

# Dr Lisa Terrill & Partners

## Quality Report

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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?		Requires improvement	
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 at Dr Lisa Terill & Partners on 28 July 2015. The overall rating for the practice was good with a rating of requires improvement in responsive. The full comprehensive report published on the 8 October 2015 can be found by selecting the 'all reports' link for Dr Lisa Terill & Partners on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken to follow up the areas requiring improvement and was an announced comprehensive inspection on 15 November 2016. Overall the practice is rated as good.

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

- There were effective systems and processes in place which enabled staff to report and record incidents and significant events. Learning from significant events was identified and shared appropriately.
- Risks to patients were assessed and managed across the practice.

- Staff had the skills, knowledge and experience to support them to deliver effective care. Staff were supported to access to training to increase knowledge and keep up to date.
- Care and treatment was delivered in line with evidence based guidance.
- The majority of patients felt they were treated with compassion, dignity and respect and were given the opportunity to be involved in decisions about their care.
- The practice's complaint policy reflected national guidance and legislation. Information about how to make a complaint was accessible to patients in the practice and on the website.
- Patients could generally access urgent appointments when these were required although there could be a long wait for routine appointments. A range of appointments were offered including telephone appointments. The practice had recently set up an acute care same day service to reduce waiting times.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. A range of services were hosted in house to enable patients to access services closer to home including an audiology service and an osteopathy service.
- There was a clear leadership structure in place within the practice and staff felt supported by the partners and the management.
- Feedback was sought from patients and staff and action was taken as a result. The practice was in the process of forming a new patient participation group.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review the processes in place for recalling patients for blood monitoring where high risk medicines are being prescribed
- Work with patients to develop a new patient participation group
- Continue to review and improve access to routine GP appointments

**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.

Good



- There were systems and processes in place to enable staff to report and record significant events. Significant events were discussed regularly with all staff.
- Lessons were shared internally and externally, where required, to make sure action was taken to improve safety in the practice.
- Staff told us when things went wrong patients were provided with support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the practice should ensure improvements are embedded regarding the monitoring of patients being prescribed high risk medicines.
- Risks to patients were assessed and generally well managed across the practice.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were similar to local and national averages.
- For areas where performance was below local and national averages, we saw evidence that the practice was aware of this and had taken action to ensure improvement.
- Staff were aware of evidence based guidance.
- Clinical audits were undertaken within the practice and demonstrated improvement in care being provided.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice employed a specialist care practitioner to oversee the care provided to their patients who were considered to be at risk of admission to hospital. The specialist care practitioner worked with GPs and community health professionals to ensure appropriate care plans were in place.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- Feedback from patients we spoke with and from comment cards we received indicated that most patients felt 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.
- The practice had a bereavement protocol in place which set out the support which was provided to the families of deceased patients.
- During our inspection we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Good**



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local population and delivered services to meet their needs. For example, the practice delivered and hosted a range of services to avoid the need for patients to travel to receive care. Services included minor surgery, joint injections, ambulatory blood pressure monitoring, audiology, counselling and osteopathy.
- Patients said they were generally able to make urgent face to face or telephone appointments with a GP or acute care practitioner when these were required.
- The practice was aware of issues related to accessing routine appointments and had taken action to try to address this. Actions taken included the development of an acute care same day service which was provided by the acute care practitioner. In addition the practice had increased availability of telephone appointments with GPs and changed their duty doctor system.
- Although waiting times for routine appointments had decreased, patients generally waited over four weeks to access a routine appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

**Requires improvement**



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and a supporting practice development plan in place. The vision was focused on the delivery of high quality care and promotion good outcomes for patients.
- Staff were clear about the vision and the values of the practice and their responsibilities in relation to these.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice was in the process of forming a new patient participation group.

