

Dr Kirkham and 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?

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 at Dr Kirkham and Partners on 3 May 2016 Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice held regular staff and clinical meetings where learning was shared from significant events and complaints.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to identify and support more carers in their patient population.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had introduced a telephone cascade system for staff to contact each other in case of an emergency. Each member of staff carried a small card detailing what to do in the event of an emergency and first and second contact names and numbers.
- The practice had a business continuity plan which was web based so could be accessed off site.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.
- The practice undertook 360° appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer.

Good



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.
- 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 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 good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Bedfordshire Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- The practice organised an event on a Saturday in January 2016 to support 'New year's resolutions' for patients. GPs and nurses were available at the event to offer patients NHS health checks.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

Good



Summary of findings

- There was an overarching 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 patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice supported staff development and five staff had undergone NVQ qualifications supported by the practice and the local university and college.

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.
- 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 available for patients with either acute or long term problems. These visits would be carried out by a GP, a nurse practitioner or the assistant practitioner.
- Shingles, pneumonia and flu vaccinations were available for eligible patients.

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.
- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose test reading showed good control in the preceding 12 months was 72% compared to the CCG average of 76% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- Nursing staff held lead roles for diabetes, asthma and chronic obstructive pulmonary disease (COPD). There was a GP lead for patients suffering from heart failure. The practice worked with the community diabetic nurse to support the patients whose condition was difficult to manage.
- The practice had set up a notification alert on the clinical system to recall patients to ensure they were regularly reviewed.

Good



Summary of findings

- Patients who were unable to attend appointments at the practice could be visited in their home for reviews and condition management.
- The practice held annual diabetes and asthma education evenings for patients to help them understand their treatment and how to manage it.
- Patients identified at risk of hospital admission were identified and flagged on the clinical system to ensure patients received treatment as a priority. All patients had individualised care plans and other health care professionals were involved in care planning dependent upon patient needs.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- The Practice had a method of flagging for children who may be at risk.
- 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 relatively 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 and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors, nursery nurses, school nurses and the vaccination team.
- Midwives were based within the practice and held clinics for expectant mothers. The practice offered flu and pertussis vaccinations for pregnant women.
- Immunisation clinics were carried out at two nurses clinics weekly to ensure patient safety due to the complexity of vaccination program and to give more time to parents.
- The practice offered Hepatitis B vaccination for babies who were eligible.
- General appointments and asthma reviews were available for children outside of school hours.
- The Practice offered the meningitis vaccination for school age children and students. They also worked with the school vaccination nurses to offer a catch clinic held at the practice.

Good



Summary of findings

- The Practice supported the HPV catch up campaigns and offered appointments for patient who missed school programme.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%.
- Cervical screening appointments were offered in extended hours and during the day.

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.
- The practice was proactive in offering online services for booking appointments and requesting repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available two mornings each week with a GP or a nurse for patients unable to attend the surgery and did not require a face to face appointment. In addition, early morning and evening appointments were available once a week.
- The practice had introduced the electronic prescription service, online booking of appointments, ordering prescriptions and access to their detailed coded health care record to assist patient with engaging in health care.
- The practice organised an annual event, 'Super Saturday' held in January each year to engage in a programme called 'New Year's Resolutions' where health checks were offered to eligible patients.
- NHS health checks were offered in during extended hours for patients unable to attend at usual times.

Flu immunisation clinics were held on Saturdays and early morning or evening, bookable appointments were available, to provide flexibility.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.
- A district nurse chaired a multi-disciplinary team meeting monthly which the practice attended with a social worker to discuss concerns regarding vulnerable adults.
- The Practice had a learning disability register and offered longer appointments and annual health checks with two GPs. These were held as home visits or at the surgery.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- A social worker was based at the practice.
- The practice used the GSF 'Gold Standard Framework' to support patients who were approaching the end of their life. These were supported by regular multi-disciplinary teams.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (0.6% of the practice list). The practice had information in folders and displayed on television screens for carers and community support groups for patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

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).

- 81% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, comparable to the CCG and national averages of 84%.
- Performance for mental health related indicators were otherwise comparable to local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 92% where the CCG average was 87% and the national average was 88). 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.

