

# Larwood Surgery

## 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

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# 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 Larwood Surgery on 26 and 27 July 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the practice was proactive in developing templates and protocols to assist in implementing best practice guidelines and they shared these with other practices.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how

services were provided to ensure that they met patients' needs. For example, the practice was leading on a pilot for a "primary care home" model of multidisciplinary care.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, they had changed the telephone access system in response to the outcomes of the National GP patient survey.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements. The practice had been awarded the Royal College of General Practitioners (RCGP) quality practice award in 2012.

# Summary of findings

We saw several areas of outstanding practice including:

- The practice had excellent systems to ensure learning from significant events was shared with the whole practice team and staff were involved in the analysis of significant events. For example, records showed significant events were discussed at meetings across the practice and this included a multidisciplinary meeting. A six monthly significant event newsletter was provided to all staff with a detailed list of the significant events and the action taken. An annual significant event meeting involving all staff was held. This involved staff taking part in mixed staff team workshops to analyse a number of significant events and review the actions taken to assess if any improvements in the process were required. Staff told us they found these meetings an excellent environment for learning and they felt involved in the improvements to the service.
- There were excellent systems in place for sharing information about safeguarding concerns and identifying children at risk. These included early intervention multidisciplinary safeguarding meetings called “Think Family”. The practice had led on the pilot for these meetings and the format and principles had been rolled out to other practices in the Bassetlaw CCG area and shared with the wider community. The practice had also developed templates for assessing patients requesting contraception. These templates assisted staff to identify child sexual exploitation and to assess the patients competency to make decisions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice had a detailed programme of clinical audit which included auditing some areas annually to ensure continued improvement in areas such as prescribing practice and they had made significant savings in this area. They took account of and monitored good practice developments through their extensive audit systems, developing templates and protocols to support and improve practice. The practice shared this learning and their developments with local practices.
- The practice had excellent systems to manage staff training ensuring staff completed the required training. The practice had supported staff to obtain a wide range of clinical and management qualifications relevant to their role.
- The Bassetlaw District General Hospital was situated very close to the main site Larwood Surgery (5 minutes’ walk) and the practice had identified this as a cause for their patients high attendance figures at the accident and emergency (A and E) department. In response to this, the practice had developed an urgent care walk in service at the main site in 2010. This service was popular with patients and 20 - 24,000 patients had been seen annually since implementation. Records showed patient A and E attendance had steadily reduced (despite the practice list size increasing). A patient survey showed the majority of patients rated the service as very good or excellent and 50% of the patients said they would use this service rather than go to A and E. Data showed the patients waiting times at the service were usually below 15 minutes and we observed patients were seen promptly. Patients told us they liked the service because they knew they could be seen the same day. Due to the success of the service this model had been extended to one of the other practice sites in 2013.
- Care was provided by integrating the primary, secondary and social care workforces. Larwood and Bawtry was one of the fifteen test sites across England to have been chosen to develop and test a new enhanced primary care approach. The provider Larwood and Village Surgeries were part of the multidisciplinary team leading this project. The pilots had a combined focus on the personalisation of care and providing better coordinated care that is closer to home. Almost 70 networks of GPs, health and social care staff had submitted expressions of interest to be the first sites for the development of this model outlining their innovative ideas for transforming local health and community services. The successful 15 sites were chosen following a rigorous process, involving key health and social care partners, patient representatives and an evaluation workshop attended by all shortlisted applicants.

# Summary of findings

There were areas of practice where the provider should make improvements:

- Review the security and storage arrangements for the vaccines held in the fridge at Lakeside surgery.

**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 outstanding for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. The practice had excellent systems to ensure learning from significant events was shared with the whole practice team and staff were involved in the analysis of significant events. For example, a six monthly significant event newsletter was provided to all staff and an annual significant event meeting involving all staff was held.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- There were excellent systems in place for sharing information about safeguarding concerns and identifying children at risk.

**Outstanding**



### Are services effective?

The practice is rated as outstanding for providing effective services.

- Our findings at inspection showed that excellent systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. The practice had extensive auditing processes to monitor performance and were proactive in developing tools to promote consistent application of best practice.
- Data showed that the practice was performing highly when compared to practices nationally.
- Performance for diabetes related indicators was 97% which was the same as the CCG average and 8% better than the national average.
- Performance for mental health related indicators was 100% which was 5% better than the CCG average and 7% better than the national average.

