

The Vesey 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?		Outstanding	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to The Vesey Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Vesey Practice on 27 September 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.
- In most cases risks to patients were assessed and well managed although there were some issues with the premises.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked effectively in collaboration with other services to help meet patients needs.

- Information about services and how to complain was available and easy to understand.
- Patients generally found it easy to make an appointment although found getting through on the telephone sometimes difficult. The practice had taken action to try and improve this. Urgent appointments were 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 sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice:

- The practice was proactive in providing support to patients who had been through cancer treatment. Patients were offered an end of treatment review with a trained nurse. The practice had offered 17 patients the opportunity of a review and eight patients had received one between February and August 2016. One of the GP partners was a Macmillan GP aimed at improving cancer care. They had supported in the development of practice nurse cancer courses.

Summary of findings

The areas where the provider should make improvement are:

- Liaise with NHS property services to resolve issues relating to the cleaners room and fire equipment servicing.
- Review newly implemented systems for managing prescription safety to ensure they are working as intended.
- Review systems in place to ensure important information is shared with all staff in the 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?

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The systems in place to keep patients safe and safeguarded from abuse were in most cases well defined and embedded. We identified some issues with prescriptions security which the practice quickly addressed.
- Risks to patients were in most cases assessed and well managed. The practice was aware of some issues relating to the premises and had notified NHS properties who owned the building.

Are services effective?

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice was able to demonstrate action taken to improve patient outcomes and 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 staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs and participated in innovative schemes to support patients with unplanned hospital admissions .

Are services caring?

Outstanding



- Data from the national GP patient survey showed patients rated the practice significantly higher than others for many aspects of

Summary of findings

care. For example: 99% of patients said the GP was good at listening to them, 96% of patients said the GP gave them enough time and 99% of patients said they had confidence and trust in the last GP they saw.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Results from the national patient survey showed 95% of patients said the last GP they saw was good at involving them in decisions about their care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Results from the national patient survey showed 95% of patients said they found the receptionists at the practice helpful.
- The practice provided an enhanced service for patients who had undergone cancer treatment and were now in remission. The service provided by a trained nurse. Between February and August 2016, 17 patients had been offered a review and eight completed. One of the partners was a Macmillan GP aimed at improving cancer care. They had supported in the development of practice nurse cancer courses.

Are services responsive to people's needs?

- 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. The practice participated in the CCG led Aspiring to Clinical Excellence scheme.
- The practice worked collaboratively with local practices in innovative schemes designed to support older and vulnerable patients. The schemes helped ensure patients had access to care and support they needed to improve their lives and minimise the risk of hospital admissions.
- Patients were generally able to obtain appointments including urgent appointments but found it sometimes difficult getting through on the telephone. The practice had taken action to try and improve telephone access.
- 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.

Good



Summary of findings

Are services well-led?

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. Although, formal lines of communication were not always clear for disseminating and sharing information with all staff.
- The practice had a number of policies and procedures to govern activity and partners held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents .
- The practice sought feedback from staff and patients, which it acted on. The patient participation group had recently been redefined.
- There was a strong focus on continuous learning and improvement.

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered home visits for patients whose clinical needs made it difficult to attend the practice. They would also accept repeat prescription ordering via telephone for patients who were housebound.
- The premises were accessible to patients with mobility difficulties and facilities included ramp and automatic door access, disabled toilet facilities and parking.
- The practice had worked collaboratively with other practices locally to provide innovative and proactive services to meet the needs of this population group, improve outcomes and reduce unplanned admissions to hospital. The practice was participating in an unplanned admission scheme with five other local practices. Three case managers have been employed between the practices to facilitate early discharge with appropriate support. Data available has shown a positive impact on bed days and deaths in hospital. The scheme covers a wider population than the local enhanced scheme for unplanned admissions by including all patients over 70 years.
- The practice was involved in a collaborative scheme between September 2015 and September 2016. The elderly care support nurse project was designed to identify and support previously unrecognised need. The elderly care support nurse reviewed patients over 75 years to identify, assess and help address any unmet care and support needs. Over 300 patients from across the participating practices have benefited to date receiving care and support from a range of services including the NHS, local authority, third sector and voluntary organisations.