Good



Summary of findings

- The practice had told 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.
- Practice offers annual check up for patients on mental health register and offered annual Dementia reviews.
- Regular follow ups were available with same GP to ensure continuity of care.
- Practice had audited the use of anti-depressant medication for younger aged group and had established link to the Mental Health worker to assist with this.
- A community consultant psychiatrist and access to a specialist nurse was available one day a week.
- The practice organised a 'Raising the awareness of dementia' evening for patients, supported by Carers in Bedfordshire with another planned for later in 2016.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 258 survey forms were distributed and 120 were returned. This was a 47% response rate and represented 0.9% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and the national average of 73%.
- 74% 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 77% and the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 81% 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 81% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were in the main

positive about the standard of care received. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

One card commented on the reception area being busy and noisy. The practice shared the building with a number of other services. Patients we spoke to told us that appointments ran to time and they did not have to wait too long for their appointment.

We spoke with five patients during the inspection. Four of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient told us that they had been dissatisfied with the care they had received but had complained and the complaint had been dealt with satisfactorily by the practice manager and one of the GP's.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from January 2016 to March 2016 showed that 60% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Continue to identify and support more carers in their patient population.

Dr Kirkham and 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 advisor and a practice manager specialist advisor.

Background to Dr Kirkham and Partners

Dr Kirkham and Partners provides a range of primary medical services, including minor surgical procedures from its location from Biggleswade Health Centre, Biggleswade, Central Bedfordshire

SG18 8DJ. The practice has a branch surgery, Langford Surgery, 111 Church Street, Langford, Biggleswade, SG18 9QA. The practice serves the local population including Upper Caldicott and Lower Caldicott, Dunton, Langford.

The practice serves a population of approximately 13,600 patients with slightly higher than average populations of patients aged 0 to 4 years of age and those aged between 40 to 55 years. There are marginally lower than average populations of patients aged 20 to 34 years. The practice population is largely White British. National data indicates the area served is one of low deprivation in comparison to England as a whole.

The clinical team consists of three male and two female GP partners and one female salaried GP. The GPs are supported by two nurse practitioners, a minor illness nurse, three practice nurses, an assistant practitioner and a phlebotomist. The team is supported by a business manager who manages the IT, data and finance teams, a

team of secretaries and patient services team along with other administration staff. The practice also has a dispensary, with four dispensers, managed by the operations manager.

Dr Kirkham and partners are a training practice and take GP trainees from the Bedford General Practice Specialist Training Programme for a period of 6 months at a time. In addition the practice also offered 2 week work experience placement to local sixth form students.

The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice operates from a shared single storey purpose built property where the practice occupies approximately 37% of the building which is leased from NHS Property Services. There is a car park to the front of the surgery, with adequate disabled parking available.

The practice is open between 8am and 1pm and 1.30pm and 6.30pm Monday to Friday. The branch surgery is open between 8am and 11.30am Monday to Friday. In addition, pre-bookable appointments are available after 6.30pm on Mondays and from 7am on Thursdays and Fridays.

For patients requiring a GP outside practice hours an out of hours service was provided by MDOC. Information about how to access the service was available in the practice and on the practice website and telephone line.

The dispensary at Biggleswade is open every day between 8.30am and 12.30pm and 2pm until 6pm.

Detailed findings

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.

How we carried out this inspection

Before inspecting, 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 inspection 3 May 2016. During our visit we:

- Spoke with a range of staff three GP partners, a nurse, a health care assistant, the practice manager, the operations manager, dispensary staff and members of the administrative team 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

There was an effective system in place for reporting and recording significant events.

- 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. The incident reporting form supported the recording of notifiable 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation of events, a written apology and were told about any actions taken to improve processes to prevent the same thing happening again. For example, we saw that when an error in registering a new patient had occurred, the error was identified, information was corrected and the patient received an apology. This was discussed at the practice meeting, learning was shared with the administration team and a team was put in place to undertake all registrations.
- The practice maintained a log of significant events and these were discussed as a standing item on the agenda at weekly clinical meetings and monthly practice meetings, to ensure that lessons learnt were shared and monitored.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that alerts were acted upon and lessons learnt were shared and action was taken to improve safety in the practice.