**Outstanding**



# Summary of findings

- The practice had also achieved 100% in the majority of areas related to long term conditions and in the remaining areas data showed they had achieved above 97%.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- Staff were proactively supported to acquire new skills and training was encouraged and supported.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as in line with others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Good**



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs and there were innovative approaches to providing integrated patient-centred care. For example, Larwood and Bawtry was one of the fifteen test sites across England to have been chosen to develop and test a new enhanced primary care approach. The provider Larwood and Village Surgeries were part of the multidisciplinary team leading this project.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The practice had changed its telephone system in response to feedback from patients.
- Patients could access appointments and services in a way and at a time that suited them. The practice offered daily urgent care walk in clinics at two sites and evening and Saturday appointments at three sites for working patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

**Outstanding**



# Summary of findings

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

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients, and it had a very engaged patient participation group which influenced practice development.

**Outstanding**



# 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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had excellent systems to ensure continuity and safe care for patients in care homes. The practice had named GPs and dedicated administration teams for each home to aid consistency for patients and staff. Reviewed and updated monthly medication lists were sent to the care homes to ensure patients were receiving appropriate medicines.

**Outstanding**



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 97% which was the same as the CCG average and 8% better than the national average.
- The practice also achieved 100% in the majority of areas related to long term conditions and in remaining areas data showed they had achieved above 97%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided data to show increasing and above average uptake for flu vaccinations for at risk groups. For example, for 2015/16 the practice had achieved 74% uptake in at risk groups compared to the CCG average of 42% and practice rates in 2012/13 of 48%.

**Outstanding**





# Summary of findings

## Families, children and young people

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

- There were excellent 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 other than for measles, mumps and rubella (MMR) vaccines but the practice had systems in place to manage this.
- 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.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG and the national average 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Outstanding



## Working age people (including those recently retired and students)

The practice is rated as outstanding 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 reflected the needs for this age group.
- The practice offered urgent care walk in clinics at two sites and evening and Saturday appointments at three sites for working patients.
- The practice provided near patient testing for patients who required routine/urgent electro cardiogram (ECG), pregnancy tests and screening for deep vein thrombosis (DVT).

Outstanding



## People whose circumstances may make them vulnerable

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

Outstanding



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice had a GP with the role of learning disability practice champion. The practice had developed a template to assist in the assessment of the health and social care needs of patients with a learning disability. These templates had been shared with other practices in the CCG.
- Practice nurses had received training from a clinical complex case manager for mental health and learning disabilities to develop their skills and knowledge when seeing patients. The practice had illustrated clinical tools to help to communicate with patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was 6% higher than the CCG average and 8% better than the national average.
- Performance for mental health related indicators was 100% which was 5% better than the CCG average and 7% better than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. They hosted counselling services for patients at the practice.
- The practice 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.

Outstanding



## Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 105 were returned. This represented 0.4% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 83% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Unfortunately we did not receive any completed cards although they were displayed in the practice.

We spoke with 27 patients during the inspection. All 27 patients said they were satisfied with the care they received and said the GPs listened to them and gave them enough time. They said all the staff were helpful and friendly. The majority of patients told us it was easy to get an appointment and they valued the walk-in clinic. We received varied comments about how easy it was to access the practice by telephone and consistency in seeing the same GP. Some patients told us it was very easy to access the practice by telephone and others said it took a long time to get through. Some people told us they would like more consistency in seeing the same GP and others said they could see the same GP if they wished with minimal waiting times.

In the friends and family test (FFT) 96% of patients said they would recommend this practice.

# Larwood Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an expert by experience.

## Background to Larwood Surgery

The provider, Larwood and Village Surgeries, provided services for 27,761 patients from a group of surgeries within the Bassetlaw CCG. The service comprises of;

The main Surgery:

**Larwood Surgery**, 56 Larwood Avenue, Worksop, S81 0HH. Tel: 01909 500233 Fax: 01909 479722

And three branch surgeries;

**The Village Surgery**, Long Lane, Carlton in Lindrick, Worksop, S81 9AR. Tel: 01909 732933 Fax: 01909 540365

**Oakleaf Surgery**, Harworth Primary Care Centre, Scrooby Road, Harworth, Doncaster DN11 8JT. Tel: 01302 243230 Fax: 01302 751998

**Lakeside Surgery**, Church Street, Langold, Worksop, S81 9NW. Tel: 01909 732933 Fax: 01909 541028

All premises have car parking and easy access available for wheelchairs and disabled toilet facilities.

We visited all four sites during this inspection.

The practice also has an individually registered GP surgery, called Westwood Surgery, which has recently come under their management and will be inspected separately.

The patient population is comparable to the national average and the practice is situated in one of the fifth more deprived areas nationally.

This is an advanced training practice for qualified doctors intending to become GPs, medical students, non-medical prescribers and physicians associates.

