

Birchwood Medical Practice

Quality Report

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Date of inspection visit: 23 September 2015

Date of publication: 08/12/2015

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 Birchwood Medical Practice on 23 September 2015. Specifically, we found the practice to be good for providing safe, well led, effective, caring and responsive services. It was also rated as good for providing services for all of the population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- 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 named GP and that 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.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Good



Are services effective?

The practice is rated as good for providing effective services. National data from NHS England showed patient outcomes were similar for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about 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. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. 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.

Good



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. 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 social services.

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. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for patients with a learning disability. It offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. It 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. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with or above local and national averages. There were 115 responses and a response rate of 37.2%.

- 89.9% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89.5% and the national average of 88.6%.
- 91.1% of patients said the GP gave them enough time compared to the CCG average of 86.5% and national average of 86.8%.
- 95.5% of patients said they had confidence and trust in the last they saw compared to the CCG average of 96% and national average of 95.3%
- 84.7% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.3% and national average of 85.1%.

- 90.1% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.7% and national average of 90.4%.
- 90.3% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88.5% and national average of 86.9%.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service patients experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also told us they were quite satisfied with the treatment they received which was given in a very professional manner by staff. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their personal dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Birchwood Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, and included a GP specialist advisor and a Practice Nurse specialist advisor.

Background to Birchwood Medical Practice

Birchwood Medical Practice is a family practice, with four GPs, two male and two female. The practice provides services to approximately 6,300 patients, living in Brislington area. It operates as a partnership with four GP partners. The practice provides a wide range of health services and clinics and is on a General Medical Services contract. The practice is situated within the Brooklea Health Centre which it shares some facilities with another GP practice and other NHS services.

The practice patient population is made up of 50.4% male patients and 49.6% female. There were 94% patients of white British background with the remaining from other ethnic backgrounds. The proportion of patients less than 14 years of age were 17% with 42% of patients aged between the ages of 15-44 years. There are 25% of patients aged 45 to 64 and 8% of patients aged 67 to 74 years. The smallest proportion of patients are older people with 6% over the age of 75.

The Birchwood Medical Practice reception desk is open from 8am until 6:30 pm on Monday to Friday. Patient appointments are available from 8am to 6:30pm Monday to Friday. Early morning nurse led services are available from 7am Monday to Friday.

Patients are advised to telephone NHS 111 for treatment outside of practice opening hours.

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.

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

How we carried out this inspection

The practice provided us with information to review before we carried out an inspection visit. We used this, in addition to information from their public website. We obtained information from other organisations, such as the local Healthwatch, the Bristol Clinical Commissioning Group (CCG), and the local NHS England team. We looked at recent information left by patients on the NHS Choices website.

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

Detailed findings

- 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 looks like for them. The population groups were:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

During our visit we spoke with all four of the GPs and a health care assistant. We also spoke with the practice manager and the reception and administration staff on duty. We spoke with two patients in person during the day. We also spoke with two members of the Patient Participation Group. We received information from patients from the 20 Care Quality Commission (CQC) comment cards left at the practice and one comment made through 'share your experience' on the CQC website from a health care professional. We spoke with the lead practice nurse before the inspection visit.

On the day of our inspection we observed how the practice was run, such as the interactions between patients, carers and staff and the overall patient experience.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a prescription was given to a patient causing a breach of confidentiality. Actions were put in place including how prescriptions were stored prior to collection and staff reminded of procedural checks before they were handed over.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff were aware of who to speak with if they needed to raise a concern. The GPs attended safeguarding strategy meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated that they understood their responsibilities and all had received training relevant to their role. We were given clear examples of how the practice had implemented safeguarding procedures effectively and in the best interests of the patients concerned.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. Recent training had been provided to four administration staff to enable them offer chaperone support. All staff who acted as chaperones had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with posters on display. The practice staff participated in regular fire drills led by the building provider who also carried out fire risk assessments of the building and facilities. 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 implemented a room by room check system so that no item of equipment was missed. The practice also had a variety of other processes and risk assessments in place to monitor safety of the premises such the management of infection control.
- Appropriate standards of cleanliness and hygiene were followed. 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. Each clinical treatment area had an individual infection control monitoring checklist which were maintained and up to date. Annual infection control audits were undertaken and we saw evidence that action had been taken to address any improvements identified as a result of the audit undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicines audits were carried out with the support of

Are services safe?

the local Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the two staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, in files we saw proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty, staff covered other staff absences.