People with long term conditions

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice held a range of clinics for patients with long term conditions including diabetes, asthma and coronary heart disease.

Summary of findings

- Performance for diabetes related indicators was 98% which was higher than the CCG average and national average of 89%. (Exception reporting for diabetes related indicators was 12% which was slightly higher than the CCG average of 10% and national average 11%).
- Patients received structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients on the heart failure register received six monthly reviews.
- The practice was able to provide inhouse a range of diagnostic and monitoring services to support patients with long term conditions. For example, phlebotomy, spirometry and ambulatory blood pressure monitoring.
- One of the partners was a Macmillan GP with an interest and desire to improve cancer care in the UK. According to the Macmillan website there are approximately 200 Macmillan GPs nationwide. The practice nurse carried out enhanced end of treatment reviews for patients who had completed their cancer treatment.

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.
- Patient confidentiality in patients under 16 years was promoted.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and the national average of 82%. The practice had low exception reporting rates.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day appointments were also available for under two year olds.
- The practice was accessible to those with pushchairs. Baby changing facilities were available and staff told us a private room would be made available for mothers wishing to breastfeed.
- The midwife held antenatal clinics from the premises.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



- 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 offered extended opening hours on a Monday evening and one morning each week for the convenience of patient that worked. Telephone appointments were also available.
- 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. For example NHS health checks
- Travel vaccinations were available.
- Family planning services including fitting of intrauterine devices and contraceptive implants.
- The practice provided enhanced sexual health services for registered and non-registered patients with the practice.
- Practice nurses were trained in providing emergency contraception.
- Practice staff told us that they had an open door policy for returning local students.

People whose circumstances may make them vulnerable

Good



- The practice held registers of patients living in vulnerable circumstances and with caring responsibilities. For example, those with a learning disability.
- Patients with a learning disability were offered an annual review.
- The practice offered longer appointments for patients who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Carers were offered health checks and information packs signposting them to support available.
- Patients with alcohol related hospital attendances were followed up by clinical staff.
- The practice was developing a frailty register to identify those patients in need of additional support.
- 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.

Summary of findings

- Practice told us they would register patients with no fixed abode with the practice address. They also had patients in temporary accommodation which they were able to register as temporary residents.

People experiencing poor mental health (including people with dementia)

- Nationally reported data for 2014/15 showed 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average 82% and national average 84%.
- National reported data for 2014/15 showed 96% of patients with poor mental health had comprehensive, agreed care plan documented, in the preceding 12 months which was above to the CCG average 89% and national average 88%.
- Patients with anxiety and depression were able to access services such as improving access to psychological therapies (IAPT) support. These sessions were held on a weekly basis at the premises.
- Some reception staff trained as dementia friends.
- There were displays dedicated to support for patients with mental health and dementia in the waiting area.

Good



Summary of findings

What people who use the service say

Thee latest national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages in most areas. Ease of access by telephone was the main outlier in which the practice results were below the national average. 241 survey forms were distributed and 108 (45%) were returned. This represented approximately 1.2% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 completed comment cards which were all very complimentary about the service. Patients spoke highly of all staff at the practice and described them as caring. They told us that they were treated with dignity and respect and said that clinical staff took the time to listen to them in order to meet their needs. The less positive comments (of which four were received) related to parking difficulties and trying to make an appointment.

The practice was rated four out of five by patients on NHS choices based on 14 reviews, five of these were made within the 12 months.

Results for the practice on the friends and family test which invites patients to say whether they would recommend the practice showed 93% of patients said they were likely or extremely likely to recommend the practice. The data related to July 2016.

The Vesey Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

Background to The Vesey Practice

The Vesey Practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a suburban area of Birmingham with a list size of approximately 9200 patients. The premises are purpose built for providing primary medical services and shared with another practice. The premises are owned by NHS property services.