**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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Home visits were offered by GPs, the acute care practitioner, the specialist care practitioner and nursing staff within the practice to ensure older people had access to all the services they required.
- The practice maintained a register of patients who were housebound and monitored this to ensure the needs of these patients were being met.
- A specialist care practitioner was employed by the practice to help meet the needs of their most vulnerable patients. The practice had identified 217 (3%) patients at risk of admission to hospital and the specialist care practitioner had reviewed 210 of these patients since May 2016.
- 80% of patients over 75 had received an annual health check in the last 12 months.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Comprehensive care plans were in place for patients at risk of admission to hospital.
- Performance for diabetes related indicators was 87.1% which was 8.4% below the CCG average and 2.8% below the national average. During the inspection, the practice shared data from the current year which showed they were on track to exceed last year's achievement in respect of diabetes.
- Performance for hypertension related indicators was 100% which was 0.6% above the CCG average and 2.7% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.

# Summary of findings

- For patients with the most complex needs, the named GP and specialist care practitioner worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as 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 in line with local and national averages for 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 and the premises were suitable for children and babies.
- The practice told us that invitations for asthma reviews and flu vaccination appointments for patients under 18 were targeted for the school holidays to increase access for younger patients.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwifery and health visiting services were co-located with the practice which aided effective communication. The practice team had established effective liaison with their local health visitor team, who regularly attended the practice to discuss any patient concerns.

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours services were offered one evening per week to facilitate access for working age patients. In addition pre-bookable telephone consultations were available.

Good





# Summary of findings

- 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. The practice had achieved a 37% registration rate for online services amongst their practice population.
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 86% and above the national average of 83%.
- Online appointment booking was available and over 35% of the practice population for registered for online services.

## 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 carers and those with a learning disability.
- A recent meeting had been held with a carers charity and the practice was developing a carers champion role.
- The practice offered longer appointments for patients with a learning disability. There were a total of 35 patients on the practice's learning disability register. At the time of the inspection the practice had completed learning disability health checks for 16 of these patients with the booked or planned before the end of March 2017.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Information was available which informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns 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).

Good



# Summary of findings

- QOF data indicated that 100% of patients with a mental health condition had a documented care plan in their records in the preceding 12 months which was in line with the CCG average. Exception reporting for this indicator was above local and national averages.
- The practice acknowledged the exception reporting rates were correct but provided data which showed the number of patients on the mental health register was low meaning the exception reporting rate could be affected by small numbers.
- Performance for indicators related to dementia was 100% which was 0.5% above the CCG average and 3.4% above the national average. The exception reporting rate for indicators related to dementia was 8% which was below the CCG average of 13.4% and the national average of 12.7%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Information was available for patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2016. The results showed the practice was mixed when compared with local and national averages. A total of 218 survey forms were distributed and 118 were returned. This was a response rate of 56% and represented 1.7% of the practice's patient list.

- 48% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 64% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of the inspection we asked for CQC comment cards to be completed by patients prior to and during our inspection. We received 11 completed comment cards which were generally positive about the standard of care received. Comment cards highlighted the friendly, helpful and caring staff working within the practice. However, a number of cards highlighted challenges in accessing routine appointments and indicated that there could be long waits.

We spoke with five patients during the inspection. The majority of patients we spoke with were happy with all aspects of the service provided by the practice and found staff approachable and caring. We received some negative feedback regarding access to routine appointments.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review the processes in place for recalling patients for blood monitoring where high risk medicines are being prescribed
- Work with patients to develop a new patient participation group
- Continue to review and improve access to routine GP appointments

# Dr Lisa Terrill & Partners

## 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 specialist adviser and a second CQC inspector.

## Background to Dr Lisa Terrill & Partners

Dr Lisa Terrill & Partners (also known as Collingham Medical Centre) provides primary medical services to approximately 6900 patients in the rural village of Collingham and 31 surrounding villages, covering an area of 132 square miles. The practice holds a General Medical Services (GMS) contract with NHS England.