Arrangements to deal with 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 had received annual basic life support training and there were emergency medicines available in the treatment room it shared with the other GP service based in the building. There was a defibrillator available on the premises and oxygen with adult and children's masks. We checked the dates of the Oxygen cylinders and found they were out of date. This was rectified before the end of the inspection and we were informed that new joint protocols were being reviewed with the other GP service as to ensure this omission did not occur again. We were given information following the inspection these protocols had been updated and implemented. First aid equipment was 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, evacuation to another premises and staffing contingencies.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice QOF data was aggregated across both sites. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results available to us from 2014/2015 were that the practice had achieved 97% of the total number of points available compared with 94.2% practice average across England. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed;

- Patients (92%) diagnosed with a significant mental health disorder had comprehensive, agreed care plans documented in the preceding 12 months.
- Of those patients diagnosed with dementia at the practice, 82.3% had their care reviewed in a face-to-face consultation in the preceding 12 months. .

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient's outcomes. There had been several clinical cycles of audits completed in the last year. These had included the prescribing and use of four different medicines and the management and care of patients with coeliac disease. The outcomes from these audits did instigate improvements in patient care. The audit of patients with coeliac disease ensured changes were made to how patients were regularly monitored. The prescribing practices were brought in line with national guidelines and referrals made for further tests if checks

indicated a need to do so. Other regular clinical audits had been undertaken in regard to the management of infection control and patients with long term conditions. There was a planned programme of audits ranging from registering new patients to reviewing patients diagnosed with cancer to ensure they had appropriate care pathways. The practice had participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Information about patient's outcomes was used to make improvements. Particular care was taken with patients over 75 years of age who were flagged as appointment non-attenders who were now on a regular three monthly review. This was instigated following a significant event investigation when a patient was found collapsed at home having missed routine contact with the practice.

One GP had undertaken further development to provide minor surgery at the practice of which around 50 procedures took place each year; Another GP had trained and extended their role to provide insulin conversion at the practice. This is a process of introducing or amending insulin therapy to patients with Type II diabetes. Both these additions to the service meant that patients could obtain treatment and support in the locality.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal of their performance within the last 12 months.
- Staff had received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house

Are services effective?

(for example, treatment is effective)

training. The practice shared training resources with the other practice based at the health centre. Visiting professionals and interest groups were invited to practice meetings for shared learning and development.

Coordinating patient care and information sharing

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

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

GPs had allocated responsibilities provide care to patients resident in health and social care services in the local area. These included service specifically for the elderly and patients with mental illness, drug and alcohol problems.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment on the patient record.

Health promotion and prevention

Patients in need of extra support were identified by the practice. These included patients receiving end of life care and who were in the last 12 months of their lives, carers, those patients who were at risk of developing a long-term condition and those patients requiring advice about their diet, smoking or alcohol cessation. The practice offered a 4YP (4 young people) service to young patients for support with sexual health. The practice had also implemented a social media site to communicate and provide information to patients, the most recent discussion and questions has been about the Meningitis B vaccine.

The practice had a comprehensive screening programme. Using data from Quality Outcomes Framework the practice's uptake for the cervical screening programme was 72.7% which was below the national average of 81%. There was a policy to send weekly reminders through the post to patients to encourage them to make an appointment. The practice was also aware that some aspects of cultural needs of the population they served did impact on these statistics and they were looking at how this could be addressed. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

There was a childhood immunisation programme for all the required vaccinations and there was a system to contact the parents of those children who had missed immunisation appointments. One GP had recognised the need to support new parents or carers new to the area and be aware of and build local support networks. The practice had identified what local groups such as baby and toddler groups were available and had set up a one page resource on their social media site so they could share the information with some hard to reach patient groups, and the local midwifery and health visitor teams.

Patients had access to appropriate health assessments and checks. NHS health checks for patients aged 40–74 were offered. Of the 737 patients invited to a health check appointment 35.7% attended. Appropriate follow-up appointments about the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients were also signposted to other health support such as the stop smoking service and weight management.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

All of the 20 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also told us they were quite satisfied with the treatment they received which was given in a very professional manner by staff. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their personal 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 were happy with how they were treated and that this was with care and concern, dignity and respect. The national GP patient survey results published in July 2015 showed the practice was performing in line with or above local and national averages. There were 115 responses and a response rate of 37.2%.