The clinical team comprises of 14 GP partners, five female and nine male, and two salaried GPs. There is a clinical nurse manager, a specialist nurse practitioner and independent prescriber, three additional nurse prescribers, eight practice nurses and six healthcare assistants. The practice is supported by an extensive management team including a practice manager, business manager, finance manager, human resource manager, estates manager and three office managers. There are also administration, reception, summarising, housekeeping and caretaking teams.

Opening times are variable across the four sites and patients can visit any of the sites they choose.

#### Larwood Surgery

Opening times, Monday to Friday 8am to 6.30pm and extended hours are provided Wednesday or Thursday 6.30pm to 8pm.

GP appointments are available Monday to Friday 8.30am to 12.15pm and 2.30pm to 6.30pm. Extended hours appointments are provided Wednesday or Thursday 6.30pm to 8pm and Saturdays 9am to 11am alternate Saturday mornings 9am to 11am at Carlton and Oakleaf branch surgeries. these surgeries are for pre-booked appointments.

# Detailed findings

Nurse appointments are available 8.30am to 12.30pm and 2pm to 6.10pm. Some late evening appointments for nurses and healthcare assistants are also provided.

## The Village Surgery

Opening times, Monday, Tuesday, Wednesday and Friday 8am to 6.30pm and Thursday 8am to 8pm.

GP appointments are available Monday to Friday 8.30am to 12.15pm and 2.30pm to 6.30pm. Extended hours are available Thursday 6.30pm to 8pm and alternate Saturday mornings 9am to 11am.

Nurse appointments are available 8.30am to 12.30pm and 2pm to 6.10pm.

## Lakeside Surgery

Opening times, Monday, Wednesday and Friday 8.15am to 6pm and Tuesday and Thursday 8.15am to 1pm. GP and nurse appointments are available at various times during these hours.

## Oakleaf Surgery

Opening times 8am to 6.30pm Monday to Friday.

GP appointments are available Monday to Friday 9am to 12.15pm and 3.40pm to 6.30pm. Extended hours are available Thursday 6.30pm to 8pm and alternate Saturday mornings 9am to 11am.

Nurse appointments are available Monday and Tuesday 8.30am to 12.15pm and 2pm to 5pm, Wednesday 9am to 12.15pm and 2pm to 6pm, Thursday 9am to 12pm and 2pm to 5pm and Friday 8.30am to 11.30am and 2pm to 5pm.

## Larwood Urgent Care Service

Larwood Urgent Care Service (LUCS) opened at Larwood Surgery in November 2010. The service is run by GPs and Nurse Practitioners. The service is a “walk-in” clinic for those who have a medical problem that needs to be dealt with that day. The service is open from 8.30am to 11.30am and 2.30pm to 5.30pm, Monday to Friday. This service is open to all patients of Larwood & Village Surgeries.

## Oakleaf Urgent Care Service

The Oakleaf Urgent Care Service opened in July 2013. The service is run by GPs. The service is a “walk-in” clinic for

those who have a medical problem that needs to be dealt with that day. The service is open from 3:30pm to 5.30pm, Monday to Friday. This service is open to all patients of Larwood & Village Surgeries.

## 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before 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 26 and 27 July 2016. During our visit we:

- Spoke with a range of staff (including seven GPs, pharmacist, clinical nurse manager, practice manager, estates manager, three practice nurses and office and administration staff) and spoke with patients who used the service.
- Observed interaction between patients and staff and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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:

## Detailed findings

- 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 living 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 were excellent systems in place for reporting, recording and managing significant events.

- The practice had a GP as clinical lead to oversee the management of significant events. The lead had weekly protected time to review significant events. A member of the management team supported the lead GP in this role. They ensured records were maintained and monitored the progress of investigations and actions taken.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The staff told us they were encouraged to report issues no matter how small and that there was a strong no blame culture. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. The practice had excellent systems to ensure learning from significant events was shared with the whole practice team and staff were involved in the analysis of significant events. For example, records showed significant events were discussed at meetings across the practice and this included a multidisciplinary meeting. A six monthly newsletter was provided to all staff with a detailed list of the significant events recorded. The list was colour coded to show the progress of investigations and type of action taken. An annual significant event meeting involving all staff was held. This involved staff taking part in mixed staff team workshops to analyse a number of significant events and review the actions taken to assess if any

improvements in the process were required. The staff told us they found these meetings an excellent environment for learning and they felt involved in the improvements to the service.

