

Care Quality Commission

Inspection Evidence Table

The Acocks Green Medical Centre (1-584619226)

Inspection date: 31 May 2018

Date of data download: 29 May 2018

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	09:00-13:00
Monday	14:00-18:00
Tuesday	09:00-13:00
Tuesday	14:00-18:00
Wednesday	07:00-08:15
Wednesday	09:00-18:00
Thursday	09:00-13:00
Thursday	14:00-18:00*
Friday	09:00-13:00
Friday	14:00-18:00

Appointments available	
	<p>GP consulting hours are available from 9am to 1pm and 2pm to 6pm Mondays to Fridays, except Wednesdays when GP consulting hours are available from 7.15am to 8.15am, 9am to 1pm and 2pm to 6pm.</p> <p>*The practice was contracted to offer GP appointments on a Thursday afternoon, these appointments were stated on the practice leaflet and website. However, at the time of our inspection, we found that GP consulting appointments were not routinely available at the practice on Thursday afternoons. The practice told us that there was a service level agreement in place for clinical care to be provided by Birmingham and District General</p>

	<p>Practitioner Emergency Rooms (BADGER)</p> <p>The practice has opted out of providing cover to patients in their out of hours period as well as Wednesday and Thursday afternoons when the practice did not offer GP consultations. During this time, services are provided by BADGER medical services.</p>
<p>Extended hours opening</p>	
	<p>Wednesdays from 7.15am to 8.15am</p>

<p>Home visits</p>	
<p>The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention</p>	<p>Yes</p>
<p>If yes, describe how this was done</p>	
<p>To assess whether a home visit was clinically necessary and the urgency of the need for medical attention patients who requested a home visit would be placed on a home visit request list, which GPs worked through collectively. Staff explained that GPs would call the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need.</p> <p>In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits. Staff we spoke with explained how they navigated patient's appointments effectively.</p>	

Timely access to the service

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	79.6%	77.0%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	52.9%	58.7%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	59.5%	66.7%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	57.0%	66.3%	72.7%	Comparable to other practices

Examples of feedback received from patients:

Source	Feedback
NHS Choices	Although comments placed on NHS Choices web site showed that patients felt they were treated with care and concern, there was a theme of less positive comments from patients about their experience of accessing appointments. Documentation viewed during our inspection, showed that the practice actively viewed and responded to comments recorded on NHS Choices. Comments were also shared with practice staff to enable staff to learn and make identified improvements where necessary.

Listening and learning from complaints received

Question	Y/N
The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i>)	Yes
Information was available to help patients understand the complaints system.	Yes

Complaints	Y/N
Number of complaints received in the last year.	Four
Number of complaints we examined	Four*
Number of complaints we examined that were satisfactorily handled in a timely way	None*
Number of complaints referred to the Parliamentary and Health Service Ombudsman	None

Additional comments:
<p>At the time of our unannounced inspection, the lead person for managing complaints was not at the practice.</p> <p>During our inspection, we were unable to examine complaints as staff we spoke with explained that the practice may have received one written complaint in the last 12 months; however, were unable to locate the incident log or access paperwork to evidence where learning had been shared within the practice. We were told that the practice were in the process of uploading a number of documents onto a web-based sharing and compliance platform. Following our inspection, the practice provided evidence, which showed four complaints received and satisfactorily handled in the last 12 months.</p>

Any additional evidence
<p>Following our inspection, the practice provided evidence of an action plan and meeting minutes dated January 2018 where the practice had discussed the national GP patient survey results, which was published July 2017. Documents showed that the practice planned to review their appointments system and introduce positive changes; such as, extended health care assistant clinics on a Tuesday morning to start from 9am. The practice planned to recruit a clinical pharmacist in line with Aspiring to Clinical Excellence (ACE) to share workload of medication review in order to increase the availability of GP appointments. ACE is a programme offered to all Birmingham and Solihull Clinical commissioning group (CCG) practices to further improve care offered to patients.</p> <p>The practice action plan included plans to review and evaluate effectiveness of telephone triage clinic's which were held on Wednesdays. The practice also commenced opening on Wednesday afternoons from October 2017 to allow face-to-face GP access. The practice was also considering offering 'telephone appointments' with members of the Practice Nurse team as currently this service was unavailable.</p> <p>Staffs awareness of the impact of appointment delays were discussed during meetings and staff were</p>

advised of the importance of communicating with patients when appointments were running late.

The practice identified root cause of appointment delays, such as increased use of care templates during consultations. As a result, the practice offered double appointments for patients with multiple problems and during times of appointment delays, clinicians apologise to patients at the start of their consultation.

Well-led

Leadership capacity and capability

Example of how leadership, capacity and capability were demonstrated by the practice

The practice is a three GP partnership; however, two out of the three GP partners attended the practice occasionally and did not see patients for regular booked clinical appointments.

The practice held formal meetings to discuss a variety of areas such as governance arrangements, performance and any planned changes within the practice.

Culture

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

Source	Feedback
Interviews with staff	Feedback from staff was positive about the culture and working environment within the practice. For example, staff felt supported by the clinical team and found the management team and GPs approachable.

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

Source	Example
Members of the management team	Staff members were aware of the duty of candour. Complaints logs showed that apologies were made to patients where necessary by telephone or letter.

Examples of concerns raised by staff and addressed by the practice

Source	Example
Staff	Staff explained that if required they felt confident approaching the GP partner if things went wrong and were confident that any concerns would be resolved.
The practice's speaking up policies are in line with the NHSI National Raising Issues Policy.	Yes

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

Source	Example
Staff	The practice promoted and offered flexible working options for staff who needed to adjust their working hours.

Examples of service developments implemented in past 2 years

Development area	Impact
Implementation of a new file sharing platform.	The practice introduced a file sharing platform to improve timely access to information such as policies, procedures meeting minutes and complaints logs. The aim was to operate a system, which facilitates seamless information sharing and communication within the practice.
Policy updates	The practice had updated their complaints policy and practice leaflet following our inspection.
System updates	Complaint records, including tracking logs and annual review have been saved to the practice shared drive while the practice transferred records over to the new file sharing platform. Since our inspection, the practice explained that all staff members had been advised of this.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Learning from complaints and significant events	Learning from individual complaints as well as annual analysis of trends were carried out and shared within the practice during team meetings. Records provided by the practice demonstrated actions taken to reduce the risk of the same thing happening again. For example, staff were required to confirm that locums are clear on practice systems and processes prior to commencing their clinical sessions.
Practice specific policies	The practice had a number of policies and procedures in place to govern activities.
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Clinical staffing levels	At the time of our inspection, the practice were carrying out a recruitment campaign to increase their clinical team in order to respond to appointment demands. At the time of our inspection, staff explained that they had secured permanent GP cover for their Wednesdays and Thursdays clinics as well as additional GP availability on Tuesdays from June 2018.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understand what this entails.	Yes

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Website / Patient Participation Group (PPG) / Notice boards	The practice had an active PPG who attended regular meetings within the practice. Notices in patient waiting areas as well as the practice website promoted the PPG and encouraged patients to join.
Staff	Practice meetings and one-two-one individual meetings	Staff attended regular meetings and felt able to offer opinions. Training opportunities were offered and a number of staff attended peer meetings and monthly learning and development afternoons held by the practice the last Thursday of every month.

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

Examples	Impact
Review of the GP patient survey July 2017	The practice had reviewed the survey with the PPG and made a number of changes such as opening the practice and providing access to GP appointments on Wednesday afternoons from October 2018.

Notes: CQC GP Insight

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

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

The following language is used for banding variation:

Significant variation (positive)

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

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

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

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

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