

Shirehampton Group Practice

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 the Shirehampton Group Practice on 16 February 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. For example, with early assessment of home visit requests, and a high visiting rate. Routine home visiting started before 11am facilitating earlier admissions to hospital if needed or referral to other services.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
 - Feedback from patients about their care was consistently positive.
- 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.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- The practice reviewed frequent attenders to better understand their needs and to plan their care. They provided regular appointments with a named GP in order to address their needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- They had engaged with the local community and arranged an educational session for teenagers with learning disabilities to promote greater understanding of GPs and what happen during a visit to the doctor.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Ensure the recruitment documentation held is fully compliant with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Ensure the complaint procedure is fully implemented and learning from these events is disseminated through and implemented by the practice.

- Review governance arrangements so that processes and systems are monitored for effectiveness, for example, review of actions from meetings, GP buddy arrangements and prescription records.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- We found the some procedures for the management of the service were not fully implemented, for example, not all recruitment checks had been recorded.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the average for the locality and 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- 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.

Good



Summary of findings

- We observed a strong patient-centred culture.
- Views of external stakeholders were very positive and aligned with our findings.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice maintained a small branch surgery for ease of accessibility for patients.

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 Clinical Commissioning Group to secure improvements to services where these were identified. For example, they had worked with local practices to secure funding for a care coordinator post.
- 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. There was limited evidence that learning from complaints was shared with staff and other stakeholders.

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 this.
- 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.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- 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 Shirehampton Group practice was part of the Clinical Research Network – West of England, a level III practice and actively participated in several projects.

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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. For example, with early assessment of home visit requests, and a high visiting rate. Routine visiting started before 11am facilitating earlier admissions or referral to other services.
- There was a weekly clinic by designated GP at a local care home; they had regular meetings with the care home management team to review of admissions, deaths and training needs.
- The practice had appointed a care co-ordinator to contact patients following their discharge from hospital.
- There was a weekly visit by a volunteer from the carer organisation, and monthly carers' surgery held at the practice where carers were assessed.
- The appointment triage system enabled patients to speak to a GP if required, and on the day assessments.

Good



People with long term conditions

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

- Nursing staff had specialist training for the management of chronic disease management and patients at risk of hospital admission were identified as a priority. There was a GP lead for each chronic disease, who worked in partnership with nurse led clinics.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered flexible appointments to patients who found it difficult to attend.

Good



Summary of findings

- All patients with significant cancers or those receiving palliative care were allocated a lead and second lead GP for continuity of their care.
- The practice employed a pharmacist to audit chronic disease management, specifically prescribing, and to provide advice and support for nursing home patients.
- The practice had made a successful bid for inclusion on to the “Integrated Model of Care for Diabetes Pilot” (HG Wells Project - a new one year pilot aimed at delivering significant and sustainable improvements in the management and treatment of diabetes) being commissioned by the South West Commissioning Support unit.

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 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 good examples of joint working with midwives, health visitors and school nurses.
- The practice worked to provide inclusive services for younger patients, such as hosting the 4YP (for young people) initiative which enabled young patients to access sexual health care with team champions.
- The practice had produced a series of patient leaflets to inform parents about common childhood illness.

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.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- They operated an appointment triage system so patients could have a consultation with a GP.
- The practice offered a range of appointments outside the normal working day including for NHS Health checks.
- They had recently introduced eConsult for patients to have an online consultation.

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 homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- They had arranged an educational session for teenagers with learning disabilities to promote greater understanding of GPs and what happen during a visit to the doctor.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice had told 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. All staff were trained to be 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.
- The practice hosted a substance misuse worker and recognised the difficulties vulnerable patients had in making and keeping appointments and so offered on the day access.
- The practice reviewed frequent attenders to better understand their needs and plan their care, and provided regular appointments with a named GP in order to address their needs.
- The practice had 307 patients recorded with Polish as their first language; the practice had a translatable website and used resources within the practice staff to translate the practice leaflet into Polish.

Good



Summary of findings

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).

- 92.86% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months.
- 77.19% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice undertook advanced care planning for patients living with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisation.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients with mental illness had a named GP who they saw for their consultation.

Good



Summary of findings

What people who use the service say

We spoke with one patient who was part of the patient participation group and we received 22 comment cards from patients who visited the practice. We also looked at the practice's NHS Choices website to look at comments made by patients. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey.

The NHS England- GP Patient Survey data was published on 2 July 2015. There were 356 survey forms distributed for Shirehampton Group Practice and 121 forms were returned, this was a response rate of 34% and represented 1.13% of the number of patients registered at the practice.