- The practice had also introduced teams to regularly review patient deaths, cancer diagnoses and complaints to identify any learning.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Protocols were in place to support good practice and ensure all staff were aware of their responsibilities in relation to the management of medical alerts. Logs were maintained of safety alerts received and actions taken in response to these. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event relating to a child not attending for long term condition reviews we saw the practice had discussed this issue at their safeguarding meeting "Think Family". They had also put procedures in place to ensure information about children not attending for reviews would be passed to the health visitor and school nurse in future.

### 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 adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a clinical lead member of staff for safeguarding assisted by a named lead administrator at each surgery. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. One GP, who was the named GP for safeguarding at the CCG, was trained to safeguarding level four. Other GPs were trained to child safeguarding level three and nurses to level two or three.
- In 2012 the practice had led a pilot initiative for early intervention multidisciplinary safeguarding meetings





## Are services safe?

called “Think Family” and this initiative had continued to date. As part of this initiative, monthly multidisciplinary meetings were held to discuss concerns about children and wider family issues. Alerts were used on the patient’s record to highlight where a family were being monitored through this system. Since its inception the practice had discussed 500 patients/families and had approximately 33 patients on an active caseload. The format and principles had been rolled out to other practices in the Bassetlaw CCG area. The model had also been presented to the Northern Safeguarding conference in 2016 as an example of good practice.

- The practice had developed templates for assessing patients requesting contraception. These assisted identification of child sexual exploitation and the assessment of competency to make decisions.
- A notice in the patient information folder in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We were told use of chaperones was recorded on the patient’s notes by the GPs but chaperones did not make their own records although doing so is good practice. They told us they would put this in place.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The clinical nurse manager was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, we identified taps at one of the branch surgeries had hand turn taps rather than elbow taps, carpets in Larwood waiting area and The Village Surgery GP consulting room were stained and there were some cloth fabric chairs in consulting rooms and the waiting area at Lakeside surgery which could not be easily cleaned. The practice had identified these issues in environmental and infection control audits. They had a programme of refurbishment, chairs were ordered and carpets were being replaced in August 2016 and staff were aware of the procedures to take to minimise the risk of cross infection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the practice pharmacist and the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe and cost effective prescribing. We observed blank prescription forms and pads were not always securely stored, for example, where they were held in printers and access to prescription storage area keys were not adequately restricted at Lakeside surgery. There were systems in place to monitor use of prescriptions although these did not provide a complete audit trail once blank prescriptions were received at the branch surgeries. The practice immediately addressed this and the processes for monitoring prescriptions were reviewed and procedures put in place to address the issues identified. Nurses who had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We observed a vaccine fridge in the Lakeside branch surgery was not locked and although away from patient areas was not in a secure area and was not in a convenient area for the nurses to use. The practice manager said they would immediately review the location and use of this fridge.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.



# Are services safe?

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception offices which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted at the Oakleaf surgery the fire safety arrangements were managed by an external company on behalf of the landlord. We reviewed these arrangements and records held with the practice and the caretaker for the building. We noted a lack of clarity about who was responsible for the visual checks of the fire equipment and recording of fire drills. Whilst the drills and checks were being completed appropriately, records were not maintained as agreed in the fire risk assessment. The estates manager told us they would review this.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure enough staff were on duty. There were good systems in place for monitoring staff requirements and cover arrangements. Staff held specific lead roles and buddy arrangements were in place to ensure tasks would be completed during staff absence. Similar arrangements were also in place to provide cover for GPs.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice encouraged consistency and ensured the practice followed good practice guidelines through their extensive development and use of templates and protocols which were regularly reviewed.
- The practice monitored that these guidelines were followed through risk assessments, extensive audit programme and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/15 showed the practice had achieved 99% with an overall exception rate of 13%. The exception rate was 1% above the local CCG average and 6% above the national average. We observed these figures were particularly high in areas related to asthma. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

We spoke to the practice about the exception rate and reviewed the QOF results for 2015/16 which showed the exception rate had increased to 15%. The practice produced a report, learning log and action plan related to exception reporting which showed where they had identified areas for improvement. They had identified that the common reason for exceptions made, over 86%, across all areas measured, was due to patients not responding to letters when called for review of long term conditions. The

practice had developed an exception reporting protocol and training in this area was to be provided for all relevant staff with the immediate aim of reducing exception reporting to below 10% in the current year. To encourage patients to attend for their reviews the practice provided Mjog reminder texting services for patients who required hypertension and asthma reviews. The practice contacted patients three times by letter to book a review appointment and contacted them by phone. The practice also sent a reply slip to patients so they could inform the practice in writing if they were declining a review.

