Whitby Group Practice Surgery - Green

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.

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Overall summary

Whitby Group Practice Surgery (Green) is one of three General Practitioner (GP) practices located within the grounds of Ellesmere Port Hospital. The practice has three GPs, practice nurses, a healthcare assistant and administration staff. There are 5018 patients registered with the practice. The practice is open from 8.00am to 6.30pm Monday to Friday. Patients access the 'extended hours' service for routine appointments from 6.30pm. to 8.00pm Monday to Friday and 10.00 am to12.00pm on Saturday mornings. The practice treats patients of all ages and provides a range of medical services. The practice is registered with the Care Quality Commission to deliver the regulated activities:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice has systems to monitor patient safety through reporting and learning from incidents and significant events. The practice is aware of improvements needed with infection control procedures and is carrying out a refurbishment programme to improve the environment and facilities. We highlighted additional areas for improving infection control standards during the inspection.

The practice works well with other services and has systems in place which support GPs and other clinical staff to improve clinical outcomes for patients. Patients we spoke with and those who completed CQC comment cards were positive about the care they received from the practice. They commented that staff were caring, helpful and respectful.

The practice has information available to them to inform their understanding of the population they serve. This includes the prevalence of specific diseases and other health and social needs.

Quality monitoring is taking place across the three Whitby Group practices. GPs are developing ways of ensuring governance issues are discussed and monitored within the practice. The practice has systems to seek and act upon feedback from patients using the service, including having an active patient participation group (PPG).

The practice provides a service for all population groups safely and effectively. Staff are caring and responsive to the needs of patients, supported by best practice guidelines.

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 service was safe. The practice had systems to monitor patient safety through reporting and learning from incidents and significant events. The practice had safeguarding policies and procedures in place to help protect children and vulnerable adults from abuse. Emergency drugs and equipment were available and ready for use and staff had received training on how to deal with medical emergencies.

The practice was aware of improvements needed with infection control procedures and was carrying out a refurbishment programme to improve the environment and facilities.

Are services effective?

The service was effective. We saw evidence that the GPs and nurses worked well together to support patients to manage their health conditions. The practice had established lead roles for GPs and nurses to ensure best practice was followed.

Staff told us they felt well supported to carry out their work. The practice offered all staff annual appraisals to review performance at work and identify development needs for the coming year.

The practice worked with other health and social care providers including multi- agency 'integrated care team' and 'hospital at home' services. This supported patients to receive effective care in the place of their choice.

Are services caring?

The service was caring. All the patients who responded on CQC comment cards, and those we spoke with during the inspection, were positive about the care they received from the practice. They commented that staff were caring, helpful and respectful.

We observed that privacy and confidentiality were maintained for patients using the service on the day of the inspection. Staff were discreet and respectful to patients, assisting them to complete forms and arrange appointments to see the nurse and GP on the same visit.

Are services responsive to people's needs?

The service was responsive. The practice had information available to them to inform their understanding of the population they

Summary of findings

served. This included the prevalence of specific diseases and other health and social needs. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions.

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The 'practice leaflet' and website provided patients with information about how to raise a concern.

Are services well-led?

The service was well led. Staff told us they felt the practice was well managed with clear leadership from clinical staff and the Group Manager. Staff told us they could raise concerns and felt they were listened to.

It was evident that quality monitoring was taking place across the three Whitby Group practices and action was taken to improve quality. The Group Manager confirmed they would be setting up a practice specific risk register to support on-going monitoring and reviewing of risks. GPs were developing ways of ensuring governance issues were discussed and monitored within the practice.

The practice had systems to seek and act upon feedback from patients using the service, including a patient participation group (PPG).

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 was knowledgeable about the number and health needs of older patients using the service. They made practical arrangements for them to have tests and consultations on the same visit to prevent them having to attend the surgery on several occasions. They kept up to date registers of patients' health conditions, carers' information and whether patients were housebound, They used this information to provide services in the most appropriate way and in a timely manner. We found the practice worked well with other agencies and health providers to provide support and access specialist help when needed.

People with long-term conditions

The practice was knowledgeable about the number and overall health needs of patients with long term conditions using the service. They worked with other health services and agencies to provide appropriate support. They kept up to date information about patients' consultations within the practice and the results of tests carried out by hospital and community services. For example diabetic patients had their annual foot and eye checks recorded in their notes. Staff were proactive in following up late or missed appointments for these essential checks as part of the patient's annual review.

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed.

Mothers, babies, children and young people

The practice provided services to meet the needs of this population group. There were comprehensive screening and vaccination programmes which were managed effectively to support patients. For example immunisation clinics were run on a weekly basis and patients from any of the three GP practices could attend. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

Information was available to young people regarding sexual health. GPs and nursing staff had a good understanding of guidelines relating to when a young person could give consent for themselves. They were knowledgeable about how the guidelines were relevant to their work and the services provided.

Summary of findings

The working-age population and those recently retired

We found the practice had a range of appointments available including pre-bookable, on the day and telephone consultations. On-line appointment booking and text reminders were available for patients using the service. Staff told us they would try to accommodate patients who were working to have early or late appointments wherever possible. Patients were also able to book a consultation with a GP through the extended hours service. This was available from 6.30pm to 8.00pm during the week and on Saturday mornings.

People in vulnerable circumstances who may have poor access to primary care

Staff were knowledgeable about safeguarding vulnerable adults. They had access to the practice's policy and procedures and had received training in the last 12 months. Administration staff carried out monthly checks to review when patients who were identified as vulnerable were last seen by the practice. When appropriate an appointment was arranged to review their health and well being.

The practice made adjustments to how they provided the service in order to meet patients' needs. This included the type and length of appointments offered and the materials used to support patients understand and manage their health.

People experiencing poor mental health

Staff we spoke with were knowledgeable about the annual reviews available for patients experiencing poor mental health. GPs worked with other services to review care, implement new care pathways and share care with specialist teams.

The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review.