Based on data available from Public Health England, the practice has lower levels of deprivation than the national average. It is within the top 30% of the most affluent areas nationally. The population has a higher proportion of patients over the age of 45 years and a lower proportion of patients under 40 years compared to the national average.

Practice staff consist of seven partners (four male and three female) who work a total of 42 GP sessions per week. There

are four nurses (including one nurse prescriber), one health care assistant, a phlebotomist, a practice manager and a team of administrative staff. Support had been obtained from a recently retired practice manager who had formerly worked at a neighbouring practice due to the absence of the practice manager.

The Vesey Practice is open from 8am to 6.30pm Monday to Friday. Appointment times are between 8.30am to 10.30pm and 3.30pm to 5.30pm. When the practice is closed services are provided by an out of hours provider (BADGER). In addition the practice opens for extended hours between 6.30pm to 8.30pm on a Monday evening (for appointments with a GP or nurse) and one morning each week from 7.30am (the day varies depending on the GP on duty).

The practice is a teaching practice for final year medical students.

The practice has not previously been inspected by CQC.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 September 2016.

During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, the practice manager and administrative staff).
- Observed how people were being cared for.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.
- Spoke with a member of the practice's Patient Participation Group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Practice staff told us that they would raise any incidents with the practice manager.
- There was a reporting form for recording significant events.
- We saw that there had been 13 reported incidents within the last six months which included both clinical and administrative incidents.
- We saw evidence from reported incidents that the practice carried out a thorough analysis of significant events.
- Practice staff we spoke with were able to give examples of incidents that had been reported and action taken to minimise the risk of reoccurrence.
- The systems in place supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). For example, staff told us of an incident which had originated from a complaint where a referral had been missed. The practice apologised to the patient and explained what action they had taken to try and prevent the same thing happening again which had included the recruitment of an additional secretary to speed up referrals.
- Significant events were a standing item on the agenda for the monthly partners meeting.
- We were advised that any learning was disseminated by the practice manager to the rest of the practice team, through the administrative and nursing team meetings or via emails. Reported significant events were also stored on computers so that staff could refer to them.
- There were systems in place for sharing incidents with other practices within the locality.

The practice also had systems in place for managing safety alerts received.

- Safety alerts were also a standing agenda item at the monthly partners' meeting to ensure that they were acted on.

- A log for recording safety alerts received from the Medical and Healthcare products Regulatory Agency (MHRA) was maintained which showed what action was taken.
- The CCG pharmacist supported the practice in responding to medicine related alerts.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Information as to who to contact for further guidance if staff had concerns about a patient's welfare was accessible to staff in the consulting rooms. This information was also available to patients in the waiting area with contact details for the local authority safeguarding team, domestic violence and female genital mutilation support. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level 3. An alert on the patient record system ensured clinical staff were aware at the point of contact if a patient was at risk.
- A notice in the waiting room advised patients that chaperones were available if required. We were advised that nursing staff acted as chaperones together with a small number of administrative staff. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses led on infection control and liaised with the local infection prevention teams to keep up to date with best practice. Staff had access to appropriate hand washing facilities and personal protective equipment. There were systems

Are services safe?

for ensuring clinical equipment was cleaned. There was an infection control protocol in place and staff had received up to date training. The CCG had carried out an infection control audits within the last 12 months and we saw evidence of actions taken to address improvements identified as a result. In addition the infection control nurse had carried out various audits such as handwashing audits on all clinical and non-clinical staff. However, we did note that the cleaners room was in a poor condition, the room could not be locked. We did not see any products on display and cupboards within the room were locked. Staff told us that this had been raised with NHS Estates for refurbishment.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the partners for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- However, during the inspection we identified some weaknesses in the processes for handling prescriptions. We found that patients were not requested to sign for prescriptions involving controlled drugs. Blank prescription forms and pads were securely stored but the systems in place to monitor their use did not ensure the practice would be able to identify any that might be missing. Following the inspection the practice had reviewed their policies; these were forwarded to us which included the new systems that had been instigated to improve prescription safety. Such as, clear identification of controlled drugs so that staff were aware these prescriptions needed to be signed for when collected and a new system for logging prescriptions used.
- We reviewed the personnel files for two new members of staff and a locum GP used by the practice. We found

appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. DBS checks were not routinely undertaken for non clinical staff. Where DBS checks had not been made risk assessments were in place to review staff roles and responsibilities to identify whether they were needed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. We saw a variety of risk assessments in place for monitoring the safety of the premises including equality assessments, security, control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Risk assessments were reviewed on a monthly basis.
- Weekly audits were undertaken to identify any maintenance issues. We found the premises generally well maintained with the exception of the cleaners room which was in need of refurbishment. The acting practice manager advised us that NHS property services had been informed.
- The practice had up to date fire risk assessments and carried out a fire drill in the last six months. Records showed that the servicing of fire equipment was overdue by one month. The acting practice manager showed us evidence that they had been following this with NHS property services who were in the process of changing their provider.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records seen showed that these checks had been carried out within the last 12 months.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Clinical staff told us that there was enough capacity within the teams to cover for each other during absences. There was a rota system in place for administrative staff who were offered overtime to cover other staff when needed. Locum staff were occasionally used when needed.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen, routine checks were undertaken to ensure these were in working order and ready for use when needed.

- Emergency medicines were easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. Records seen showed that the medicines were checked regularly and in date. Those we saw were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies were kept off as well as onsite should the premises be inaccessible. The plan included alternative arrangements in case of loss of building and emergency contact numbers for staff and various services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- NICE guidelines had recently been introduced as a standing agenda item in the monthly partners' meeting. We saw from recent meeting minutes discussions around NICE sepsis guidance had taken place.
- Staff told us that they attended networking and protected learning time events with other practices in the locality which facilitate the sharing of best practice.

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 for 2014/15. This showed the practice had achieved 100% of the total number of points available, which was higher than the CCG average of 94% and national average of 95%. Overall exception reporting by the practice was 11% which was similar to the CCG and national average of 9%.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was 98% which was higher than the CCG average and national average of 89% with similar levels of exception reporting. The practice advised us that they had few patients with diabetes in hospital and that these were in most cases managed by the practice.
- Performance for mental health related indicators was 100% compared to the CCG average of 92% and national average of 93%. However, exception reporting was higher at 22% compared to the CCG average of 10% and national average of 11%.

The practice was identified as an outlier for the following QOF (or other national) clinical targets:

- Antibiotic prescribing for cephalosporins or quinolones (broad spectrum antibiotics which should only be prescribed in certain situations) was higher than both CCG and national averages. Nationally available data for 2014/15 showed the practice prescribing of these medicines was 10% of prescribed antibiotic items compared to the CCG and national average of 5%. The practice was able to show us more recent data from the CCG which showed a reduction in prescribing of these antibiotics between April 2015 and March 2016, the practice was close to meeting the CCG target. Clinical staff told us that they had achieved this reduction through practice education and review of individual prescribing habits.
- The practice had lower levels of reported versus expected chronic obstructive pulmonary disease compared to the CCG and national average. The practice felt this might have been to do with the lack of available inhouse spirometry (used in the diagnosis of respiratory conditions). Over the last 12 months spirometry has been introduced in the practice following the practice nurse training in this.

We saw evidence of clinical audits and benchmarking although it was not always obvious from the audits seen that clinical audit was actively used to drive improvement in the practice:

- However, the practice had been involved in CCG led medicines audits for antibiotics which had shown improvements in antibiotic prescribing. They were also taking part in a hypnotics prescribing audit which showed the practice close to the CCG target but below the national average.
- The practice had undertaken an audit of long active contraceptives such as intra uterine devices and implants (during March to September 2016) and minor surgery (April 2014 to April 2015) to check for complications for example, infection rates. None were found.
- One GP told us that they had undertaken an audit in May 2016 to ensure that patients prescribed levothyroxine had received appropriate checks in the last 15 months, they told us that action was being taken is to chase patients prior to a second audit. The audit had yet to be formally written up.