Data from QOF 2014/15 showed:

- Performance for diabetes related indicators was 97% which was the same as the CCG average and 8% better than the national average.
- Performance for mental health related indicators was 100% which was 5% better than the CCG average and 7% better than the national average.
- The practice had also achieved 100% in the majority of areas related to long term conditions and in other areas data showed they had achieved above 97%.

There was evidence of quality improvement including clinical audit.

- There had been 27 clinical audits completed in the last two years, a high number of these were repeated annually, on a rolling programme, to ensure compliance with best practice.
- The practice participated in local audits, national benchmarking, accreditation and peer review. The practice had achieved the Royal College of General Practitioners (RCGP) quality practice award in 2012.
- Findings were used by the practice to improve services. For example, they had improved the oversight and care for patients with a splenectomy through annual audits. The audits included checking all these patients were offered the recommended vaccinations and we saw year on year improvement in this area. Records showed through auditing and improving prescribing practice the practice had reduced their prescribing by two hundred thousand pounds in 2015/16.

Information about patients' outcomes was used to make improvements such as:



# Are services effective?

## (for example, treatment is effective)

- Data showed the number of emergency admissions per 1000 patients registered at the practice was higher than local and national averages. The Bassetlaw District General Hospital was situated very close to the main site Larwood Surgery (5 minutes' walk) and the practice told us this had been identified as a cause for high attendance figures. In response to this, the practice had developed an urgent care walk in service at the main site in 2010. This service was popular with patients and 20-24,000 patients had been seen annually since implementation. The practice produced a report to show accident and emergency department (A and E) attendance had steadily reduced (despite the practice list size increasing). For example, up to March 2014, for patients in band 5, (those who required no investigation and no significant treatment), annual attendance at A and E had reduced by over 100 although the practice list size had increased by a 1000 patients. A patient survey conducted by the practice showed the majority of patients rated the service as very good or excellent and 50% of the patients said they would use this service rather than go to A and E. Data showed the patients waiting times at the service were usually below 15 minutes and we observed patients were seen promptly. Patients told us they liked the service because they knew they could be seen the same day. Due to the success of the service this model had been extended to one of the other practice sites in 2013.
- Following a significant event the practice had introduced real time auditing of two week wait referrals by a dedicated staff team to ensure patients received appointments in a timely way.

### Effective staffing

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

- The practice had a detailed induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff had reviews at three and six months to check progress towards completing their induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and with management responsibilities. The practice nurses had completed a wide range of training

such as diplomas in asthma and diabetes and complex wound dressing and one practice nurse was completing a master's degree. The management team had also completed or were in the process of completing a range of courses to assist them in their work. Such as level five diploma in Primary Care and Health Management, IOSH Managing Safely and HND Business Management. Staff told us the practice was excellent at supporting them in their training needs.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice also had a dedicated staff member who monitored the practice training programme and maintained an overview training matrix to ensure staff had completed the required training.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- 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. Completion of the training programme was closely monitored by dedicated staff and there were clear reporting mechanisms in place where there were concerns about completion of training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.



# Are services effective?

## (for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. A variety of regular multidisciplinary meetings took place with other health and social care professionals where information about patients' care needs or concerns were shared and care plans routinely reviewed and updated for patients with complex needs. We spoke with one visiting social care professional who told us the practice was proactive in identifying patients' needs and referring to services appropriately.

### 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 (MCA) 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice had developed templates to prompt assessment and guide and support decision making in line with the MCA 2005 and relevant guidance for children and young people.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice was proactive in providing services to meet their patient population needs. For example:

- The practice had recently lost funding for smoking and obesity services through local authority reconfiguration. However, the practice had developed an in-house health promotion hub with smoking and obesity services provided. This was to address the specific identified need relating to the high levels of obesity and smoking within the practice patient population.
- The practice hosted weekly GP and specialist worker joint clinics to offer care and treatment for patients with alcohol and substance misuse.
- The practice provided near patient testing for patients who required routine/urgent electro cardiogram (ECG), pregnancy tests and screening for deep vein thrombosis (DVT).
- The practice hosted onsite counselling services and voluntary sector support and advice services.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given in 2014/15 were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% and five year olds from 24% to 96%. The lower figures related to the measles, mumps and rubella vaccines (MMR) which ranged from 24% to 43% and were lower than the CCG average of 42% to 57%. Children who did not attend for their immunisations were discussed at the multidisciplinary "Think Family" meetings and reminders were sent.