Summary of findings

What people who use the service say

We received 26 completed patient comment cards and spoke with three patients who were using the service on the day of the inspection. All comments made about the care and treatment patients received were very positive. Patients told us they were treated with respect and dignity by all staff. We spoke with two patients from the patient participation group (PPG). They told us they felt listened to by the staff and that their contribution was valued.

Patients commented that they were kept fully informed about their health and the options for treatment. They felt they had time during the consultation to discuss their concerns with the GPs and nurses and did not feel rushed. One patient we spoke with told us they received regular reviews for health checks and could contact the nurse or GP at other times if they were concerned.

There were two negative comments made on the CQC comment cards about the availability of non urgent appointments and one regarding the waiting time in the surgery. Members of the PPG told us they were aware some patients found it difficult to get through on the telephone to the practice between 8.00am and 9.00am. They were working with the practice to advise patients of ways to avoid this time of day unless they needed an urgent appointment. However all felt they received a good service.

We looked at the national GP survey published in December 2013. It found that 82% of patients at this practice said the doctor was good at treating them with care and concern. The practice's own survey for 2013/2014 was also positive about the service provided.

Areas for improvement

Action the service COULD take to improve

The practice was aware of improvements needed with infection control procedures and was carrying out a refurbishment programme to improve the environment and facilities. However we did not see an action plan to show what changes were needed and to monitor progress. We also highlighted additional areas for improving infection control standards during the inspection.

On-going professional registration checks for permanent staff were not recorded. These checks help ensure staff have the right skills and qualifications to work in primary care.

Risks were assessed and managed within the practice however there was no overall risk register in place that would support the practice monitor and review risks

Good practice

Our inspection team highlighted the following areas of good practice:

The practice was risk profiling patients to identify those who would benefit from additional support at home or who were frail and at risk of hospital admissions. The GP told us they had identified a number of patients who were now receiving more integrated care.

The practice met every three months with the hospital/community mental health teams to review for example dementia care pathways. Multi-disciplinary team meetings for patients on the palliative care register took place every three months to ensure patients had sufficient levels of support. GPs made referrals to specialist services such as drug and alcohol services.

The practice was working with the CCG and the Deafness Support Network to carry out audits of GP practices in order to highlight ways to improve the patient experience of deaf/hard of hearing patients.

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Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector and the team included a GP, a CQC inspector and a specialist advisor with experience of working as a Practice Manager.

Background to Whitby Group Practice Surgery - Green

Whitby Group Practice Surgery (Green) is one of three GP practices in the Whitby Group and is located within the grounds of Ellesmere Port Hospital. It has three GP partners, practice nurses and administration staff. A Group Manager has responsibility for day to day management of the three GP practices. Nursing staff and health care assistants along with several management personnel, for example the Data Quality Manager and the Medicines Manager work across all three GP practices. The three practices are all located in the same building. We inspected the 'Green' practice (Dr England and Partners) on this occasion.

The practice is part of NHS West Cheshire Clinical Commissioning Group. It is responsible for providing primary care services to approximately 5000 patients. When the practice is closed patients access Cheshire West Out of Hours Co-operative based at Ellesmere Port Hospital. An 'extended hours' service is also available for patients who are unable to attend the practice during its opening hours.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them in this programme of inspections.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions

Detailed findings

- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before our inspection we reviewed information we hold and asked other organisations and key stakeholders to share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 28 May 2014 and spent eight and a half hours at the practice.

We reviewed all areas of the practice, including the administration areas. We sought views from patients both face-to-face and via CQC comment cards. During our visit we spoke with a range of staff including: three GPs, two practice nurses, a healthcare assistant, the Group Manager and a number of reception and administration staff. We spoke with patients who were using the service on the day of the inspection and with two members of the patient participation group.

Are services safe?

Summary of findings

The service was safe. The practice had systems to monitor patient safety through reporting and learning from incidents and significant events. The practice had safeguarding policies and procedures in place to help protect children and vulnerable adults from abuse. Emergency drugs and equipment were available and ready for use and staff had received training on how to deal with medical emergencies.

The practice was aware of improvements needed with infection control procedures and was carrying out a refurbishment programme to improve the environment and facilities.

Our findings

Safe patient care

The practice had systems in place to monitor patient safety. Accidents were recorded and reported to the Group Manager and discussed by the GPs. The practice had a robust system for identifying and acting upon significant events. We saw detailed reports were completed which included a description of the event, the harm or near harm caused and action taken. The practice reported all significant events to NHS England and the log of events included actions taken by NHS England as well as the practice. There were clear lines of accountability and staff were familiar with and confident in, ensuring that reporting procedures were followed.

Reports from NHS England indicated that the practice had a good track record for maintaining patient safety. Information from the quality and outcomes framework, which is a national performance measurement tool showed that in 2012-2013 the provider was appropriately identifying and reporting significant events.

Learning from incidents

We saw evidence that significant events were investigated thoroughly by the GPs. GPs told us significant event audits were also reviewed at their personal development appraisal. This enabled the GPs to reflect on their practice and identify any training or policy changes required for them and the practice. Learning was shared with the GPs within the practice and across the three GP practices within the Whitby Group. Staff told us they were kept informed of changes made as a result of lessons learnt. These had resulted in training and new policies and procedures. For example, we saw changes were made to record keeping relating to the medication stored in the practice following a recent significant event audit in 2013.

Administration staff told us they were confident about reporting incidents and accidents and that changes had been made as a result of discussing them. However we did not see a formal process in place for reviewing and learning from incidents and accidents which were not specifically recorded as significant events. Following discussion the Group Manager told us they would ensure these were more formally reviewed and recorded to help identify trends and ensure all staff were fully involved in identifying lessons to be learnt.

Are services safe?

Safety alerts were checked by clinical staff and the Group Manager as soon as they were notified. We saw these were acted upon in a timely manner. For example we found an alert regarding travel vaccinations was discussed with the practice nurses and immediate changes made.