- 89.9% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89.5% and the national average of 88.6%.
- 91.1% of patients said the GP gave them enough time compared to the CCG average of 86.5% and national average of 86.8%.

- 95.5% of patients said they had confidence and trust in the last they saw compared to the CCG average of 96% and national average of 95.3%
- 84.7% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.3% and national average of 85.1%.
- 90.1% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.7% and national average of 90.4%.
- 90.3% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88.5% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make 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. Patients also added they had been impressed with the care and treatment they had had and that they had been invited to tell the GP their hopes for the outcome of the visit.

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

- 82.3% of patients said the last GP they saw was good at explaining tests and treatments which was slightly below the CCG and national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

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.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers. The practice offered carers health checks

and staff had regular meetings with the local Carers Link worker. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, providing support to patients at risk through their comprehensive influenza vaccine programme, and treatment plans put in place to reduce admission to hospital for patients with multiple long standing health conditions.

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

- The practice offered early morning nurse appointments 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 other patients who would benefit from these.
- Urgent access (same day) appointments were available for children and those with serious medical conditions.
- The practice was accessible for patients with restricted mobility and there were accessible toilet facilities. A hearing loop, for those patients with a hearing impairment and translation services for patients whose first language was not English were available.
- There was a focus on providing a more comprehensive treatment and support plan for diabetic patients including insulin conversions.

Access to the service

The practice was open from 8:00 am until 6:30 pm Monday to Friday and offered early nurse appointments from 7am each day. Telephones were answered from 8:00 am. Patients were advised to telephone NHS 111 for treatment outside of practice opening hours.

Results from the national GP patient survey July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and patients we spoke to on the day told us they were able to get appointments when they needed them. For example;

- 77.2% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77% and the national average of 75%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 74%.
- 88% of patients described their experience of making an appointment as good compared to the CCG average of 72% and the national average of 74%.
- 71% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and the national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. Information was available on the practices website, patient leaflets and posters displayed detail of the complaints process. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a sample of the 18 complaints received since December 2014. It was noted that these complaints included comments or questions that were resolved immediately by the staff in receipt of the comment. Comments left on NHS Choices and a social media website were included in these numbers. The records showed that these were satisfactorily handled and dealt with in a timely way. We saw there was openness and transparency with dealing with the complaints and patients opinion was valued and responded to.

Lessons were learnt from concerns, complaints and comments and action was taken as a result to improve the quality of care and patients experiences. For example, a complaint about the repeat prescription process led to the practice staff assisting the patient to use the on line repeat prescription service to assist with a speeding up of the process for them. Another complaint concerned being kept waiting for a GP appointment. This was reviewed and

Are services responsive to people's needs?

(for example, to feedback?)

changes made to the GPs appointment schedules to include more breaks, so that they could accommodate patients who unexpectedly required longer consultation times.

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 provide a health centre of excellence delivering wider health services to the local community. The also stated they would do this whilst listening to patients and providing a caring experience for them. They stated they wished to provide excellent clinical care using the principals of clinical governance and working with other health care providers.

When observed staff demonstrated the ethos of the practice throughout their communication and actions with patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were 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
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which 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, openness and transparency

The partnership in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Members of the partnership and senior management had various skills and backgrounds including business management. They prioritised safe, high quality and compassionate care. The partners were visible in the

practice and staff told us that they were approachable and that they always took the time to listen to all members of staff. Staff told us they felt well supported by the partnership.

Staff told us that regular team meetings were held and that there was an open culture within the practice so they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. 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. Staff input to the development of the service was clearly shown in the minutes of meetings held at the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys, compliments and complaints received. The newly formed patient participation group (PPG) had just commenced meeting on a regular basis. When we spoke with representatives of the PPG they were confident from their own experience they would be listened to and the practice would take action from their comments to improve the service.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team had reviewed the services it provided, was in the process of developing strategies to improve what was provided in the community for patients and worked well with the other GP practice and health care services located in the health centre. This included developing plans for joint training for staff and health promotion events. They were in the process of reviewing their business plans and developments for the service which included how the service would be provided over the next five years, looking at becoming a training practice and participating in clinical research.