The practice provided data to show increasing and above average uptake for flu vaccinations for at risk groups and comparable rates for patients aged over 65 years. For example, for 2015/16 the practice had achieved 74% uptake in at risk groups compared to the CCG average of



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

42% and practice rates in 2012/13 of 48%. The practice held “flu fairs” twice a year to ensure ease of access and to encourage patient’s attendance. Voluntary organisations and support services were invited to attend these events to offer advice and guidance about local community services for patients.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# 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.
- In the urgent care walk in clinic, to avoid patients having to verbally give personal details to the receptionist in front of others in the waiting area, patients completed a short questionnaire which they handed to the receptionist. This was to promote confidentiality and enable the clinicians to prioritise care where necessary.

The patients we spoke with were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were friendly, helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores in the most recent July 2016 survey on consultations with GPs and nurses. However, we noted this was an improvement on the January 2016 figures for GP consultations. For example:

- 88% of patients (a 5% improvement) said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 88% of patients (a 6% improvement) said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% (a 4% improvement) 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%.
- 77% of patients (a 2% improvement) said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern the same as the CCG average and above the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

The practice had responded proactively to the results of the January 2016 survey and had provided training sessions for all GPs in managing risk and consultation skills. They had also conducted a further survey on individual doctor's consultation skills after the training to measure effectiveness of the training on practice.

Patients we spoke with were very satisfied with the care they received and they told us the GPs gave them enough time and listened to them.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the national GP patient survey were below local and national averages and these were the same as the previous survey despite the training. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.

## Are services caring?

- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

However, patients we spoke with were very satisfied with the care they received and described the care as excellent. They felt involved with their care and told us good explanations of care and treatment were provided and some patients told us they received too much information. We spoke with staff of a local care home attended by the GPs and they told us the GPs spent time explaining the care required and medicines prescribed to both patients and staff.

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

- The practice had 2% of patients whose first language was not English. Staff told us interpreter services were available for patients who did not have English as a first language. Information for patients explaining this service was not openly displayed but was available in a patient information folder at each site. The practice web site had a translate page function which translated all the practice information easily into different languages. The web site also had information leaflets in different languages explaining UK health services.

- The practice had illustrated clinical tools to help to communicate with patients who had a learning disability.

### **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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 632 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and carers were offered annual health reviews. The practice assessment templates, such as the assessment template for patients with a learning disability and the carers template, prompted GPs and nurses to record carers information and take account of carers needs. The practice also hosted a weekly community liaison officer advice service from the Bassetlaw community and voluntary service.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Fifteen GP test sites had been selected nationally to pilot a "primary care home" model that had been developed by the National Association of Primary Care (NAPC) in line with the NHS Five Year Forward View and its multispecialty community provider (MCP) model. Larwood and Bawtry area was one of the fifteen test sites across England to have been chosen to develop and test this new enhanced primary care approach. The provider, Larwood and Village Surgeries, were part of the multidisciplinary team leading this project.

- The practice offered urgent care walk in clinics at two sites and evening and Saturday appointments at three sites for working patients.
- There were longer appointments available for patients with a learning disability. The practice had a GP with the role of learning disability practice champion. The practice had developed a template to assist in the assessment of the health and social care needs of patients with a learning disability. These templates had been shared with other practices in the CCG. Practice nurses had received training from a clinical complex case manager for mental health and learning disabilities to develop their skills and knowledge when seeing patients. The practice had illustrated clinical tools to help staff to communicate with patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpreter services available.
- The practice had purchased additional land at the main site to provide additional car parking following a patient survey which criticised the amount of parking available.

- In-house Dermatology services were provided by a GP with special interest in this area. GPs from the practice referred to this service and patients were seen within a very short period of time.
- The practice had excellent systems to ensure continuity and safe care for patients in care homes. The practice had named GPs and dedicated administration teams for each home to aid consistency for patients and staff. Reviewed and updated monthly medication lists were sent to the care homes to ensure patients were receiving appropriate medicines. Staff at one of the care homes said this had improved communication and reduced medicine errors. They also said if there were any medicine changes at other times of the month the practice were proactive at providing this information in writing to them.
- One of the care homes had intermediate care beds where patients stayed, on average, for three weeks. These patients were registered as temporary patients with the practice. Two GPs took the lead for this service to ensure continuity and they visited the home twice a week on set days/times. There was a dedicated administration team to support this service that ensured records were obtained and maintained in a timely manner to minimise disruption to patient care. The staff at the home told us the GPs were always available to discuss the care needs of these patients.
- One of the GPs had developed a care home visit proforma for the care home to complete and fax to the practice when requesting a visit to enable GPs to prioritise care and ensure a timely and appropriate response. This form included prompts to record patient details, symptoms, observations and actions/treatment provided. The form included an area for staff to indicate if there had been rapid deterioration in the patients' health. If this was identified the request would be taken immediately to the on call GP to review and identify the priority of visits. This proforma had been shared with other practices in the CCG.