Safeguarding

The practice had up to date 'child protection' and 'vulnerable adult' policies and procedures in place. Staff had received training in the last 12 months and were knowledgeable about the types of abuse to look out for and how to raise concerns. Policies and procedures were available to staff on their computers and any updates were brought to their attention as an email from the Group Manager.

We found staff had access to contact details for both child protection and adult safeguarding teams in the reception area and consulting rooms. They were confident about taking any concerns to the lead GP or their line manager.

The practice had a dedicated safeguarding lead GP. They had attended advanced training to support them to carry out their work as recommended by professional intercollegiate safeguarding guidance. They were knowledgeable about the contribution the practice could make to multi-disciplinary child protection meetings and serious case reviews. The GPs had attended child protection meetings and provided reports for interagency child protection reviews during the last 12 months.

The practice had an up to date whistle blowing policy in place which supported staff to raise concerns outside of the organisation.

Staff put alerts on the electronic patient record when safeguarding concerns had been raised and when vulnerable adults or children failed to attend appointments. Information for patients about raising concerns regarding child protection or domestic violence were available in the waiting areas.

Monitoring safety and responding to risk

The Group Manager had clear staffing levels identified and procedures in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. The senior receptionist met with the Group Manager, Data Quality Manager and lead nurse each week to monitor risks related to the safe running of the service.

The practice was part of three GP practices within the Whitby Group and the Group Manager told us this gave additional flexibility to cover vacancies or meet increased demand, for example after a bank holiday.

The Group Manager carried out annual, monthly and weekly checks and risk assessments of the building, the environment and equipment. For example the practice had completed a fire risk assessment in 2013 and weekly fire alarm tests were carried out. Any risks were discussed at team and Whitby Group practice meetings. However this information was not formally recorded in a log of risks to show the specific risks identified and how they were being managed. The Group Manager told us this would be addressed and a regular update taken to the Group Executive Board as a formal agenda item.

Staff had clearly defined roles to help ensure best practice was followed and checks were made to minimise risk. These included monitoring staff refresher training to ensure they had the right skills to carry out their work and monitoring stocks of consumables and vaccines to ensure they were available, in date and ready to use

Medicines management

We looked at how the practice stored and monitored emergency drugs and vaccines, to ensure patients received medicines that were in date and ready to use. Vaccines were securely stored and were in date and organised with stock rotation evident. We saw the fridges were checked daily to ensure the temperature was within the required range for the safe use of the vaccines. Emergency drugs were listed and checked to ensure they were in date and ready to use. The emergency drugs were stored in a drawer in a lockable treatment room. The practice did not store any controlled drugs.

GPs checked the stock of drugs they carried in their bags for home visits. Oxygen cylinders stored downstairs were checked by the nursing staff to ensure they were full and had a supply of masks. Records were kept of these checks. However we could not see a record of the checks carried out on the oxygen cylinder upstairs. The Group Manager confirmed this would be addressed immediately.

The lead GP for medicines management monitored and shared medication related alerts and National Institute for Health and Care Excellence (NICE) guidance within the practice. They attended meetings of the Clinical

Are services safe?

Commissioning Group (CCG) medicines management group to share information which they brought back to the practice. Minutes of the meetings were available for all GPs to read.

The Medicines Manager for the practice had a clear role to look at prescribing costs and safety issues relating to medication and prescribing. They worked with pharmacy colleagues from the CCG to support the clinical staff in keeping up to date with medication and prescribing trends. They recalled patients who required a medication review by the GP or a blood test to monitor the appropriateness of continuing with medication. They updated patient records with information from hospital discharge letters to ensure patients were receiving the required medication.

The practice ensured several staff were trained to carry out the checks related to medicines management, in order to accommodate any staff absences.

Prescription pads and repeat prescriptions were stored securely and staff were aware of the necessary checks required when giving out prescriptions to patients who attended the practice to collect them.

Cleanliness and infection control

Patients commented that the practice was clean and appeared hygienic. Our observations and checks on the day of the inspection confirmed this was the case.

The practice had an infection control policy and procedures which provided staff with information regarding infection prevention and control. It included guidance about for example clinical waste and sharps (needles) disposal and the control and safe storage and handling of specimens. Spillage kits were available in reception areas.

The practice was undergoing a refurbishment programme which included new flooring throughout and upgrading the sinks and furnishings in treatment and consulting rooms. These measures supported the practice to maintain good standards of hygiene. The Group Manager was the infection control lead for the practice and they were leading on the refurbishment programme.

Training records showed all staff had received infection control training in in the last 12 months. Staff we spoke with were knowledgeable about the procedures in place to maintain hygiene standards. We saw a protocol in place in the reception area regarding the safe handling of specimens and disposable gloves were available for staff handling specimens. These practices helped to protect patients and staff from the risks of cross infection.

We observed good hand washing facilities to promote high standards of hygiene**.** Instructions about hand hygiene were available throughout the practice with hand gels in clinical rooms**.** We found protective equipment such as gloves and aprons were available in the treatment/ consulting rooms. Couches were washable, curtains around them were disposable and there was vinyl flooring in most clinical areas.

We were told the practice did not use any instruments which required decontamination between use and that all instruments were for single use only. The practice nurse told us checks were carried out weekly to ensure items such as instruments, gloves and hand gel were available and in date. Procedures for the safe storage and disposal of needles and waste products were evident in order to protect the staff and patients from harm.

The practice did not have cleaning schedules in place for the clinical staff to follow between patients or at the end of a clinic. These types of cleaning schedules were not available for the cleaning staff to follow on a daily basis. These checks help to ensure all rooms, surfaces and equipment were cleaned to the appropriate standard. Mops used for cleaning were not colour coded to identify which mop was to be used in clinical and non-clinical areas. Following discussion, the Group Manager confirmed these issues would be addressed to ensure standards were maintained and monitored.