The data indicated:

- 85.1% of patients described the overall experience of their GP surgery as fairly good or very good compared to the Clinical Commissioning Group average of 85.9% and national average of 84.8%.
- 81.2% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the Clinical Commissioning Group average of 79.6% and national average of 77.5%.
- 68.4% of respondents found it easy to get through to the practice by phone compared to the Clinical Commissioning Group average of 72.7% and national average of 73.3%.
- 83.7% of respondents found the receptionists at this practice helpful compared to the Clinical Commissioning Group average of 88.5% and national average of 86.8%.
- 90.1% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the Clinical Commissioning Group average of 88% and national average of 85.2%.

- 93.2% of respondents said the last appointment they got was convenient compared to the Clinical Commissioning Group average of 91.2% and national average of 91.8%.
- 67.4% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the Clinical Commissioning Group average of 62.1% and national average of 64.8%.
- 68.9% of patients described their experience of making an appointment as good compared to the Clinical Commissioning Group average of 72.5% and national average of 73.3%.

We found from the information that these results were comparable to the average for the Bristol Clinical Commissioning Group.

We also spoke to patients; the comments made by patients were very positive and praised the care and treatment they received. Patients had commented positively about being involved in the care and treatment provided, and feeling confident in their treatment.

The practice had a patient participation group (PPG), the group was widely advertised and information about the group was available on the website and in the practice. From the PPG survey and feedback the practice had managed the following issues :

1. Telephones and getting through to the practice the practice had reviewed the telephony system and employed additional staff at peak times.
2. Prescriptions needed improvement in processes – the electronic prescription services (EPS2) system was successfully rolled out in July 2015 with subsequent reduction in delays and errors.
3. Expected length of delay to clinics. The receptionists to inform patients attending the desk of any likely delay.
4. Unreliability of Patient Automatic Electronic Registration System (PAERS). The practice instigated a replacement of the PAERS system and new system sourced funded through the Prescribing Incentive Scheme.

Summary of findings

The practice had also commenced their current 'friends and family test' which was available in a paper format placed in the reception area and online. Overall satisfaction rating from March 2015 to February 2016 was 85.31% from 73 responses.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the recruitment documentation held is fully compliant with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Ensure the complaint procedure is fully implemented and learning from these events is disseminated through and implemented by the practice.
- Review governance arrangements so that processes and systems are monitored for effectiveness, for example, review of actions from meetings, GP buddy arrangements and prescription records.

Shirehampton Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and nurse special advisor.

Background to Shirehampton Group Practice

Shirehampton Group Practice is located in a suburban area of Bristol. They have approximately 11292 patients registered.

The practice operates from two locations:

Shirehampton Health Centre
Pembroke Road
Shirehampton Bristol BS11 9SB

Tel: 0117 9162226

Branch surgery

Capel Road Branch Surgery
46 Capel Road
Lawrence Weston Bristol BS11 0RE

The main practice is sited in a purpose built multi-use health centre and the branch surgery is sited in a purpose built annex on a converted house approximately 2 miles away. The consulting and treatment rooms for the branch surgery are situated on the ground floor. The branch practice only provides GP consultations. At the main practice there are ten consulting rooms, one for each GP Partner and one allocated for any trainee GPs on placement. There are four treatment rooms (for use by nurses, health care assistants and phlebotomists);

reception and a waiting room area on the ground floor. The practice had the use of further rooms on the first and second floor for administration purposes. There is patient parking immediately outside the practice with spaces reserved for those with disabilities. The practice benefits from being co-located with a variety of community health services such as community nurses, health visitors and midwives.

The partnership registration for the practice is currently being changed; the current partnership consists of seven GP partners and the practice manager; one associate (salaried) GP, working alongside six qualified nurses and four health care assistant and a phlebotomist/ECG technician. The practice is supported by an administrative team made of medical secretaries, receptionists and administrators. The main practice is open from 8.30am-6.30pm, Monday to Friday with extended hours on two weekday evenings per month (6.40pm – 7.40pm) and two Saturday mornings per month. The practice takes telephone calls from 8am to 6.30pm/These offer nurse-led chronic disease clinics as well as standard GP appointments. The branch surgery is open Monday to Friday from 8.30am – 11am and 3pm – 5pm for GP appointments only.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, patient participation, immunisations and unplanned admission avoidance.

The practice is a training practice and also offers placements to medical students and trainee GPs.

Detailed findings

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the website.