### Access to the service

Opening times

Larwood Surgery

Monday to Friday 8am to 6.30pm and extended hours were provided Wednesday or Thursday 6.30pm to 8pm and Saturday mornings 9am to 11am..



# Are services responsive to people's needs?

(for example, to feedback?)

GP appointments were available; Monday to Friday 8.30am to 12.15pm and 2.30pm to 6.30pm. Extended hours were available Thursday 6.30pm to 8pm. Extended hours appointments were provided Wednesday or Thursday 6.30pm to 8pm and Saturday mornings 9am to 11am..

Nurse appointments were available 8.30am to 12.30pm and 2pm to 6.10pm. Some late appointments for nurses and health care assistants were also provided.

## The Village Surgery

Opening times; Monday, Tuesday, Wednesday and Friday 8am to 6.30pm and Thursday 8am to 8pm and alternate Saturday mornings 9am to 11am..

GP appointments were available; Monday to Friday 8.30am to 12.15pm and 2.30pm to 6.30pm. Extended hours were available Thursday 6.30pm to 8pm and alternate Saturday mornings 9am to 11am..

Nurse appointments were available 8.30am to 12.30pm and 2pm to 6.10pm.

## Lakeside Surgery

Opening times; Monday, Wednesday and Friday 8.15am to 6pm and Tuesday and Thursday 8.15am to 1pm. GP and nurse appointments were available between these times.

## Oakleaf Surgery

Opening times; 8am to 6.30pm Monday to Friday.

GP appointments were available; Monday to Friday 9am to 12.15pm and 3.40pm to 6.30pm Extended hours were available Thursday 6.30pm to 8pm and alternate Saturday mornings 9am to 11am.

Nurse appointments were available; Monday and Tuesday 8.30am to 12.15pm and 2pm to 5pm, Wednesday 9am to 12.15pm and 2pm to 6pm, Thursday 9am to 12pm and 2pm to 5pm and Friday 8.30am to 11.30am and 2pm to 5pm.

## Larwood Urgent Care Service

Larwood Urgent Care Service (LUCS) opened at Larwood Surgery in November 2010. The service was run by GPs and nurse practitioners. The service was a “walk-in” clinic for those who had a medical problem that needed to be dealt with that day. The service was open from 8.30am to 11.30am and 2.30pm to 5.30pm, Monday to Friday. This service was open to all patients of Larwood & Village Surgeries.

## Oakleaf Urgent Care Service

The Oakleaf Urgent Care Service (OUCS) opened in July 2013 following the success of LUCS. The service was run by GPs. The service was a “walk-in” clinic for those who had a medical problem that needed to be dealt with that day. The service was open from 3.30pm to 5.30pm, Monday to Friday. This service was open to all patients of Larwood & Village Surgeries.

To help maintain continuity of care all the GPs had personal secretaries; cards were provided for patients with the GPs secretary direct contact details. If patients needed to get a message to a GP or ask for results of tests they could speak to the personal secretary. The practice leaflet stated wherever possible that they would try to make sure patients could see the GP or nurse of their choice within seven working days (the days that the GP is in surgery). Or if no preference they aimed to see patients within two working days. We observed these aims were being met from the electronic appointment system. The majority of patients we spoke with also confirmed this to be the case and said they were able to get appointments when they needed them.

Results from the national GP patient survey in July 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and the national average of 73%.

We received varied comments about telephone access during the inspection. Some patients told us it was difficult to get through whereas others told us there was no problem. The practice had redeveloped the telephone system to improve efficiency in response to feedback from a patient survey. They had created telephone hubs at two sites which handled all the incoming calls. The system provided screens which showed data as to how many calls were waiting, had been answered and missed. The practice was using this system to monitor call activity to establish staffing requirements. To ensure staff could assist patients calling from all sites the staff working in the hub had developed a folder of information relative to each site. This



# Are services responsive to people's needs?

(for example, to feedback?)

included clinic times, services to refer patients onto for further support, staff names and emergency details. Some patients told us they missed the personal touch of ringing the reception of the site they usually visited, where they were well known, but they understood the rationale for the changes.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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. The practice also

had a complaints committee which met fortnightly and reviewed all complaints. We saw that complaints, outcomes and learning points were discussed at meetings.

- Complaints were reviewed annually by all the partners to look at patterns and trends.
- We observed that complaints were also recorded as significant events and monitored and reviewed through this process.
- We saw that information was available to help patients understand the complaints system at each site and on the web site. This included information for patients about advocacy and support services and information on how to escalate a complaint if they were not satisfied with the response from the practice.