The practice carried out an audit of infection control in October 2013 which identified improvements needed with infection control procedures. However we did not see an action plan to show what changes were needed and to monitor progress. We also highlighted additional areas for improving infection control standards during the inspection. The Group Manager told us they would request an external infection control audit and support from the CCG to address this.

Staffing and recruitment

The practice had a procedure for the safe recruitment of staff including guidelines about seeking references, proof of identity and checking qualifications and professional

registration. We looked at two staff files and found the recruitment procedure had been followed. The Group Manager had carried out checks to show the applicants were suitable for the posts and eligible to work in the UK.

The Group Manager checked the professional registration for newly employed clinical staff and each year to ensure that professional registrations were up to date. However this check was not recorded. Following discussion, the Group Manager confirmed they would now record that professional registrations had been checked annually.

The Group Manager confirmed the practice carried out Disclosure and Barring service (DBS) checks for GPs and nurses. These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post. Following discussion the manager confirmed risk assessments and if required DBS checks would be carried out for all administration roles.

The practice had used locum GPs during the last 12 months to support the safe running of the service. These were mainly from a locum agency or were occasionally recruited and directly employed by the practice. Checks regarding the GP being on the national performers list, their General Medical Council (GMC) registration, indemnity insurance and DBS checks were confirmed by the locum agency each time the locum GP worked at the practice. However there were no records of such checks having been carried out for locums employed directly by the practice. The Group Manager told us this would be addressed immediately. Following the inspection the Group Manager sent us a comprehensive checklist which provided the practice with evidence that locum GPs had the necessary permits and qualifications to work in primary care. The Group Manager confirmed that this procedure was now in place and that locum GPs were now required to provide this information before they were able to start working in the practice.

The Group Manager worked with the GPs, senior nurse and administration managers to ensure staffing rotas were managed in order to ensure sufficient staff were on site at all times.

Dealing with Emergencies

We found comprehensive plans to deal with any emergencies, which could disrupt the safe and smooth running of the practice. A detailed business continuity plan was in place, which was reviewed in April 2014 and shared across the three GP practices within the Whitby group. The plan covered staffing, records/electronic systems, clinical and environmental events. It included identification of other suitable premises in the event of the practice being unavailable. Key contact numbers were included and paper and electronic copies of the plan were kept in the practice and by the Group Manager and GPs.

Staff told us they had training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR). Training records confirmed this.

Equipment

The practice had a defibrillator and oxygen cylinders for use in a medical emergency. A smaller light weight oxygen cylinder was available for use anywhere in the building. The Group Manager checked the defibrillator on a daily basis and confirmed a record would be kept of these checks in future.

The Group Manager had contracts in place for annual checks of fire extinguishers, 'personal appliance testing' and calibration of equipment. However we did not see a log of all equipment testing with the due dates for re-testing to help ensure this took place as planned. The Group Manager told us this information would be formally recorded to provide a schedule of essential equipment testing and maintenance.

The computers in the reception and clinical rooms had a panic button for staff to call for assistance.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective. We saw evidence that the GPs and nurses worked well together to support patients to manage their health conditions. The practice had established lead roles for GPs and nurses to ensure best practice was followed.

Staff told us they felt well supported to carry out their work. The practice offered all staff annual appraisals to review performance at work and identify development needs for the coming year.

The practice worked with other health and social care providers including multi- agency 'integrated care team' and 'hospital at home' services. This supported patients to receive effective care in the place of their choice.

Our findings

Promoting best practice

The practice had established lead roles for GPs and nurses to ensure best practice was followed. For example there were GP lead roles for safeguarding, medicines management and child health. Each GP lead shared National Institute for Health and Care Excellence (NICE) guidance on clinical treatments for their specific lead area. They were also responsible for ensuring information was shared with GPs and clinical staff within the practice and across the Whitby group.

Practice nurses told us they had specialist clinical areas such as diabetes, heart disease and asthma to manage and had good access to refresher courses. This ensured they were able to focus on specific conditions and provide patients with regular support based on up to date information.

We saw an example of where the GPs had reviewed current best practice about managing a medical condition when investigating a complaint.

We saw evidence that the GPs and nurses worked well together to support patients to manage their health conditions. For example, patients who were newly diagnosed with diabetes were offered a series of GP and nurse consultations within the first few weeks of diagnosis. They were provided with information about how to manage their illness and the health care risks associated with diabetes. Once patients felt their condition was under control they attended the practice for six monthly reviews. One patient we spoke with who had diabetes told us they could contact the nurse or GP at any time if they were concerned about their health and that they felt well supported.

Clinical staff attended training to keep up to date, for example to support their work in providing gynaecology and family planning services. Health care assistants had completed accredited training for checking patients' physical health such as taking blood pressures and taking blood samples. Training records confirmed clinical staff accessed training to keep up to date with current best practice.

Are services effective?

(for example, treatment is effective)

Management, monitoring and improving outcomes for people

The practice had key personnel in organisational roles to support staff in the monitoring and improvement of outcomes for patients. These included a Data Quality Manager and Medicines Manager who collated information to support the practice's programme of audits. These included the number of patients who presented at Accident and Emergency (A&E), antibiotic prescribing and referrals to secondary (hospital) care. These were used to review the care provided to patients and were discussed within the practice and across the Whitby group of practices.

The practice used the information they collected for the Quality and Outcomes framework (QOF) and their performance against national screening programmes to monitor outcomes for patients. We saw the results of the practice's 2013-2014 QOF report which showed the practice performed well in achieving good outcomes for patients with for example long term conditions such as asthma and chronic heart disease. The practice also provided annual reviews to check the health of patients with learning disabilities and patients on long term medication for example for mental health conditions.

Staffing

The Group Manager confirmed that a period of induction was arranged for new staff to support them in the first few weeks of working at the practice. It included time to read the practice's policies and procedures, a health and safety checklist and meetings with the manager to help confirm they were able to carry out the role. Staff told us they had easy access to a range of policies and procedures on their computers to support them in their work and that updates were emailed to them by the Group Manager.