Patient Age Distribution

0-4 years old: 7.34%

5-14 years old: 11.67%

15-44 years old: 40.71%

45-64 years old: 24.38%

65-74 years old: 8.81%

75-84 years old: 4.81%

85+ years old: 2.28%

Patient Gender Distribution

Male patients: 49.76 %

Female patients: 50.24 %

Other Population Demographics

% of Patients in a Residential Home: 0.42 %

% of Patients on Disability Living Allowance: 6.54 %

% of Patients from BME populations: 10.74 %

Index of Multiple Deprivation 2010 (IMD): 29.86 (fourth more deprived decile)

The practice has lower than clinical commissioning group and national averages for life expectancy at 75 years for men and 81 years for women.

The practice also runs Occupational Health Bristol which is an independent service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and

regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, 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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager, IT & data manager and administrative staff and spoke with one patient who used the service.
- We also spoke with the community nurse team and a health visitor based at the practice.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of patients and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

Detailed findings

- 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and the outcomes and actions were shared formally at weekly practice meetings. Significant events were reviewed quarterly to ensure any learning or action points had been completed.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received support, truthful information, and an apology, and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 lead member of staff for safeguarding. The GPs attended six weekly safeguarding meetings with health visitors and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role, for example, GPs were trained to Safeguarding level 3 for child protection. We were shown an example of how the GPs responded to safeguarding concerns, escalating and working with the local authority safeguarding team and implementing a plan of care for the family concerned.

- A notice in the waiting room advised patients that there were staff available who would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients 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 clean and tidy. The lead nurse 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were securely stored and there were systems in place to monitor their use. We found that the system was not failsafe and would not provide a clear audit trail if there was a security breach as there was no record of when individual prescriptions had been used. Prescription for printers were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed five personnel files and found that the practice had a list of 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. However, we found some of the files we saw had pieces of specified information missing such as references. We raised this with the practice manager

Are services safe?

who told us that some of the staff concerned had been employed by the practice previously and so the full recruitment process had not been followed. It was reiterated that the information listed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 should be held by the practice and that staff files should be reviewed to ensure they were compliant.

- We also reviewed information held for locum GPs who were employed by the practice and found the practice had not fully implemented their policy in respect of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were assured that this information would be sought prior to the GPs being employed at the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The branch practice had been risk assessed in respect of the safety of the premises, lone working and provision of emergency treatment such as first aid and basic life support. However it was noted that staff did not record the checks on emergency medicines at the branch surgery although verbal assurance was given that these had been completed and all the medicines we checked were in date and fit for use.
- The practice used its electronic patient record system to flag any risk to patients, for example, highlighting any 'hospital only' prescribed medicines to identify potential drug interactions.
- The practice had buddy arrangements in place between the GPs to cover absences. We found there was a lack of clarity about when, in terms of the time of receipt of a patient result, the arrangement would be triggered. For example, if a GP was absent through the normal working rota there was no clear plan of who would review an urgent pathology result.
- 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. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- Both sites had adequate arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room and at the branch practice.
- The practice and branch practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to 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. For example, we found the practice had recently had a presentation on the latest guidance for management of chronic obstructive pulmonary disease which highlighted the changes in recommended medicine prescribing.
- The practice monitored that these guidelines were followed through their governance arrangements.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 96.1% of the total number of points available. Data from 2014-15 showed the practice was comparable to the national average:

- Performance for diabetes related indicators was better than the national average. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 84.3% and the national average was 80.53%.
- The percentage of patients with atrial fibrillation with a CHADS2 score () of 1, measured within the last 12 months, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy (01/04/2014 to 31/03/2015) was 97.92% and the national average was 98.32%.
- Performance for mental health related indicators was comparable to the Clinical Commissioning Group and national average, for example, the percentage of

patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 92.31% and the national average was 88.61%.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 92.16% and the national average was 89.9%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 77.19% and the national average was 83.82%.

Clinical audits demonstrated quality improvement.

- There had been clinical and medicines audits completed in the last two years, we looked at two completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice decided to check for irregularity of pulses during GP and nurse appointments and in all patients attending the flu clinics in 2013/14. As a result 15 patients were diagnosed with atrial fibrillation (AF) and commenced on anticoagulants as appropriate. The practice continued to opportunistically screen for irregular pulse rhythm in over 65yr olds to ensure AF was detected early and anticoagulation therapy started.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and was a level III research practice with the Clinical Research Network – West of England.

Information about patients' outcomes was used to make improvements such as providing additional customer training for reception staff to enable them to better manage difficult patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and

Are services effective?