For example, on receipt of an alert regarding blood testing strips for monitoring diabetes the practice passed the alert to the dispensary staff for them to check patients affected. A report was then created to identify all patients issued with a prescription for the affected blood glucose strips. This alert was then discussed at the next clinical meeting and the practice reviewed protocols and agreed any necessary changes.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding who was supported by a second GP and two members of the administrative team. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. For example, the practice had a system for identifying children who may need to be on the safeguarding register or at risk.
- The practice worked closely with a named social worker based in Biggleswade. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting room advised patients that chaperones were available 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control clinical lead who 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 up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, with the support of Bedfordshire Clinical Commissioning Group (BCCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Staff demonstrated how they accessed reporting forms and reviewed documents following an incident. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These procedures were reviewed and updated annually by dispensing staff. Staff signed to evidence that they had read the reviewed documents.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw evidence that all PGDs were circulated and discussed at clinical meetings.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were arrangements in place for the destruction of controlled drugs and we saw evidence that this was undertaken appropriately.
- 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

equipment 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, these were carried out on a quarterly basis to monitor safety of the premises such as control of substances hazardous to health and infection control 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 skill mix of staff needed to meet patients' needs, this was managed by the patient services manager. Staff informed us they were flexible with their working hours and covered their colleagues' absences if required.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all of the consultation and treatment rooms which alerted staff to any emergency. The practice had introduced a telephone cascade system for staff to contact each other in case of an emergency. Each member of staff carried a small card detailing what to do in the event of an emergency and first and second contact names and numbers. We saw evidence of personal emergency evacuation plans for staff with limited mobility to ensure that in the event of an emergency there was a plan in place with clear instructions of who and how staff would receive assistance to evacuate the building.
- 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 all staff knew of their location. All the medicines we checked were in date and stored securely.
- We looked at the practice's comprehensive business continuity plan which was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was web based so it could be accessed off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample 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 recent published results were 98% of the total number of points available compared to the CCG and national averages of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data published in October 2015 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood test result showed good control in the preceding 12 months (01/04/2014 to 31/03/2015) was 72% (with exception reporting of 6%) compared to the CCG average of 76% (with CCG exception reporting of 12%) and the national average of 78% (with national exception reporting of 12%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are exempted as they may be unable to attend a review meeting or certain medicines cannot be prescribed due to side effects.
- Performance for mental health related indicators were comparable to local and national averages. For example, the percentage of patients with diagnosed

psychoses who had a comprehensive agreed care plan was 92% (exception 19%) where the CCG average was 87% (exception 15%) and the national average was 88% (exception 13%).

- We discussed an area of above CCG and national average exception reporting for the 2014/2015 year with senior clinical staff during our inspection. We also looked at individual examples of why patients had been exempted. We found that in all the cases we looked at the exception reporting was clinically appropriate. Also, the practice was able to demonstrate that exception reporting for the 2015/2016 year had reduced.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Staff demonstrated how they accessed reporting forms and reviewed documents following an incident. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These procedures were reviewed and updated annually by dispensing staff. Staff signed to evidence that they had read the reviewed documents.

We saw that audits of clinical practice were undertaken, with eight audits having been undertaken in the last two years. Examples of audits included;

- A review of patients who had been prescribed a type of anti-depressant had been undertaken, the audit demonstrated that 10% of the practice population aged between 18 and 25 years of age had been prescribed this medicine in the last 12 months. Following the audit the practice looked into the cause of this high figure and as a result the GPs looked at offering alternative therapies and specialist support where appropriate. It was agreed to review the initiation of these medicines for patients aged under 18, to consider non medicine therapies and consultations with the specialist nurse at the practice.

The practice had also audited the prescribing of antibiotics and as a result;

Are services effective?

(for example, treatment is effective)

- Provided patients with information leaflets where necessary to inform them why antibiotics had not been prescribed.
- Clinicians continued to work within the CCG prescribing guidelines, to ensure they prescribed correctly.
- Clinicians documented the patient symptoms thoroughly in the patient record, so it was clinically justified when antibiotics had been prescribed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions the practice nursing team had attended study days in their specialist condition, for example, diabetes asthma and chronic obstructive pulmonary disease (COPD), GPs had lead roles in these conditions and provided support to the nurses.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice had implemented a system to carry out 360° appraisals for all staff to give and receive feedback on their own and others performance. Staff we spoke to told us that they valued this approach to appraisals and feedback.

- Staff received training that included: safeguarding, fire safety awareness, 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

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 investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had patients who were resident in six local care homes; three were residential homes for patients with learning disabilities, two were nursing care homes and one dementia care unit.
- The practice offered proactive individual care for patients in residential home, one of the nurses had responsibility for care plans and avoidance of unplanned hospital admissions.
- Home visits were arranged for patients with acute and long term problems. These were carried out by a GP, the nurse practitioner or the assistant practitioner.
- All patients had a named GP and upon registration were offered a GP appointment. Shingles, pneumonia and flu vaccinations were available for eligible patients
- A monthly multi-disciplinary meeting was held to discuss vulnerable adults. This was hosted by district nurses and attended by a GP and nurse from the practice along with a social worker. The practice held its own meeting with community health professionals to raise awareness of safeguarding concerns.
- The practice held multi-disciplinary meeting with school nurse, health visitors, community school vaccination team and social worker to discuss safeguarding concerns and to review children's A&E attendances.
- 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 included when patients moved between services, including when they were referred, or after they were discharged from

Are services effective?