There are currently three GP partners and one salaried GP working within the practice; GPs work on a part time basis meaning there are currently 3.2 whole time equivalent GPs. Due to challenges in recruiting new GPs, the practice has recently recruited an acute care practitioner and a specialist care practitioner to support their medical team. The practice has a team of six nursing staff including three practice nurses and three health care assistants working a variety of hours.

Collingham Medical Centre is a dispensing practice and dispenses medicines to patients who live more than 1.6 km from a pharmacy. The dispensing of medicines is co-located with a community pharmacy. There are two separate dispensaries but with one collection point. A superintendent pharmacist manages the dispensary

service with the support of two dispensing staff. The administrative team comprises of 14 staff members and they are led by the practice manager, who is also an executive partner within the practice.

The surgery is open from 8.15am to 7.15pm Mondays and from 8.15 am to 6.30pm Tuesdays to Fridays. Appointments can be booked in person, by telephone and online. Consulting times are from 8.30am to 11.10am and from 3.30pm to 7pm on Mondays and from 8.30am to 11.10am and from 3pm to 5.30pm Tuesday to Friday.

The practice has opted out of providing out of hours services for its patients and provides information on its website about how patients can access help when the practice is closed. Out of hours services are provided by NEMS.

A range of community staff employed by local NHS Trusts are also based at the Collingham Medical Centre including the community nurse, health visitor, midwife and community nursery nurse. Appointments are also available to see a clinical psychologist, counsellor, physiotherapist, audiologist, osteopath and podiatrist at the practice.

## 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. The 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 November 2016.

During our visit we:

- Spoke with a range of staff (including GPs, pharmacy staff, nursing staff, the practice manager and a range of administrative and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

We also looked at how well services were provided for specific groups of people and what good care looked 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).

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.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place which supported staff to report and record incidents and significant events.

Staff told us incidents or events would be reported to the practice manager or one of the other partners. Significant events and incidents were logged and recorded using a standard reporting template.

- The practice's incident recording processes supported the recording of incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff told us that patients affected by significant events or incidents were informed about what had happened, provided with support and given information and explanations. Where appropriate patients were provided apologies and told about actions taken to prevent the same thing happening again.
- The practice carried out an ongoing analysis of the significant events. Significant events were reviewed at practice meetings and updated on an ongoing basis.

We reviewed records, incident reports, safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, in response to an identified prescribing issue involving two medicines with similar names, the practice communicated with the patient and contacted their local medicines management team and affected consultants to highlight the issue.

Alerts received from the Medicines and Healthcare products Regulatory (MHRA) and alerts related to patient safety were received by the practice manager and the superintendent pharmacist. Alerts were reviewed and disseminated added to the agenda for the next practice meeting for discussion. Records of meetings showed alerts were discussed and appropriate action taken.

### Overview of safety systems and processes

Systems and processes were in place within the practice to ensure patients were kept safe and safeguarded from abuse. These included:

- The practice had arrangements in place to ensure children and vulnerable adults were safeguarded from abuse. Policies and procedures were accessible to all staff and these reflected relevant legislation and local requirements. The policies in place identified who staff should contact for further guidance if they had concerns about the welfare of a patient. There were lead members of staff for child and adult safeguarding. Staff told us they would contact the lead or the duty GP as required if they had concerns about the welfare of a patient. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff had received training at a level relevant to their role and GPs were trained to child safeguarding level 3. For staff who had been absent from work due to illness or maternity leave, training was arranged for January 2017.
- Notices in the practice advised patients that they could request a chaperone if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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).
- During our inspection, we observed the premises to be clean and tidy in most areas although some areas of carpet in the corridor areas were observed to be stained. The practice contracted with an external cleaning company to have carpets cleaned on a regular basis and was considering replacing carpets. Arrangements were in place to ensure cleanliness and hygiene were maintained on an ongoing basis including appropriate cleaning schedules for all areas of the practice. Infection control policies and protocols were in place and staff had received training relevant to their roles. Regular infection control audits were undertaken with the most recent being undertaken in January 2016; action was taken to address any improvements identified as a result.
- Arrangements were in place to ensure the safe management of medicines within the practice, including emergency medicines and vaccines. Arrangements covered obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Processes were in place for handling repeat prescriptions which included the appropriate review and monitoring of patients being prescribed high risk