(for example, treatment is effective)

control, fire safety, health and safety and confidentiality. An induction checklist was held in each staff file and signed off when completed. The records we checked had not all been completed and signed however the staff we spoke with confirmed they had been through an induction process.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work, such as triage training for the GPs. There was also ongoing support during one-to-one meetings, for appraisals, coaching and mentoring, for clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- All patients with significant cancers or those receiving palliative care were allocated a lead and second lead GP for continuity of care.

Staff worked together and with other health and social care services 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 hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 patient's capacity to make an informed decision about their treatment, and if appropriate, recorded the outcome of the assessment.
- The process for seeking consent was demonstrated through records and showed the practices met its responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, weight management, alcohol cessation and substance misuse. Patients were then referred or signposted to the relevant service.
- The shared premises meant that patients could access additional health care services at the site such as podiatry, midwifery, osteopathy and audiology.
- The practice had produced a series of patient leaflets to inform parents about common childhood illness.
- The practice were opportunistic in health promotion and used regular events such as the annual influenza campaign to provide patients with health education.

Are services effective? (for example, treatment is effective)

National data from the Quality Outcomes Framework (01/04/2014 to 31/03/2015) indicated the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed within the target period was 72.4% compared with a Clinical Commissioning Group average of 70.9% and national average of 74.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel cancer (55.1%) and breast cancer (75.2%).

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.2% to 100% and five year olds from 95.8% 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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and very helpful to patients and treated patients 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 and that 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.
- The practice reviewed frequent attenders to better understand their needs and plan their care; they provided regular appointments with a named GP in order to address their needs.

All of the 22 patient CQC comment cards we received were positive about the care they experienced. Patients said they felt the practice offered an outstanding service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with one member of the patient participation group. 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 showed patients felt they were treated with compassion, dignity and respect. The practice had comparable responses to national and Clinical Commissioning Group averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 83.4% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group average of 89.5% and national average of 88.6%.

- 84.2% of patients said the GP gave them enough time compared to the Clinical Commissioning Group average of 86.5% and national average of 86.6%.
- 92.1% of patients said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group average of 96% and national average of 95.2%.
- 81.2% of patients said the last GP they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 85.3% and national average of 85.1%.
- 90.6% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 91.7% and national average of 90.4%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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:

- 83.6% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group average of 86.4% and national average of 86.0%.
- 72.5% of patients said the last GP they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group average of 81.8% and national average of 81.4%.
- 82.5% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group average of 85.5% and national average of 84.8%.

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

Are services caring?

saw notices in the reception areas informing patients this service was available. Of the 60% of patients who had their first language recorded, 494 did not have English as their first language, with 307 recorded as Polish speakers. The practice had a translatable website and used resources within the practice staff to translate the practice leaflet into Polish.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Patients with mental illness had a named GP.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 210 patients on the

practice list as carers. There was a monthly carers' surgery held at the practice. Written information was available to direct carers to the various avenues of support available to them. The practice had appointed a patient Care Co-ordinator for patients who contacted any patients over 75 years of age directly on discharge from hospital. They also acted as a community resource facilitator for the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

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. Through their membership of the One care Consortium they had recently introduced eConsult for patients to access an online consultation.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Early assessment of home visit requests, and a high visiting rate. Routine visiting starts before 11am facilitating earlier admissions or referral to other services.
- There was a weekly clinic by designated GP at local care homes. With regular meetings with care home management team to review of admissions, deaths and training needs.
- Same day appointments were available for children and those with serious medical conditions.
- All patients with significant cancers or those receiving palliative care were allocated a lead and second lead GP for continuity of their care.
- The practice employed a pharmacist to audit chronic disease management, specifically prescribing, and to provide advice and support for nursing home patients.
- The practice worked to provide inclusive services for younger patients, such as hosting the 4YP (for young people) initiative which enabled young patients to access sexual health care with team champions.
- The practice hosted a substance misuse worker and recognised the difficulties vulnerable patients had in making and keeping appointments and so offered on the day access.
- The practice reviewed frequent attenders to better understand their needs and plan their care, and provided regular appointments with a named GP on order to address their needs.
- The practice had produced a series of patient leaflets to inform parents about common childhood illness.

- There were accessible facilities, hearing loop and translation services available. The practice had considered the needs of staff with disabilities and had made reasonable adjustments to enable them to work safely.
- The practice had absorbed more than 650 new registered patients since the closure of a neighbouring practice in August 2015.