Administration staff told us they had meetings with the Group Manager every week and felt supported to carry out their work. They told us the Group Manager was readily available to contact at all times. Clinical meetings within the practice and across the three Whitby group practices took place at least monthly in order to support clinical practice and monitor the service provided. Joint meetings between nursing staff and GPs were less frequent, however staff felt they would be beneficial to have them more often.

The practice offered all staff annual appraisals to review performance at work and identify development needs for the coming year. Records confirmed staff appraisals were up to date.

The Group Manager kept a record of all training carried out by clinical and administration staff to ensure staff had the right skills to carry out their work. Mandatory training included basic life support, safeguarding and infection control. Records showed staff were up to date with this. The practice had a rolling programme of half day training for staff on one afternoon each month. GPs had protected learning time and met with their external appraisers to reflect on their practice, review training needs and identify areas for development.

The GPs met informally to review cases and provide peer support. The GPs told us they had arranged a more formal GP partners meeting in March 2014 and were planning to hold these regularly in the future. Nursing staff met weekly to review their work and told us GPs were available on a daily basis should they need to discuss any aspect of patient care. Healthcare assistant staff told us they had supervision meetings within the nursing team to support them in their work.

Working with other services

The practice worked with other agencies and professionals to support continuity of care for patients. The GPs described how the practice provided the 'out of hours' service with information, to support, for example 'end of life care.' Information received from other agencies, for example A&E or hospital outpatient departments were read and action taken by the GPs on the same day. Information was scanned onto electronic patient records in a timely manner. As a result, patients who had attended hospital were offered a follow up appointment or home visit if required and their prescribed medication was updated.

The practice worked with other health and social care providers including the multi- agency 'integrated care team' and 'hospital at home' services to support patients to have care in the place of their choice. The practice was risk profiling patients to identify those who would benefit from additional support at home or who were frail and at risk of hospital admissions. The GPs told us they were now able to discuss patients with a care co-ordinator who could assess patients' needs at home and arrange support from the multidisciplinary team including a community matron, district nurses, occupational therapists and social workers.

Are services effective?

(for example, treatment is effective)

The GP told us they had identified a number of patients who now benefited from more integrated care. For example one patient had received additional support from a physiotherapist which had improved their mobility at home.

The practice met every three months with the hospital/ community mental health teams to review the care patients were receiving. Multi-disciplinary team meetings for patients on the palliative care register took place every three months to ensure patients had sufficient levels of support, equipment and medication.

Health, promotion and prevention

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. They provided information to patients via their website and in leaflets in the waiting area about the services available. This included child immunisation, diabetes, stroke, and 'stop smoking' services. The information included the times when the services were available and whether patients required an appointment to attend.

The practice also provided patients with information about other health and social care services such as carers' emergency support and support for patients with depression. We saw a range of information posters and leaflets in the waiting area and on the practice website. Staff we spoke with were knowledgeable about other services and how to access them.

New patients registering with the practice completed a health questionnaire which provided the practice with important information about their medical history, current health concerns and lifestyle choices. This ensured the patients' individual needs were assessed, enabling speedier access to support and treatment.

The practice used the coding of health conditions in patients' electronic records and disease registers to plan and manage services. For example, GPs and nurses discussed screening and vaccination attendance with patients who were attending for routine appointments; and patients on disease registers were offered review appointments with the nursing staff

Are services caring?

Summary of findings

The service was caring. All the patients who responded on CQC comment cards, and those we spoke with during the inspection, were positive about the care they received from the practice. They commented that staff were caring, helpful and respectful.

We observed that privacy and confidentiality were maintained for patients using the service on the day of the inspection. Staff were discreet and respectful to patients, assisting them to complete forms and arrange appointments to see the nurse and GP on the same visit.

Our findings

Respect, dignity, compassion and empathy

We looked at 26 CQC comment cards that patients had completed prior to the inspection and spoke with three patients on the day of the inspection. Patients were positive about the care they received from the practice and commented that they were treated with respect and dignity. One patient told us the doctors and the receptionists were first class and treatment was good, compassionate and caring. Patients we spoke with told us they had enough time to discuss things fully with the GP and felt listened to. The national GP Patient Survey published in December 2013 found 82% of patients stated the doctor was good at treating them with care and concern.

Staff we spoke with were aware of the importance of providing patients with privacy and told us there was a room available if patients wished to discuss something with them away from the reception area. Patients we spoke with said they felt confident about how the practice ensured patient confidentiality. For example patients in the waiting area told us the receptionists could not be overheard as there was a window separating the two rooms. Patients approached the receptionists using a window in the corridor outside.

We observed that privacy and confidentiality were maintained for patients using the service on the day of the inspection. Sufficient consultation and treatment rooms were available and used for all discussions with patients. We observed staff were discreet and respectful to patients, assisting them to complete forms and book appointments with the GP and nurse to coincide with the same visit. Consulting rooms had curtains around the examination couch to maintain patients' privacy.

The GPs told us patients were routinely offered a chaperone prior to any examination or procedure. Information about having a chaperone was in the practice leaflet, on the website and in the waiting area to help ensure patients were aware of this facility. Staff we spoke with were knowledgeable about the role of the chaperone and had received training to carry out this role.

The practice worked closely with two other GP practices in the building and they jointly operated a patient participation group (PPG). A PPG is made up of practice

Are services caring?

staff and patients that are representative of the practice population. The main aim of a PPG is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by the practice. We spoke with two members of the PPG who told us they felt listened to by the staff. They told us the Group Manager and at least one of the GPs attended the meetings and any issues raised were responded to. For example, one patient who used a wheelchair was invited to carry out an assessment of how accessible the building was. As a result the practice made structural changes to treatment and consulting room doors. The GPs confirmed they valued the contribution the group made to improving services for patients.

Involvement in decisions and consent

Staff were knowledgeable about how to ensure patients were involved in making decisions and the requirements of the Mental Capacity Act 2005 and the Children's Act 1989 and 2005. We found patients who required support with making decisions were assessed and relatives, carers or an advocate were involved in decision making.

