the practice who required support regarding alcohol consumption.

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Smoking cessation and diet advice were available in leaflets, from the clinical staff and from a local support group. All patients who had obesity had been given guidance and support. Patients needing advice on managing stress and pregnancy were signposted to the appropriate resources. Longer appointments were also made available to those patients.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 95.6%, which were 1.0% points above the CCG average and 1.9% points above the national average. Practice staff encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Child health surveillance was 100%, which was comparable to CCG averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

There was a policy of sending phone text reminders to all patients 48 hours prior to their appointment.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains or dedicated examination rooms were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception encouraged patients to inform them when they wanted to discuss sensitive issues or responded to those who appeared distressed. These patients were offered a private room to discuss their needs.

All of the 18 patient CQC comment cards we received were positive about the service experienced. The six patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with three members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated. The practice was in line with the CCG and national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 85% said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 96% said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 98% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 96% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback on the comment cards we received was positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.
- 97% said the last nurse they saw was good at giving them enough time compared to the CCG average of 91% and national average of 92%.
- 97% said the last nurse they saw was good at listening to them compared to the CCG average of 90% and national average of 91%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Practice staff provided guidance and support

Are services caring?

to carers by offering health checks and flu vaccinations and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

In April 2015 the practice held a 'carers open evening' with members of the Patient Participation Group (PPG) present. This was to raise awareness of the services available to carers and to inform the PPG to enable them to make suggestions for improvements to for carers.

Staff told us that if families suffered bereavement that staff send out a letter of condolence. If necessary a GP will visit the family or carer of the patient and sign post them to a counselling and other support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example medicines management, reduction of readmissions of patients aged 75 years or more and increasing the proportion of patients who feel supported to manage their condition. These were led by Clinical Commissioning Group (CCG) targets for the local area, and the practice engaged regularly with the CCG to discuss local needs and priorities.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered evening appointments until 8pm on Mondays for patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and other complex conditions.
- Home visits were available for older patients and patients who found it hard to attend the practice
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- There was level access to the practice to accommodate wheelchairs and prams/pushchairs to manoeuvre. All clinical rooms were located on the ground floor.
- The GPs worked closely with drug dependence teams and local chemists to support vulnerable patients such as those with a drug and alcohol addiction or experiencing poor mental health.

Access to the service

Both locations were open between 8.30am and 6.30pm Tuesday, Wednesday and Friday, Perry Park Medical Centre closed at 1pm on Thursdays but Kingsdale Surgery remained open until 6.30pm. Extended hours were provided at both sites until (last appointment at 7.45pm)

8pm on Mondays. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 91% said they were able to get an appointment or speak with someone last time they tried compared to the CCG average of 82% and national average of 85%.
- 80% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 84% patients described their experience of making an appointment as positive compared to the CCG average of 67% and national average of 73%.
- 81% reported they were satisfied with the opening hours compared to the CCG average of 72% and national average of 75%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system for example, posters displayed, summary leaflet available and receptions staff would signpost the patients to the practice manager. Some of the patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, with openness and transparency and in line with the practice's own complaints policy. If necessary an apology had been given to the complainant. We also looked at a summary of all complaints for the last 12 months and minutes of meetings where they had been discussed and action plans were agreed.

Are services responsive to people's needs? (for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint concerned a poor clinical technique. An apology was provided and monitoring of the staff member took place towards improving their skills.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a mission statement and staff knew and understood the values. They had a clear vision and strategy to deliver high quality care and promote good outcomes for patients in an open and friendly environment. Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. There was no written business plan, however, senior staff had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients. Future improvements included improving the telephone system, IT connectivity between the two sites and to extend the premises of Kingsdale Surgery to improve patient's access.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice

and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' views and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a monthly basis. PPG members said they felt the staff listen to them and that changes would be facilitated whenever practicable. We were shown the list of information or improvements that the PPG had requested and saw that most of them had been actioned. For example, PPG meeting minutes displayed on the practice website, work was carried out to prevent conversations in one of the consulting rooms from being overheard in the waiting area and the patient notice board at both locations were updated.

The practice was participating in the 'Friends and Family' survey where patients were asked to record if they would recommend the practice to others. The survey commenced December 2014 and the practice manager submitted monthly reports to the local CCG. We looked at the results for August 2015. There were 52 responses and all (98%) but one said they would recommend the practice to others. One patient reported that they were neither likely nor unlikely to recommend.

The practice had also gathered feedback from staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistleblowing policy which was available to all staff and those we spoke with said that they would feel confident in reporting any concerns.

Innovation

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

GPs were involved with Aspiring to Clinical Excellence (ACE) that was being piloted by the local CCG. ACE is a programme offered to all Birmingham Cross City Clinical Commissioning Group (CCG) practices. The ACE programme is based on the strategic objectives of the CCG and the NHS Outcomes Framework indicators. ACE is aimed at reducing the level of variation in general practice by bringing all CCG member practices up to the same standards and delivering improved health outcomes for patients. The practice had participated in improving care for long term conditions such as; diabetes and dementia. The latest initiative that was just commencing was for paramedics who attended patients as an emergency and assessed that the patients could be treated by practice staff to contact the practice and inform them of this.

The practice had management systems in place which enabled learning and improved performance. We spoke with a range of staff who confirmed that they received annual appraisals where their learning and development needs were identified and planned for. Staff told us that the practice consistently strived to learn and to improve patients' experience and to deliver high quality patient care.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at four staff files and saw that regular appraisals took place which included a personal development plan.