## Are services safe?

medicines. The practice had conducted an audit of monitoring of patients being prescribed DMARDs (disease-modifying antirheumatic drugs are a group of medicines commonly used in patients with rheumatoid arthritis). The initial audit had demonstrated 80% of patients were receiving appropriate monitoring. Re-audit showed this had increased to 86%, with 30 out of 35 patients receiving the correct monitoring. The practice reviewed its procedures and was strengthening recall processes. Patients and their secondary care consultants had been contacted for further information or to ensure they were aware of the compliance requirements where appropriate.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice carried out regular medicines audits, with the support of the local CCG medicines teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow the acute care practitioner and nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice's dispensary was co-located with a community pharmacy and was managed by a superintendent pharmacist. The GPs and the pharmacist worked together to provide an integrated service for patients; additionally there was a named GP with responsibility for the dispensary. All members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- Medicines incidents or 'near misses' were recorded for learning and systems were in place to monitor the quality of the dispensing process with regular audits being undertaken. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs in their dispensary; procedures were in place to ensure these were managed safely. There were also arrangements in place for the destruction of controlled drugs. (Controlled drugs are medicines that require extra checks and special storage because of their potential misuse)

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Most risks to patients were assessed and generally well managed.

- Procedures were in place to monitor and manage risk to the safety of patients, staff and visitors to the practice. A health and safety poster was displayed in the reception area. Regular health and safety audits were undertaken by an external company and action was taken in response to areas identified for improvement.
- Arrangements were in place to check electrical equipment was to ensure it was safe to use and clinical equipment was checked 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and a duty doctor on the rota each day. The practice had experienced significant staffing and recruitment challenges over the past two years and had recruited a range of new staff to try to provide continuity of care for patients. In order to ensure they could cope with demand at peak times the practice had changed their processes for days following bank holidays and now had a GP providing an additional session on these days. In addition, only one GP was permitted to take leave at any one time.

### Arrangements to deal with emergencies and major incidents

Arrangements were in place within the practice to enable them to respond to emergencies and major incidents.

## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which could be used to summon assistance or alert 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 the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage and this had been updated in November 2016. The plan included emergency contact numbers for staff and suppliers.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Staff working within the practice used relevant and current evidence based guidance and standards to assess the needs of patients and deliver care and treatment; these included National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep clinical staff up to date including access to training and discussions at clinical meetings.
- Staff had access to guidelines from NICE and local guidelines electronically and used the information to deliver care that met the needs of their patients.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 96.8% of the total number of points available. This was 1.3% below the clinical commissioning group (CCG) average and 1.5% above the national average.

The practice had an exception reporting rate within QOF of 11.8% which was the same as the CCG average and 2% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 87.1% which was 8.4% below the CCG average and 2.8% below the national average. During the inspection, the practice shared data from the current year which showed they were on track to exceed last year's achievement in

respect of diabetes. The exception reporting rate for indicators related to diabetes was 15.5% which was in line with the CCG average of 14.3% and above the national average of 11.6%.

- Performance for hypertension related indicators was 100% which was 0.6% above the CCG average and 2.7% above the national average. Exception reporting for indicators related to hypertension was 7% which was in line with the CCG average of 5.9% and above the national average of 3.9%.
- QOF data indicated that 100% of patients with a mental health condition had a documented care plan in their records in the preceding 12 months which was in line with the CCG average. Exception reporting for this indicator was above local and national averages. The practice acknowledged the exception reporting rates were correct but provided data which showed the number of patients on the mental health register was low meaning the exception reporting rate could be affected by small numbers.
- Performance for indicators related to dementia was 100% which was 0.5% above the CCG average and 3.4% above the national average. The exception reporting rate for indicators related to dementia was 8% which was below the CCG average of 13.4% and the national average of 12.7%.