Are services effective?

(for example, treatment is effective)

The practice was working in collaboration with other practices locally in providing innovative services aimed at promoting improved outcomes for some of their most vulnerable patients. These included:

- Unplanned admission scheme - The practice joined an existing scheme in February 2016 with six local practices to reduce the need for hospital admissions and enable frail patients to be discharged earlier with appropriate support in place. The scheme which employed three community matrons originally started in September 2014 and was currently supporting over 200 patients. The scheme to date was proving to be cost effective. There had been a large reduction in hospital bed days compared to non-participating practices as well as a reduction in the number of deaths in hospital. Funding for the scheme was due until spring 2017.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. Staff were expected to undertake online mandatory training and worked closely with more experienced staff during their induction period. We saw induction plans in place for both clinical and non-clinical members of staff.
- There was a locum pack in place to support clinical staff working on a temporary basis at the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw nursing staff had undertaken additional training for the management of long-term conditions such as chronic obstructive pulmonary disease and asthma, cancer care and for sexual health.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example through attending update sessions.
- The practice had protected learning time events with other local practices. Reception staff also had protected learning time and had covered topics such as the Mental Capacity Act, customer care and dementia friends

training. In addition to locality based learning the practice had planned to have quarterly in house learning events with two planned for November 2016 and February 2017.

- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff told us that the practice was good at supporting learning. For example, the practice had supported the training of the nurse prescriber and provided mentorship to them. A receptionist had undertaken training in phlebotomy (blood taking). Due to practice needs spirometry and ambulatory blood pressure training had also been provided to relevant staff.
- Training records showed staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff received protected learning time to complete 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. We saw that patient information such as test results and hospital discharge information was responded to in a timely way.

The practice worked closely with the local acute hospital as part of the unplanned admission scheme. Discharge summaries were reviewed by the GPs to identify any action required. These were also discussed at monthly unplanned admission meetings in order to discuss whether anything could have been done to prevent the admission.

Where appropriate the practice shared information with the out of hours provider and there were written procedures to ensure GP included relevant information should the patient contact the out-of-hours service. The practice had also taken action and employed an additional member of staff to improve the timeliness of patient referrals.

The practice held multidisciplinary team meetings to discuss and review the needs of patients with complex and end of life care needs. The practice also regularly met with

Are services effective?

(for example, treatment is effective)

the health visitor to discuss the needs of vulnerable children. Some of the community team were located in the same premises as the practice which helped facilitate communication between the services. Community staff spoke positively about the working relationship with practice and found them supportive.

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. Staff received Mental Capacity Act training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Information on the Gillick Competence and Fraser Guidelines was available to staff for reference. The practice had a clear policy for protecting patient confidentiality in the under 16 year olds.
- We saw processes in place for obtaining consent in relation to minor surgery and long acting reversible contraception.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, those at risk of developing long-term conditions, and those in remission following cancer treatment.

Patients requiring advice and support in relation to their lifestyle were signposted to relevant service for example, smoking cessation and weight management.

Improving access to psychological therapies (IAPT) sessions were held at the practice weekly for those with mental health conditions such as depression or anxiety.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and the national average of 82%. There were systems in place to follow up patients who did not attend for their cervical screening test and for ensuring results were received for samples sent for the cervical screening programme.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake of breast and bowel cancer screening were higher than both CCG and national averages. For example,

- 78% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 69% and the national average of 72%.
- 63% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 50% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were slightly higher than the CCG and national averages for the under two year olds and comparable to CCG and national averages for those given to five year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% compared to the CCG average of 88% to 94% and national average of 73% to 95%, and five year olds from 84% to 96% compared to the CCG average of 83% to 96% and national average of 87% to 95%.