Patients' verbal consent was recorded on their patient record for examinations. Patients we spoke with told us they were fully involved in deciding the best course of treatment and felt listened to and kept informed.

The practice had a detailed consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. It included reference to the Fraser guidelines regarding children under the age of 16 who had sufficient understanding of the proposed course of action or procedure (or have 'Gillick competence') and could give consent for themselves. GPs and nursing staff had a good understanding of how these guidelines were relevant to the work they carried out.

Nursing staff showed us the workbook provided to patients with a learning disability to help them fully understand the assessments and treatment being offered. Patients saw both the GP and the nurse during the annual health check and patients were supported to make informed decisions.

One GP told us about a best interests meeting that was arranged for a patient who had been assessed as not having the mental capacity to make an informed decision. The practice worked closely with other health and social care providers to ensure all aspects of the patient's needs were fully assessed and taken into consideration when making a decision on their behalf.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive. The practice had information available to them to inform their understanding of the population they served. This included the prevalence of specific diseases and other health and social needs. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions.

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The 'practice leaflet' and website provided patients with information about how to raise a concern.

Our findings

Responding to and meeting people's needs

The practice had information available to them to inform their understanding of the population they served. This included the prevalence of specific diseases and other health and social needs. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions.

The practice held information about patients who had failed to attend screening and vaccination programmes and were proactive in contacting them to encourage them to attend. The practice worked with other health providers to support patients who were unable to attend the practice. For example patients who were housebound were identified and referred to the district nursing team to receive their vaccinations

Staff we spoke with were knowledgeable about how to support patients who were homeless. The staff told us they made sure the patient received urgent and necessary care whatever their housing status. They were also aware of the GP practice in the Clinical Commissioning Group (CCG) that took the lead for managing homeless patients' long term care. They told us they would ensure patients knew how to access this service.

The practice provided good disabled access in the reception and waiting areas, as well as to the consultation and treatment rooms. Following recommendations from the patient participation group (PPG) regarding wheelchair access the practice had changed the width of consulting room doors to allow patients with prams or patients using wheelchairs easy access.

The consulting rooms were on the first floor of the building. There was a lift available which gave access to the upper floor. This helped ensure easy access for patients with prams or patients with mobility difficulties. The GPs told us they would see patients in one of the other practice's consulting rooms downstairs if the lift was out of order. There was a comfortable waiting area for patients attending an appointment and car parking was available nearby. There were disabled toilet facilities.

The practice made adjustments to meet the needs of patients, including arranging for an interpreter service for patients where English was their second language.

Are services responsive to people's needs?

(for example, to feedback?)

Patients' electronic records contained alerts identifying those that required additional assistance. This was used to ensure a suitable length of appointment time was provided. Patients who had a learning disability had their annual health review with the GP and the nurse on the same visit in order to allow time to discuss all their health and well-being needs. We saw the practice used a health record with visual cues to support the review of the patient's care.

The practice supported patients who were also carers by providing them with information about the available support. This included the emergency carers support programme run by the CCG. The practice provided patients with a choice to opt in to being identified as a carer on their record.

Access to the service

The practice offered both pre-bookable appointments and on the day appointments. On-line appointment booking and text reminders were available for patients using the service. Staff told us if patients could not be offered an appointment that day they were offered a telephone consultation with the GP who would if necessary fit them in to be seen that day. One patient we spoke with confirmed this had been their experience.

Patients unable to attend during the normal opening hours were able to book in advance to be seen at the extended hours service run by the out of hours team. Appointments were available for routine health matters from 6.30pm to 8-00 pm Monday to Friday and on Saturday mornings. One patient we spoke with confirmed this was very helpful as they were unable to take time off from work to attend a routine appointment.

The GPs also offered telephone consultations if appropriate. Home visits could be arranged by ringing, if possible, before 10.30am. The GPs told us they were able to meet the current demand for home visits.

The national GP Patient Survey published in December 2013 found 80% patients said it was easy to get through to the practice on the phone and 76% of patients said their overall experience of making an appointment was good. Two patients who completed CQC comment cards indicated they had experienced some difficulty in making a non-urgent appointment. One patient commented they had waited a long time in the surgery for their appointment. However all patients felt they received a good service.

Concerns and complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. The 'practice leaflet' and website provided patients with information about how to raise a concern. There were also leaflets about the Patient Advisory Liaison Service (PALS) and the Health Service Ombudsman in the waiting room. These leaflets provided patients with information about how to take their complaint outside the practice. Staff we spoke with were knowledgeable about the policy and the procedures for patients to make a complaint and confirmed complaints were discussed at practice meetings. We saw the log of complaints which the Group Manager held. This included actions taken, for example staff training and a review of policies and procedures

Are services well-led?

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

Summary of findings

The service was well led. Staff told us they felt the practice was well managed with clear leadership from clinical staff and the Group Manager. Staff told us they could raise concerns and felt they were listened to.

It was evident that quality monitoring was taking place across the three Whitby Group practices and action was taken to improve quality. The Group Manager confirmed they would be setting up a practice specific risk register to support on-going monitoring and reviewing of risks. GPs were developing ways of ensuring governance issues were discussed and monitored within the practice.

The practice had systems to seek and act upon feedback from patients using the service, including a patient participation group (PPG).

Our findings

Leadership and culture

Staff told us they felt the practice was well managed with clear leadership from clinical staff and the Group Manager. Staff told us they could raise concerns and felt they were listened to. The practice shared some key management roles with two other Whitby Group GP practices. An Executive Board with representatives from all three GP practices met monthly. The Group Manager told us this gave each practice greater flexibility to share resources, streamline processes and allowed more sharing of information.

There was a schedule of regular weekly, monthly and quarterly meetings within the Practice which staff told us helped them keep up to date with new developments and any concerns. Staff told us they were committed to providing a good service for patients and they were enthusiastic about their contribution.