We saw evidence that performance, including QOF performance was discussed and reviewed on an ongoing basis with relevant staff. One of the practice administrators had a lead role in this area and collated performance data for discussion at meetings. QOF data from previous years demonstrated that the practice reviewed their performance and worked to make improvements. For example, the practice had previously had a high rate of exception reporting for indicators related to dementia, however, data from 2015/16 demonstrated this had decreased and was now below local and national averages.

Practice staff told us initiatives which had been adopted by the practice, including the "Year of Care" model for patients with diabetes, had helped to improve their performance. Staffing had become more stable in the last two years and staff also felt this was having a positive impact on their performance.

There was evidence of quality improvement including clinical audit.

# Are services effective?

## (for example, treatment is effective)

- There had been a range of clinical and non-clinical audits completed in the last two years including audits in respect of prescribing, minor operation, antibiotic prescribing, effectiveness of acute and specialist care practitioners in primary care and access to appointments.
- Medicines audits had been undertaken in conjunction with the CCG medicines management team.
- We reviewed three completed clinical audits undertaken in the last two years where the improvements made were implemented and monitored. For example, the practice had undertaken an audit to review the prescribing of lorazepam within the practice. Re-audit demonstrated that this was being prescribed appropriately in line with guidelines.
- The practice participated in local audits, benchmarking and peer review. As well as participating in CCG meetings to review the provision of services, the practice held weekly internal meetings to review and discuss their referrals to secondary care. These meetings had been introduced as it had been identified that the practice's referral rate to secondary care was above local averages. Data from the previous 12 months demonstrated that there had been a general decrease in referrals.

### Effective staffing

We saw that staff working within the practice had the skills, knowledge and experience required to deliver effective care and treatment.

- Comprehensive inductions were provided for all newly appointed clinical and non-clinical members of staff. In addition to covering areas specific to each individual job roles, they also covered generic topics including safeguarding, infection control, fire safety, health and safety and confidentiality.
- The practice supported staff to access role-specific training and updates relevant to their role. For example, staff reviewing patients with long-term conditions such as asthma and diabetes were facilitated to access training and updates in these areas.
- Staff who administered vaccines and took samples for the cervical screening programme had received specific training which had included an assessment of

competence. Staff who administered vaccines stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at regular practice nurse meetings.

- The practice used a system of appraisal, meetings and wider reviews of practice development needs to identify the learning needs of staff. Staff told us they had access to a range of training to meet their learning needs and cover the scope of their work. This included ongoing support from managers and colleagues, coaching and mentoring, clinical supervision and support for revalidating GPs and nurses. All staff received regular appraisals.
- Staff training provided by the practice included safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

Staff had access to the information needed to plan and deliver care and treatment through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This work was led by the GPs and the practice's specialist care practitioner. The specialist care practitioner had reviewed nearly all patients at risk of admission to hospital since starting with the practice in May 2016 and ensured all of these patients had robust care plans in place. This enabled the practice to ensure they worked effectively with community based staff to manage the care of patients when they moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when the care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

# Are services effective?

## (for example, treatment is effective)

Staff ensured they sought the consent of patients when providing care and treatment 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.
- Staff carried out assessments of capacity to consent when providing care and treatment for children and young people in line with guidance.
- Where a patient's mental capacity to provide consent to care or treatment was unclear clinicians undertook an assessment of the patient's capacity and recorded the outcome.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, housebound patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were referred to or signposted to relevant services.
- A range of services could be accessed on site including counselling, physiotherapy, osteopathy and podiatry. Smoking cessation was also available within the practice.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 86% and above the national average of 83%. In addition to

sending letters to remind patients to attend for their cervical screening test, the practice also telephoned patients. The practice ensured a female sample taker was available.