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. These were advertised in the practice leaflet. Appropriate follow-ups for 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 members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A notice displayed in the waiting area advised patients to let reception staff know if they wished to speak in private.
- Barriers were in place around reception area to encourage patients to stand back while others were being attended to.
- Staff signed confidentiality agreements when they started working at the practice.

All of the 34 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients spoke highly of all staff without exception. They told us that the staff were friendly and caring, they went that extra mile and treated them with dignity and respect.

Results from the national GP patient survey also showed patients felt they were treated with compassion, dignity and respect. The practice was significantly above average for its satisfaction scores on consultations with clinical staff and for helpfulness of reception staff. For example:

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback we received from patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients told us that clinical staff were prompt in taking action when a referral was needed and were very complimentary about how they were involved in discussions about their care.

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 significantly above local and national averages. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. This included translation services for patients who did not have English as a first language and hearing loop for those who were hard of hearing.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice operated a rolling programme of stalls from third sector organisations in the waiting room to provide support and information to patients. This included breast and



Are services caring?

prostate cancer support, Alzheimer's Society, the hospice and dyslexia support. Information boards displayed in the waiting area also covered issues such as mental health and dementia support available locally.

The practice's computer system alerted GPs if a patient was also a carer. Patients were encouraged to identify themselves as a carer. The practice had identified 78 patients as carers (0.9% of the practice list). There was a carers board displayed in the waiting area. Those who were identified as carers were given information packs which signposted them to various avenues of support available. They were also offered health checks.

Support was available to families that had suffered bereavement. The partners told us that they would leave contact details with families when the practice was closed for those at end of life. Practice told us that they followed up events such as miscarriages, bereavement and cancer

diagnosis. We saw that the practice held a comprehensive directory of support so that they could signpost patients which included support available following a child death or for bereaved children. The Practice had a checklist to ensuring relevant services were informed and information was updated to minimise the risk of upset to the family.

The practice provided additional support to patients who had undergone cancer treatment. The practice nurse had been trained to carry out enhanced end of treatment reviews for patients who had cancer but were now in remission. One of the partners was a Macmillan GP with an interest and desire to improve cancer care in the UK. According to the Macmillan website there are approximately 200 Macmillan GPs nationwide. Between February and August 2016 17 patients had been offered a review and eight had been completed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation.

- The practice offered extended hours appointments on a Monday evening and one morning each week for working patients who could not attend during normal opening hours.
- Longer appointments were available for patients who needed them or on request.
- Home visits were available for those whose clinical needs resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- The premises were accessible to patients with mobility difficulties and facilities included ramp and automatic door access, disabled parking and toilet facilities. All consulting and treatment rooms were situated on the ground floor.
- We saw that the practice had a hearing loop and translation services were available if needed.
- Patients with any special needs were highlighted so that the practice could support them.
- Baby changing facilities were also available and a room would be offered for breast feeding.
- Minor illnesses could be dealt with by the nurse prescriber.
- Enhanced sexual health services were offered for registered and non-registered patients with the practice. Nursing staff were trained in providing contraception including emergency contraception.
- One of the partners was a Macmillan GP with an interest and desire to improve cancer care in the UK. According to the Macmillan website there are approximately 200

Macmillan GPs nationwide. The practice provided an enhanced end of treatment review for patients who had reached the end of their cancer treatment and were in remission.

- The practice had been involved in two collaborative projects with five other local practices to support and reduced unplanned admissions. The project which extended more widely than the local enhanced service for unplanned admissions included all patients over the age of 70. The scheme recognised the needs of the high elderly population and pressures faced by the local hospital. Three case managers had been employed to facilitate earlier discharge as appropriate with support for the patients. The practice joined the project in February 2016.
- The practice had also been involved in an elderly care support project between September 2015 and September 2016 to screen for frail and vulnerable elderly patients to find and assess unmet need. Patients were supported and signposted to appropriate services thus helping to prevent unplanned admissions and improve the patients' quality of life. Over 300 patients from across the six participating practices had benefited in receiving care and support from a range of services including NHS, local authority, third sector and voluntary organisations.
- The practice had recently started to take part in a CCG led initiative for ambulance triage. A scheme in which the GPs provide advice to paramedics and facilitate support for patients within primary care as an alternative to accident and emergency.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointment times were between 8.30am to 10.30pm and 3.30pm to 5.30pm. Extended hours appointments were available 6.30pm to 8.30pm on a Monday evening for appointments with a GP and nursing staff and one morning each week from 7.30am (the day varied depending on the GP).