Access to the service

The main practice was open from 8.30am-6.30pm, Monday to Friday with extended hours on two weekday evenings per month (6.40pm – 7.40pm) and two Saturday mornings per month. These offered nurse-led chronic disease clinics as well as standard GP appointments. The branch surgery was open Monday to Friday from 8.30am – 11am and 3pm – 5pm for GP appointments only. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The appointment triage system enabled patients to speak to a GP if required, and on the day assessments.

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. Patients commented on feedback cards they were able to get appointments when they needed them.

- 79.4% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group average of 74.6% and national average of 73.8%.
- 68.4% of patients said they could get through easily to the surgery by phone compared to the Clinical Commissioning Group average of 72.7% and national average of 73.3%.
- 68.9% of patients described their experience of making an appointment as good compared to the Clinical Commissioning Group average of 72.5% and national average of 73.3%.
- 67.4% of patients said they usually waited 15 minutes or less after their appointment time compared to the Clinical Commissioning Group average of 62.1% and national average of 64.8%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the website and a practice leaflet.
- If necessary complaints were escalated to a significant event investigation. Likewise, significant events such as near misses were managed as complaints. All complaints and concerns were discussed in staff meetings. External bodies, such as NHS England, were informed about complaints in regard to clinical decision making.

We looked at a selection of the 16 complaints received in the last 12 months and found these were dealt with in a

timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated all the complaints received had been resolved.

We found complaints were logged and analysed for trends, for example, for 2015 of the 16 complaints received, nine complaints were classed as clinical. Although response letters included information about any learning points for the practice, they could not evidence how lessons had been communicated to the team or that any action identified had been taken. For example, a complaint had been received concerning an interrupted consultation. The complaint was upheld and the response was apologetic, however there was no evidence any change in practice had been implemented.

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 that Shirehampton Group Practice aspired to be efficient, effective and caring. The practice also had a list of priorities about the provision of patient care.
- The practice had a robust strategy and supporting business plan which reflected the vision and values and was regularly monitored.

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 via a shared drive and through the staff handbook.
- A comprehensive understanding of the performance of the practice was maintained. We saw there were opportunities for learning and improvement taken through audits, for example, a GP specific appointment length audit which allowed for individual adjustment of appointment planning.
- We also saw there was regular learning sessions at the fortnightly clinical meetings where new clinical guidance and updates were discussed for implementation at the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, all significant events and complaints were discussed at the weekly meeting and reviewed quarterly.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff and support new ideas.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They 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.

- The GPs held informal meetings in the morning and afternoon at the planned surgery times to complete sick-notes, sign prescriptions and discuss any issues arising. This provided a good mechanism for support and governance amongst the team.
- Staff told us that the practice held regular team meetings. We found that notes from meetings had been recorded but not all had been transcribed in to minutes to share with the team. This was actioned by the practice immediately so as to be able to demonstrate action was taken in response to events and discussions by the practice management.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at role specific team meetings. We also noted that management team away days were held annually.
- Staff said they felt respected, valued and supported, by the partners in the practice. The practice held social evenings which all staff attended.

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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through patient surveys, compliments and complaints. There was a patient participation group (PPG) which was consulted about practice performance and improvement.
- The practice had also 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. Staff told us they felt involved and engaged to improve how the practice was run and gave us examples of how they had been able to implement changes and improvements.

Continuous improvement

There was a strong 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 was part of the Bristol Primary Care Agreement which aimed to simplify the contracting process to support practices to deliver the primary care element of the Clinical Commissioning Group's five year plan and move towards outcomes based commissioning.
- The practice had made a successful bid for inclusion on to the "Integrated Model of Care for Diabetes Pilot" (HG Wells Project - a new one year pilot aimed at delivering

significant and sustainable improvements in the management and treatment of diabetes) being commissioned by the South West Commissioning Support unit.

- The practice was included in the One Care Consortium and could offer patients access to online GP consultation services (eConsult).
- The practice had recently introduced two 'information walls' which were a series of laminated bullet points which answered the 'What to do if' questions such as if a patient collapsed. The walls were on each floor in the predominantly administrative areas of the practice and were an instant aide memoir for staff.
- Shirehampton Group practice was part of the Clinical Research Network – West of England, a level three practice and actively participated in several projects. For example, they participated in a minimum of seven projects each year covering a range of topics such as early cancer diagnosis (CANDID – clinical prediction rules for colorectal/lung cancer). We saw that for a research project relating to prostate cancer had a positive impact for patients who had increased monitoring of their condition and had provided the practice with additional education and updating with the latest treatment.
- The practice were part of a pilot scheme for a community resource lead who contacted patients to signpost them to community services.