(for example, treatment is effective)

hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent forms were used for specific procedures as appropriate; these were scanned and stored in the patient record.

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, those at risk of developing a long-term condition were supported by the nurse team, invited to attend special education events for example a diabetes education event or were signposted to other relevant services.
- Community alcohol/drug worker appointments were offered each week and smoking cessation advice was available from the nurses for patients identified as needing support.
- Nurses trained in chronic disease management had lead roles in supporting patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend

for their cervical screening test. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by discussion at practice and nurse meetings.

The practice offered early morning and late afternoon appointments for screening to offer more choice and maximise uptake of the programme. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example,

- 72% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 74% and the national average of 72%.
- 60% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

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 98% to 100% compared to the CCG averages of 95% to 98% and five year olds from 97% to 99% compared to the CCG averages of 92% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, patients over 75 years old and health checks for patients aged 40 to 74 years. At the time of our inspection for the period January 2013 to May 2016 the practice had completed 2407 of 2606 (92%) eligible health checks for people aged 40 to 74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified

The practice organised an event on a Saturday in January 2016 to support a programme called 'New Year's Resolutions' for patients. GPs and nurses were available at the event to promote and offer patients NHS health checks.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were 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 31 patient Care Quality Commission comment cards. Patients comments were positive about the service they experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in 2014-15 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% 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%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Following feedback the practice had arranged for reception staff to attend customer service training.

Care planning and involvement in decisions about care and treatment

Patients told us 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 an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 in line with local and national averages. For example:

- 82% 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%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of 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 87 patients as carers (0.6% of the practice list). The practice was proactively looking to identify and support carers and had contacted Carers in Bedfordshire who had met with practice staff and arranged a carers event to be held in September 2016. The practice told us that they would continue to meet with them to discuss ideas for

improving ways to identify carers. They held a meeting with the local community teams for Learning Disabilities to improve identification of carers as these patients often had more than one carer.

- Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.
- Practice held a 'Raising the awareness of dementia' evening for patients supported by Carers in Bedfordshire.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

- The practice offered a 'Commuter's Clinic' on a Monday evening from 6.30pm and Thursdays and Fridays from 7am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice supported frail elderly patients in local nursing and residential homes.
- Robust recall systems were in place to review patients with long term health conditions or who were prescribed certain medicines, for example, patients with diabetes or those prescribed antipsychotic medicine.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- We saw how the nurses work closely with school nurses and community vaccination team to support and increase the uptake of vaccination programmes. To improve the experience for parents and children, two nurses were present to offer support during the clinic. If a child attended A&E this was monitored by the clinical staff and if any welfare concerns were identified, staff would input the information onto the East of England Safeguarding template, to alert other organisations.
- The practice immunisation team offered meningitis C vaccines.
- The clinical team offered a number of services including Stop Smoking Clinics, phlebotomy, and minor surgery, coil and implant fittings. There was an acute treatment scheme offering gluing and suturing, minor burns and other minor injuries.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services were available.

- The practice had enrolled in the Electronic Prescribing Service (EPS) in 2015. This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice engaged with the community diabetes team to support patients and held an annual diabetes education evening to help patients understand and manage their condition. A similar session was arranged annually for patients suffering from asthma.
- Staff told us that they monitored appointments and if they were concerned that a patient had not attended their appointment, they would telephone them to ensure that they were safe.
- The practice had a coordinated approach to supporting patients experiencing poor mental health. A community consultant psychiatrist and a specialist nurse carried out a clinic in the practice once a week. After patients were seen they were then sign posted to appropriate services. Patients were able to self-refer for Talking Therapies and the staff told us that they were planning a future project which would focus on patients aged between 18 to 25 years.
- There was a lead GP with responsibility for patients with learning disabilities, there were 42 patients on the practice register at the time of our inspection. These patients were offered an annual health check, 37 had been completed and five had declined.
- The practice supported frail elderly patients in local nursing and residential homes.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting).