We saw evidence that showed the practice worked with the Clinical Commissioning Group (CCG) to share information and implement new methods of working. For example, the senior partner attended the CCG locality network meetings and the practice was implementing the 'named GP' initiative for patients over 75 to support continuity of care. GPs attended prescribing, medicines management and safeguarding meetings and shared information within the practice.

Governance arrangements

We found that the practice had systems for monitoring all aspects of the service and these were used to plan future developments and to make improvements to the service. The Group Manager and GPs lead on the individual aspects of governance such as complaints, risk management and audits within the practice.

GPs shared information at a monthly Executive Board meeting which was attended by representatives from all three GP practices in the Whitby Group. The Executive Board had responsibility for monitoring quality across all three practices. Information from the Executive Board was cascaded to staff within each practice. However the GPs told us they hoped to strengthen the way in which governance issues were discussed and shared within the

Are services well-led?

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

practice. They hoped this would be through existing meetings and by having a regular governance report which brought together the key learning/discussion points for staff.

The practice submitted governance and performance data to the local CCG.

Systems to monitor and improve quality and improvement

The practice used information they collected for the Quality and Outcomes framework (QOF) and national programmes such as vaccination and screening to monitor patient quality outcomes. These were discussed within the practice through a schedule of meetings with staff groups.

Staff supervision and support was evident through formal appraisal mechanisms and informal peer support. The Group Manager checked staff professional registration and put in place, immediately following the inspection, additional checks for locum GPs directly employed by the practice.

The GPs and Group Manager had lead roles in areas such as risk management, clinical audits, staff training and significant event analysis. It was evident that quality monitoring was taking place and action taken to improve quality. The practice was working on bringing the strands of governance together more formally to support on-going quality monitoring.

Patient experience and involvement

The practice had systems to seek and act upon feedback from patients using the service, including an active patient participation group (PPG). The three practices within the Whitby Group had joined together to set up a PPG which currently had 26 members. We spoke with two members of the PPG who told us the group worked well as patients from the three practices shared the same nursing staff, building and car parking facilities. They were confident their views were listened to and felt they had a contribution to make in service improvement.

The PPG was advertised on the practice website and in the practice waiting areas. The group met every eight weeks and was updated on issues arising from complaints, significant events and incidents. The group had been involved in developing and analysing the patient survey, monitoring the progress of the refurbishment programme and improving the patient information noticeboard in the waiting area. Patients were encouraged to send the PPG their comments, suggestions and questions via the practice website.

The practice carried out a patient survey each year and published the results on their website. The PPG's annual report was also published on the website and included the action plan based on the results of the survey. Progress was evident regarding the decoration of the building and improving wheelchair access. Concerns regarding getting through on the telephone at 8-30am were acknowledged and patients reminded about on line booking and ringing later in the day if possible.

Staff engagement and involvement

We spoke with clinical and non-clinical staff during the inspection. All staff told us they felt supported and had easy access to clinicians or the Group Manager if they had concerns. Staff told us they were encouraged to raise concerns and felt they were listened to.

The practice had regular staff meetings with different staff groups and a half day each month for training or larger group meetings. Minutes from meetings were available to staff who were unable to attend.

Learning and improvement

The practice ensured staff had access to learning and improvement opportunities. Newly employed staff had a period of induction to support them. They met with the Group Manager to discuss progress and to ensure they had the right skills to do their job. For example we saw an IT training schedule for receptionists including the date it was completed.

On-going peer support and formal appraisals were evident. GP appraisals were up to date and revalidation was taking place. Revalidation is the process by which all registered doctors have to demonstrate to the General Medical Council (GMC) that their knowledge is up to date, they are fit to practise and are complying with the relevant professional standards.

Staff told us they had good access to training and this was monitored to ensure essential training was completed each year. We saw that a comprehensive training matrix for all staff employed in the organisation was up to date. One of the nursing staff told us they were attending training to be a nurse prescriber and that one of the GPs had agreed to supervise and mentor them.

Are services well-led?

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

Identification and management of risk

The practice had systems to identify, assess and manage risks related to the service. The Group Manager confirmed they would be setting up a comprehensive risk register to support on-going monitoring and reporting of risks. Systems were in place to record incidents, accidents and significant events including actions taken. Safety alerts were reviewed by all clinical staff and the Group Manager.

The practice carried out audits and checks to monitor the quality of services provided. The results were discussed at practice meetings and if necessary changes were made to the practice's procedures and staff training.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

The practice was knowledgeable about the number and health needs of older patients using the service. They made practical arrangement for them to have tests and consultations on the same visit to prevent them having to attend the surgery on several occasions. They kept up to date registers of patients' health conditions, carers' information and whether patients were housebound, They used this information to provide services in the most appropriate way and in a timely manner. We found the practice worked well with other agencies and health providers to provide support and access specialist help when needed.

Our findings

Safe

The practice worked with services based in the local hospital to support frail and elderly patients. GPs told us they had easy telephone access to a geriatrician for advice and were able to arrange an urgent appointment for patients from this population group to be seen by the specialist if required.

Caring

The practice arranged blood tests, ECGs and blood pressure checks wherever possible whilst the patient was at the practice seeing the GP, thus saving the patient returning on another occasion.

Effective

The practice worked closely with other services, for example the district nursing service to ensure patients who were housebound had vaccinations. The GPs worked with the multi-agency integrated care team to identify patients who were frail or those with a long term condition who may be at risk of hospitalisation. This had resulted, for example in physiotherapy and occupational therapy support being provided at home and hospital admission was avoided. The practice was risk profiling patients to identify those who would benefit from additional support at home.

The practice was introducing the 'named GP' initiative for patients over 75 to support continuity of care and provide patients with a GP with overall responsibility for their care.