We looked at 16 complaints received in the last 12 months and found these were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, where a complaint had resulted following a patient receiving a lack of advice following a vaccination additional training was provided to the practice nurses.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had clear aims and objectives which were included in the practice leaflet. Staff knew and understood these and worked as a team to achieve these.
- The practice had a 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. As well as a practice manager we observed there were senior members of staff with specific roles such as business manager, human resources manager, and estates manager and clinical nurse manager. These staff had achieved professional qualifications for these roles. Additionally, all staff were involved in supporting different areas of practice management and we observed staff had specific roles within small teams which supported effective management of the practice. For example, one member of staff monitored the training staff had completed for all staff groups and maintained the training overview. There were clear lines of accountability for these staff to report any concerns they may have with training. Another member of staff had responsibilities for maintaining significant event records, compiling significant event newsletters and arranging meetings. Other staff were involved in providing specific administration support to lead GPs for safeguarding and care homes. All staff worked with a buddy to ensure there was always cover for leave.
- Practice specific policies were implemented and were available to all staff on the practice intranet or in hard copy. There were systems in place to ensure staff were informed of changes and for the practice to be assured staff had read any new policies. Staff were encouraged

to look for ways to improve the service and were involved in developing policies, procedures and protocols where areas for improvement had been identified. For example, one of the administration staff had worked with a GP to develop a detailed protocol for managing tasks relating to pathology results to ensure consistency and effectiveness.

- A comprehensive understanding of the performance of the practice was maintained. The practice identified every possibility to review their practice performance and improve this. For example, the practice had identified where there were areas for improvement following the national GP survey and had developed and implemented an action plan. They had also reviewed their performance data related to exception reporting and put measures in place to improve this which included a new protocol for exception reporting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice had a detailed programme of clinical audit which included auditing some areas annually to ensure continued improvement in areas such as prescribing practice and they had made significant savings in this area.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Where we identified any areas of concern we observed the majority of these were known to the practice already and action plans were in place to address these. Where any issues were not known they were either addressed immediately or an action plan was immediately developed to assure us these would be managed within a reasonable timescale. For example, we noted one branch required some redecoration and consulting room sink taps were not suitable. The practice had a detailed rolling refurbishment plan in place which identified this work was due to be completed in August 2016.
- A GP had the lead role of Caldicott Guardian. Issues relating to this area were reported and reviewed. A log of all areas of concern such as potential breaches of confidentiality were logged on a Caldicott guardian log and recorded and actioned as a significant event.

### Leadership and culture

# Are services well-led?

Outstanding



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

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and there was consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns and ideas for improvement and felt supported by management if they did.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met bi-monthly and submitted proposals for improvements to the practice management team. For example, improvements to information in the practice and on the web site. We spoke with two members of the PGG who told us the practice was extremely proactive in engaging with them and they told us there was an excellent management structure which worked well. The practice had developed a detailed action plan to make improvements following the National GP survey in January 2016. They had followed this up with an additional survey to check improvements had been achieved.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, staff had been involved in the development of the telephone hub and staff working in this area had developed an information folder relating to all the sites so staff could advise patients appropriately.

## Continuous improvement

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

- The practice had been involved with piloting the "Think Family" multidisciplinary meetings and developed systems around this to ensure its effectiveness. They had shared the learning from this widely and this had been implemented across other practices in the CCG.
- They took account of and monitored good practice developments through their extensive audit systems developing templates and protocols to support and improve practice. They shared this learning with local practices.
- Fifteen GP test sites had been selected nationally to pilot a "primary care home" model that had been developed by the National Association of Primary Care (NAPC) in line with the NHS and its multispecialty community provider (MCP) model. The scheme aimed

# Are services well-led?

Outstanding



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

to meet the health and social needs of a community of up to 50,000 patients, improving their health, wellbeing and care. Care was provided by integrating the primary, secondary and social care workforces. The pilots will have a combined focus on the personalisation of care and providing better coordinated care that is closer to home.

- Larwood and Bawtry were one of the fifteen test sites across England to have been chosen to develop and test this new enhanced primary care approach. Larwood

and Village Surgeries were part of the multidisciplinary team leading this project. Almost 70 networks of GPs, health and social care staff had submitted expressions of interest to be the first sites for the development of the PCH outlining their innovative ideas for transforming local health and community services. The successful 15 were chosen following a rigorous process, involving key health and social care partners, patient representatives and an evaluation workshop attended by all shortlisted applicants.