Appointments were pre-bookable up to six weeks in advance, same day appointments were released on a rolling 24 hours which meant patients did not have to call in first thing to obtain one. Patients could also have a telephone consultation where appropriate. Urgent appointments were available for people that needed them.

Are services responsive to people's needs?

(for example, to feedback?)

We saw that the next available routine appointment was on the day of our inspection for a GP, the next day for the nurse and within two working days for a blood test.

Results from the national GP patient survey (published in July 2016) showed that patients' satisfaction with how they could access care and treatment was mostly in line with CCG and national averages. Only the question relating to ease of getting through by telephone was lower than the national average.

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 61% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 76% of patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.

The practice told us that in response to patient feedback they had sought to promote online booking and had increased call handling capacity at peak times. A reception

manager post had been created to oversee and support reception staff in a hands on way. Discussions had also been held with reception staff in relation to call turnover in order to try and improve telephone access.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, was displayed in the waiting area and included within the practice leaflet. This identified expected timescales and alternative agencies the patient could go to if they were unhappy with the practice's response.
- The practice had received 12 complaints since February 2015. We reviewed the practice's complaints file and saw that these had been satisfactorily handled in a timely way. There were systems in place for recording verbal complaints in reception.

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 shared with us their vision and strategy for the future in which they were working to develop a partnership with four other local practices where central functions and resources would be shared. It was anticipated that through this merger the practice will be able to provide a wider range of services to patients.
- The practice was also a member of 'Our Health Partnership' consisting of 32 practices to help respond to the changing demands faced by GP practices.
- The practice told us that they actively chose to have GP partners who shared ownership of day to day running of the practice. The believed this reflected positively in the low turnover of GPs at the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The partners met on a monthly basis where they discussed performance against QOF and the CCG led ACE programme as well as feedback from patients. There was a designated clinical lead for monitoring QOF performance.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These were also discussed at partners meeting including safety alerts, incidents and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment patients received an apology and an explanation of action taken to improve.

There was a clear leadership structure in place and staff felt supported by management although lines of communication for information sharing were not always apparent.

- Staff told us the practice held regular team meetings. However, minutes seen showed that with the exception of partners meetings these did not occur frequently. The practice did not generally meet as a whole practice except for learning time events. We asked how information was disseminated and were told that this was usually through the practice manager via meetings or email.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings when held and felt confident and supported in doing so.

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

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

- The practice had a virtual patient participation group which it used to gauge ideas and opinions, there were approximately 40 members of the virtual group. More recently (in July 2016) the practice had set up a more formal face to face group to work alongside the virtual group. There were approximately six members of this face to face group. We spoke with the recently appointed chair who explained that they had sought support from an established PPG and the practice was discussing with them changes that were happening. The chair advised us that once they understood more about the workings of the practice they would be better placed to add input.

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 staff through appraisals, meetings and general discussions with senior staff. Staff told us they were happy to provide feedback which the practice acted on. For example, one member of staff told us how they were struggling to meet the 48 hour turn around for prescriptions, this was temporarily raised to 72 hours and a prescription clerk was employed which enabled them to reduce the time back to 48 hours.

Continuous improvement

Practice staff were well supported in their professional development. The practice team was forward thinking and

part of local pilot schemes and collaborative working to improve outcomes for patients in the area, particularly around the care of older patients. The practice was also proactive in providing support to patients who had been through cancer treatment.

The practice was a teaching practice for final year medical students. We saw examples of positive comments received from students who had been placed at the practice. The practice also told us that it had helped to develop and deliver practice nurse cancer courses.