Responsive

The practice used alerts to inform staff of patients who were housebound so that they could respond appropriately for example to requests for home visits. The staff routinely checked when older patients had last seen the GP and offered them a review of their health and wellbeing.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

The practice was knowledgeable about the number and overall health needs of patients with long term conditions using the service. They worked with other health services and agencies to provide appropriate support. They kept up to date information about patients' consultations within the practice and the results of tests carried out by hospital and community services. For example diabetic patients had their annual foot and eye checks recorded in their notes. Staff were proactive in following up late or missed appointments for these essential checks as part of the patient's annual review.

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed.

Our findings

Effective

Practice nurses had specialist areas of clinical practice such as diabetes and asthma to manage. Nurses told us they had good access to training to ensure they were aware of current best practice. This meant they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Patients were provided with health promotion information when they attended for their annual health checks. This included information about their diet, exercise and alcohol consumption. This helped patients make informed choices. Patients completed a smoking questionnaire and were offered advice on how to access the 'quit smoking' service run locally.

The practice provided patients with information about long term conditions and the services available to support patients. This was evident in the waiting area and on the practice website.

Responsive

Patients with a long term condition were identified and a code was put onto their electronic patient record. This assisted the practice with maintaining up to date disease registers and in recalling patients for their health reviews.

The practice worked with the district nursing service to provide annual reviews for patients with a long term condition who were house bound. The practice had developed a detailed home visit record to capture all the information required for the annual health check.

Well-led

The practice was working with the Clinical Commissioning Group (CCG) and the Deafness Support Network to carry out audits of GP practices in order to highlight ways to improve the patient experience of deaf or hard of hearing patients.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The practice provided services to meet the needs of this population group. There were comprehensive screening and vaccination programmes which were managed effectively to support patients. For example immunisation clinics were run on a weekly basis and patients from any of the three GP practices could attend. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.

Information was available to young people regarding sexual health. GPs and nursing staff had a good understanding of guidelines relating to when a young person could give consent for themselves. They were knowledgeable about how the guidelines were relevant to their work and the services provided.

Our findings

Safe

GPs and reception staff told us children were always prioritised and given an appointment with a GP. We spoke with a patient on the day of the inspection who confirmed this had been their experience.

The practice had a detailed consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. It included reference to the Fraser guidelines regarding children under the age of 16 who had sufficient understanding of the proposed course of action or procedure (or have 'Gillick competence') and could give consent for themselves. GPs and nursing staff had a good understanding of guidelines relating to when a young person could give consent for themselves. They were knowledgeable about how the guidelines were relevant to their work and the services provided.

Caring

Mothers and babies were invited to a joint appointment for the eight week check by the GP and their baby's vaccinations with the nurse. These were scheduled together to support parents by having only one visit to the surgery and provided an opportunity to discuss any concerns with both the GP and the nurse.

Effective

The practice carried out comprehensive screening and vaccination programmes to support babies, children and their mothers' health and well- being**.** For example, the practice had achieved 81% attendance of women invited for cervical smear tests.

The practice website had dedicated pages to provide patients with information about healthcare. This included for pregnancy and health care immediately after birth, health care for 0-5 year olds and information on 6-15 year olds' health initiatives and sexual health.

Mothers, babies, children and young people

Responsive

The practice monitored any non-attendance of babies and children regarding vaccinations and worked with the health visiting service to follow up any concerns.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

We found the practice had a range of appointments available including pre-bookable, on the day and telephone consultations. On-line appointment booking and text reminders were available for patients using the service. Staff told us they would try to accommodate patients who were working to have early or late appointments wherever possible. Patients were also able to book a consultation with a GP through the extended hours service. This was available from 6.30pm to 8.00pm during the week and on Saturday mornings.

Our findings

Caring

The practice kept a register of patients who were carers for family members. They provided them with information about carers' services and prioritised them for GP and nurse consultations.

Effective

The practice website had advice regarding men and womens' health including screening and vaccination programmes available.

Responsive

Patients who were unable to attend the practice for a routine appointment were able to book a consultation with a GP through the extended hours service. This was available from 6.30pm to 8.00pm during the week and on Saturday mornings. One patient we spoke with told us this service had been used by their family as they could not easily take time off from work and they had found it very convenient.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

Staff were knowledgeable about safeguarding vulnerable adults. They had access to the practice's policy and procedures and had received training in the last 12 months. Administration staff carried out monthly checks to review when patients who were identified as vulnerable were last seen by the practice. When appropriate an appointment was arranged to review their health and well being.

The practice made adjustments to how they provided the service in order to meet patients' needs. This included the type and length of appointments offered and the materials used to support patients understand and manage their health.

Our findings

Safe

Reviews for patients with a learning disability were arranged in such a way as to support them to become fully involved in their care and in making decisions. For example, consultations were longer than the standard appointment time, visual prompts were used as part of the patient's own health record and they saw the GP and then the nurse to ensure all their health and wellbeing needs were discussed.

The practice staff were knowledgeable about providing urgent or immediate care for homeless patients. Staff were aware of a local GP practice which offered longer term care for homeless patients and they supported patients to register with them.

The practice had a vulnerable adults safeguarding policy and staff were knowledgeable about the types of abuse to look out for. They had easy access to contact numbers for the adult safeguarding team in the local authority.

Responsive

Administration staff carried out monthly checks to review when patients who were identified as vulnerable were last seen by the practice. When appropriate an appointment was arranged to review their health and well being.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

Staff we spoke with were knowledgeable about the annual reviews available for patients experiencing poor mental health. GPs worked with other services to review care, implement new care pathways and share care with specialist teams.

The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review.

Our findings

Effective

The practice worked with other services to review care and implement new care pathways, for example for newly diagnosed dementia patients. The practice worked with the older person's mental health team to share the care patients required.

The practice had information for patients in the waiting areas to inform them of other services available. For example, for patients who may experience depression or those who would benefit from counselling services for bereavement.

The practice maintained a register of patients who experienced mental health problems. The register was used by clinical staff to offer patients an annual appointment for a health check and medication review.

The practice had information on its website regarding mental health and the services available to support patients.