Access to the service

The practice was open between 8am and 1pm and 1.30pm and 6.30pm Monday to Friday. The branch surgery was open between 8am and 11.30am Monday to Friday. Extended hours appointments were available after 6.30pm on Mondays and from 7am on Thursdays with a GP or a nurse. Telephone consultations were available on Mondays after 6.30pm and on Fridays after 7am. These extended hours appointments gave access to patients unable to attend during normal surgery hours or who did not require a face to face consultation.

Appointments could be booked up to six weeks in advance; urgent appointments were also available for people that needed them.

Are services responsive to people's needs?

(for example, to feedback?)

The out of hours service is provided by MDOC and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

The dispensary at Biggleswade is open between 8.30am and 12.30pm and 2pm until 6pm.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and following feedback the practice told us that they were reviewing the telephone system with a view to installing a new system that would address the concerns raised.

The practice had a system and protocol for reception staff to follow, in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Patients were advised to contact the practice before 12pm if a home visit was required. Reception staff took the details and sent the request via the clinical system to the duty GP who would then assess the request and determine whether the visit was required urgently or could be carried out later in the day, either later in the afternoon or after evening

surgery. Patients who were not able to attend the surgery and required a home visit for medication reviews or tests would be reviewed by the operations manager and given an appointment. 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.

Listening and learning from concerns and complaints

The practice had an effective 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. Complaints were discussed at practice meetings to ensure that actions were taken to reduce the likelihood of a similar complaint in the future.
- We saw that information was available to help patients understand the complaints system. This information on how to complain was available in the reception area and also on the practice website.

We looked at 24 complaints received in the last 12 months and found that all complaints were satisfactorily handled and were dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient had complained but they had not received good customer service from the practice staff. The practice manager sent a letter of apology to the patient and arranged for customer service training to be carried out for all staff.

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 had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Staff told us that they felt very involved in the practice.

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 was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity 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 were approachable and always 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). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, an explanation, a verbal and written apology.
- 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. We saw evidence of minutes from these meetings, staff were offered the opportunity to contribute to the agenda and the actions from the meeting were progressed by assigning a learning point via the computer system to the appropriate member of staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted social events were held regularly for the staff. The practice conducted 360° appraisals for staff which gave an opportunity to monitor staff wellbeing.
- 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.

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.

- The practice had an active patient participation group (PPG). The group met regularly to discuss patient views, feedback and updates from the practice. There was also a virtual group. The group held an annual general meeting where they reviewed the last years activities and elected new members in key positions on the group. There was good representation from the population groups including sixth form students. All patients were given the opportunity to suggest areas to be focussed on during the next year the practice worked

Are services well-led?

Good 

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

with the PPG to undertake a patient survey. Patients were asked to complete the survey either in the practice or online the survey ran for four weeks and received 796 responses and the results were displayed in the practice along with the action plan. Improvements were made, for example, patients expressed difficulties getting through on the telephone and the practice responded and ran a pilot to look at a triage system for acute appointments. Feedback from patients was positive. The PPG had its own email address, website and social media page 'We love Biggleswade' and the practice manager responded to questions posted on this site. The practice had redesigned the appointment system, made more telephone consultations available and forward booked appointments were available based on patient feedback.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. There were several new members of the nursing team and they had suggested new ways of working to the management team, for example nurses leading long term condition clinics taking more responsibility, with the support of GPs. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice used the computer system to allocate Learning Points as tasks following meetings.

- The practice used modern technology to gather feedback for example on line surveys and electronic devices during consultations and had introduced a 'How did we do' application on the website. They also responded to comments via the practice social media page 'We love Biggleswade'
- Following feedback on difficulties in contacting the surgery by telephone they were considering a new telephone supplier who would be able to provide call recording and a queuing system, call monitoring which would allow self-reflection and learning for staff.
- They were looking to improve the practice website as the current one was not user friendly and was difficult to access on new electronic devices for example, smartphones and tablets.
- Staff were given opportunities to develop through the NVQ skills academy. Two members of staff had completed the course and three had been put forward for the 2016 programme. An additional three staff had been put forward for 2016. They had also supported study at the University of Bedfordshire and Bedford College for two staff.
- The practice had created Data and Finance hubs within the practice team to focus on data quality, IT and innovation for example using skype, apps to assist consultations.
- They had recognised gaps in the management structure and had employed a nurse team leader in 2015 and had focussed on customer service and appointed two patient services managers appointed in 2016.
- In addition to being a training practice the practice offered work experience to sixth form and year 10 students who came in each year for a period of two weeks.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.