Patients were also encouraged to attend national screening programmes for bowel and breast cancer screening. The practice achieved 68% uptake in bowel screening which was above the CCG average of 62.5%. This was the third highest percentage uptake rate for practices in the CCG to March 2016. The practice achieved 83% uptake in breast cancer screening which was above the CCG average of 77%. This was the highest percentage uptake rate compared with other practices in the CCG to March 2016.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96% and five year olds from 95% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Data provided by the practice indicated that 1534 of 2408 eligible patients had taken up the offer of a health check in the past five years. In addition, 80% of patients over 75 had received an annual health check in the last 12 months.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed members of staff were polite and helpful towards patients and treated them with courtesy and respect.

Measures were in place within the practice to help patients feel at ease and to maintain their privacy and dignity. These included

- Curtains were provided in consulting and treatment rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation and treatment room doors remained closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 11 completed Care Quality Commission comment cards and spoke with five patients during our inspection. The majority of the feedback we received was positive about the care and treatment provided by the practice. Patients singled out individual members of staff and described them as caring, dedicated and helpful. Patients said they were provided with an excellent service and found staff working at the practice friendly and polite.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally in line with local and national averages for its satisfaction scores on interactions with GPs and reception staff. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Satisfaction scores for interactions with nurses were above local and national averages:

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 100% of patients said they have confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.

### Care planning and involvement in decisions about care and treatment

Feedback from patients received from patients we spoke with and from comment cards indicated that patients 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 generally had sufficient time during consultations to make informed decisions about the treatments available to them.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided tools to help patients be involved in decisions about their care:

- Although the vast majority of patients registered with the practice spoke English as a first language, translation services could be accessed for patients who did not have English as a first language.

## Are services caring?

- Some information leaflets were available in easy read format.
- Information was displayed within the practice and on the website to inform patients about the accessibility of information. A form was available for patients to complete to let the practice know about any communication requirements.

### **Patient and carer support to cope emotionally with care and treatment**

A range of information leaflets and notices were available in the patient waiting area which told patients about how to access local and national support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 345 patients as carers; this was equivalent to 5% of their patient list.

Written information was available to direct carers to the various avenues of support available to them. Practice staff had recently met with a representative from a local carers' charity to further enhance their knowledge about carers.

The practice had a dedicated bereavement protocol in place which set out their process for contacting and caring for family/next of kin following the death of a patient. On receipt of a notification of death a task was sent to the duty doctor for review; contact would be made with the family by the duty doctor or the deceased patient's usual doctor or nurse where this was more appropriate. Home visits or appointments in the practice were offered to families during initial calls as required. An increased level of support was offered for a period of 13 months following the death and code was added to the patient record system. In addition, bereavement cards were sent to families along with information about to access counselling services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection in July 2015, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of access to appointments needed improving. Although we saw efforts had been made to improve access to appointments for patients, further improvements needed to be made.

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example:

- The practice offered extended hours appointments one evening per week to facilitate access for working patients. In addition the practice had increased their provision of telephone appointments and now offered pre-bookable telephone appointments at varying times through the day.
- Minor surgery was offered at the practice to reduce the need for patients to travel to receive this service.
- A range of family planning services were provided for patients including the fitting of IUCD (coils) and contraceptive implants.
- There were longer appointments available for patients with a learning disability and for those who required them.
- The practice worked closely with Collingham Village Care Committee (who had formerly also fulfilled a role as the practice's patient participation group) to coordinate the provision of a volunteer transport service. A team of volunteer drivers used their own cars to support patients to attend a range of health related appointments and social activities.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Home visits were undertaken by GPs, the local ECP (emergency care practitioner) service, the acute care practitioner, the specialist care practitioner and nursing staff as required.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.

- Patients had access to a wide range of additional services within the practice building including; psychology and counselling services available via referral from a GP, osteopathy services, physiotherapy, podiatry and audiology.
- Flu vaccination clinics were provided outside of normal opening hours to facilitate access, these included evening and weekend clinics.
- Services were offered to support patients to access care closer to home. For example, 24hour ambulatory blood pressure monitoring was offered; data showed that 62 patients had used this service from August 2015 to July 15, increasing to 89 patients between August 2015 and July 2016.
- The practice told us that invitations for asthma reviews and flu vaccination appointments for patients under 18 were targeted for the school holidays to increase access for younger patients.

### Access to the service

The practice was from 8.15am to 7.15pm on Mondays and from 8.15 am to 6.30pm Tuesdays to Fridays. Consulting times were from 8.30am to 11.10am and from 3.30pm to 7pm on Mondays and from 8.30am to 11.10am and from 3pm to 5.30pm Tuesday to Friday.

Appointments can be booked in person, by telephone and online. In addition to pre-bookable appointments that could be booked eight to twelve weeks in advance, urgent appointments were also available on the day for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was similar or below local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 48% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 89% of patients said the last appointment they got was convenient compared to the CCG average of 92% and the national average of 92%.
- 63% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.

The practice was aware of issues related to access and has historically struggled to recruit GPs. In spite of the challenges associated with recruitment the practice has been working to improve access. Areas of improvement and development included:

- The practice actively sought the views and support of their local Healthwatch, their MP and the CCG in looking to make improvements to access.
- The number of same day appointments have been increased following a review of the GP rotas and changes have been made to the appointment system to stagger the release of appointments. In addition the duty doctor system had been altered to enable pre-bookable telephone appointment to be provided at varying times through the day.
- The establishment of an acute care same day service provided by the practice's acute care practitioner. This enabled patients to access telephone support and face to face appointments for advice and minor illnesses. During the period December 2015 to June 2016, this service provided 5473 appointments.
- To support increased access to appointments, a specialist care practitioner had been recruited to the practice; a qualified nurse with significant experience of working with vulnerable patients in the community. The specialist care practitioner coordinated care within the practice for patients at risk of admission to hospital, housebound patients, elderly patients, patients on the palliative care register and those on the dementia register. The practice had a total of 217 patients on their admissions avoidance register which was equivalent to 3% of their practice list; as of November 2016, 210 of these patients had been reviewed since April 2016.
- The practice has continued to promote the uptake of their online services including online appointment booking. Over 2500 patients (around 37%) of the practice's patient list were registered users of online services. This exceeded the target of 25%.
- Ongoing audits of call waiting times were being undertaken within the practice. The capacity for call handling had been increased to ensure there were three

members of the team available to take calls each morning in addition to one member of the team on the front desk. In addition training has been undertaken with staff handling calls from patients to ensure patients are not being advised to call back the following day and are given a tangible outcome as a result of their call to the practice.

- Minor surgery and coil fitting are now done outside of regular sessions as separate clinics.

The practice told us there was still a high demand for routine appointments and the waiting time was longer than they wanted; however, this was being monitored on an ongoing basis and the practice was demonstrating a flexible approach to delivering care. Analysis and ongoing appointment audits showed that the waiting time for a routine appointment had been in excess of eight weeks but that this had reduced to around four weeks at the time of the inspection. The practice had also worked to ensure that patients had increased access to same day appointments and telephone appointments where these were required. An away day was planned for staff in February 2017 and they planned to review and consider how best demand for appointments could continue to be managed.

Feedback from comment cards and from people we spoke with during the inspection was mixed in respect of access to appointments. People told us that they were generally able to get urgent appointments when they needed them but that there could be a long wait for routine appointments which indicated the systems still needed strengthening.

The practice had systems in place to assess whether home visits were clinically necessary; and the urgency of the need for medical attention. The practice had a duty doctor each day and triage was also undertaken by the acute care practitioner. Home visits were undertaken by GPs, the acute care practitioner and the specialist care practitioner as appropriate. 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, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

Systems and processes were in place to support the practice to manage and respond to complaints and concerns.

- The practice's 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.
- Information was available to help patients understand the complaints system including leaflets and posters in the reception area. Leaflets directed patients as to how to make a complaint, informed them about the processes and explained the support available to them in making a complaint.

For 2015/16 the practice had logged a total of 15 complaints. We looked at a sample of complaints and found that these were acknowledged and responded to in a timely manner with patients being offered support, explanations and apologies where appropriate. Complaints were reviewed on an ongoing basis and learning shared with staff as required. Learning and themes from complaints were also shared with the previous patient participation group and it was planned that anonymised information would be shared again when then new group was established. The practice also recorded service issues/concerns identified throughout the year and identified learning from these where required. Throughout 2015/16 the practice had recorded receipt of 21 written thank-you letters/cards.



# 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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice's vision had been developed in conjunction with the whole practice team at an away day. Staff working within the practice were committed to the practice's vision, missions and values.
- Each year the practice team reviewed their vision and ensured that they had clear areas of focus for the coming year.
- There was a robust practice development plan in place which reflected the practice's vision and values and was regularly reviewed and monitored.
- The objectives set by the practice covered a range of areas including access, staffing, finance and future planning.
- Objectives set built on areas already in development whilst also challenging the practice. For example, following on from the recruitment of the specialist care practitioner and the acute care practitioner, the practice was exploring how they could develop a clinical pharmacist role. The pharmacist working with the practice was currently undertaking their prescribing qualifications and the practice was supportive of this.

### Governance arrangements

The practice had an effective governance framework in place to support the delivery of their development plan and the delivery of 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 roles and responsibilities. Staff knew who to speak to regarding queries and who had lead roles in which area.
- Practice specific policies were implemented and were available to all staff on the computer system. Policies were regularly reviewed and updated.
- A comprehensive understanding of the performance of the practice was maintained. The practice held regular internal meetings to review their performance in respect of areas such as referrals, attendances at A&E and QOF performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make

improvements. Regular audits were undertaken to review access to appointments and consider where improvements could be made. In addition, regular audits of telephone access were undertaken.

- There were arrangements in place to enable the identification, recording and management of risks and take mitigating action.

### Leadership and culture

During the inspection the partners and the management team within the practice demonstrated they had the experience and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and the practice manager were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty within the practice and ensured that when things went wrong information was shared widely.

The practice had systems in place to ensure that when things went wrong with care and treatment; affected people were given support, explanations and apologies where appropriate. The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. In addition to whole practice meetings, there were regular meetings for different teams including administrative staff, clinical staff and the nursing staff team.
- We were told there was an open culture within the practice and staff had the opportunity to raise any issues at meetings and felt confident and supported in doing so. We noted team away days were held regularly.
- Staff said they felt respected, valued and supported within the practice. Staff felt involved in the running and future development of the practice and were encouraged to identify opportunities for improvement.

# Are services well-led?

Good 

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

We saw actions had been taken following areas identified as needing improvement including restructuring the administrative staff and creating new roles.

## **Seeking and acting on feedback from patients, the public and staff**

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- Historically the practice's patient participation group (PPG) had been known as Collingham Village Care Committee. Working with the practice the Collingham Village Care Committee (also a registered charity) had set up and developed a voluntary car scheme which provided support for patients to access health care and social activities. Due to the continued rise in demand for these services a decision had been made for the Collingham Village Care Committee to focus on this and other community projects and to step back from their role as the PPG.
- The practice was forming a new PPG and had invited patients to contact them if they were interested in joining the group. During our inspection we saw information in the waiting area which invited patients to become involved. In addition, the practice had included this information on their website and in the practice newsletter.
- Feedback from patients was gathered through an annual survey commissioned by the practice. We saw that action was taken as a result of the findings of the survey and action plans developed.
- The practice had gathered feedback from staff through away days, meetings, appraisals and general discussions. Feedback was also provided through 360 degree feedback exercises. 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 to improve how the practice was run.