Derby Family Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 02/12/2014 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced inspection at Derby Family Medical Centre on 15 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The practice used information about care and treatment to make improvements. For example, they initiated a management plan where patients with diabetes whose condition was poorly controlled were invited for monthly reviews, resulting in improved engagement and outcomes for the patients.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Most of the staff were bi-lingual and spoke the same languages as the majority of the patient population. An interpreter was available on site five days a week to provide translation services for Urdu and Punjabi speaking patients.
- The practice understood the needs of its population and tailored services in response to those needs.

Summary of findings

They worked closely with other practices in their area to provide a local hub pilot scheme providing pre-bookable appointments in the evenings and at weekends seven days a week.

- However, since our last inspection, patient survey results showed a continued reduction in patient satisfaction in relation to access to appointments. Plans to improve telephone access and changes made were yet to be embedded and patient satisfaction had not yet improved.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Consider security arrangements for prescription stationery to ensure it is securely stored.
- Continue to monitor and ensure improvement to national GP patient survey results particularly in relation to access to appointments , telephone access and patient experience.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Derby Family Medical Centre

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 advisor, a practice nurse specialist advisor and an expert by experience.

Background to Derby Family Medical Centre

Derby Family Medical Practice provides primary medical services to 7,200 patients from a single location. The registered address with the Care Quality Commission (CQC) is 1 Hastings Street, Derby, Derbyshire, DE23 6QQ. The practice serves the local areas of Normanton, Peartree, Sunnyhill, Littleover and Sinfin.

The practice provides primary care medical services via a General Medical Services (GMS) contract commissioned by NHS England and Southern Derbyshire Clinical Commissioning Group (CCG).

Public Health England data shows the area served by the practice has high unemployment and deprivation levels, which are above the practice average across England. In addition, there is a high rate in respect of the prevalence of chronic diseases such as type 2 diabetes.

The practice population is multicultural with 90% of the practice patients having a black or minority ethnic background, and mainly from the Indian sub-continent. Patients have access to translation and interpreting services, including an Urdu and Punjabi interpreter based at the practice.

The practice comprises two male GP partners, a female salaried GP and two male sessional GPs. One of the partners is the Registered Manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The nursing staff includes one advance nurse practitioner, two practice nurses and a health care assistant. The clinical staff are supported by a pharmacist, practice manager, an assistant practice manager and a team of reception / administrative staff. This is a teaching practice for fifth year medical students and nursing students.

The practice is open from 8am to 6:30pm weekdays with the exception of a Tuesday evening when the surgery provides extended opening hours until 8:00pm. GP consultation times start at 8.30am until 5.50pm. The practice has opted out of providing out-of-hours services to their own patients. When the practice is closed, patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Derbyshire Health United.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice used a range of information to identify risks and improve patient safety. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 looked at six recruitment files and found that all the appropriate checks had been carried out.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The advanced nurse practitioner was the nominated lead who took responsibility for ensuring actions from audits were completed.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. A rota system was used for all staff and cover arrangements were made if any staff were absent. The practice engaged locum GPs to cover annual leave absences. At the time of our inspection, there was an active advertisement for a salaried GP following the resignation of a long term locum GP.
- There was an effective induction system for temporary staff tailored to their role, including locum doctors.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. We saw examples of completed sepsis management templates on their clinical system.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Good

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. However, clinical rooms containing prescription stationery were not always locked when they were not in use and the prescription printers were not secured.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. There was a system in place for monitoring patients on high risk medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- For example, the practice rates of prescribing of hypnotics and antibiotics were significantly lower than CCG and national averages.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had a high prevalence of diabetes at 14%, compared to the CCG average of 7% and national average of 6.5%. They initiated a management plan where patients whose condition was poorly controlled were invited for monthly reviews, resulting in improved engagement and outcomes for the patients. The management plan was shared with the CCG and there were proposals to introduce it as an enhanced service offered to patients by a number of practices.
- Additionally, the practice worked with a dietician and referred patients with poorly controlled diabetes to a six week course which was provided in several languages.
- Self management plans were in place for people with asthma and chronic obstructive pulmonary disease (COPD).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. A midwife worked with the practice to provide ante natal and post-natal care to patients. The doctors reviewed all blood tests carried out during ante natal care.
- The practice encouraged the use of the 'pharmacy first' scheme for children with minor ailments. Under the initiative, people could go to see a trained pharmacist for free advice and treatments to self-care, or buy medications at no cost or at a lower cost.

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

- The practice's uptake for cervical screening in 2015/16 was 82%, which was in line with the 80% coverage target for the national screening programme.
- The practice was aware their bowel screening rates were below local and national averages. Therefore, they increased their bowel screening clinics to three in a quarter, and nursing staff invited eligible patients, resulting in gradual improvements in uptake.

Good

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. Over a 12 month period the practice had achieved 78% uptake, compared to a CCG average of 53%.
- There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were 41 people on the learning disabilities register who were offered annual health checks. Staff told us people with learning disabilities were offered longer appointments and these were scheduled during quiet times in the surgery to ensure they were seen promptly.

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

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 83.5%.
- Practice supplied data showed there were 61 patients on the mental health register and 41 of these had care plans agreed.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, if any patients experienced acute mental health problems or crisis; assessments could be arranged on the same day. Staff told us they worked closely with secondary care mental health services to arrange urgent reviews or admissions if needed.
- Self referrals to local counselling services were encouraged for patients with less urgent needs.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. (Give examples). Where appropriate, clinicians took part in local and national improvement initiatives. (Give examples)

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97.4% and national average of 95.5%. The overall exception reporting rate was 9.6% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example, they initiated a management plan where patients whose condition was poorly controlled were invited for monthly reviews, resulting in improved engagement and outcomes for the patients.
- A pharmacist was attached to the practice who provided support with medicines audits and reviews.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

Good

Are services effective?

(for example, treatment is effective)

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The community matron was given permission to access the practice clinical system to enable the service to view any clinical interventions by the practice before they visited patients at home. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- Patients were offered leaflets on how to stay safe and well in the cold weather. Additionally, the practice held events to promote self-care in the winter.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Most of the patient Care Quality Commission comment cards we received (32 out of 34) were positive about the service experienced, and described being treated respectfully by the practice team. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 391 surveys were sent out and 102 were returned. This represented about 1% of the practice population. The practice was above average in some areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 86%; national average - 86%.
- 89% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 84% of patients who responded said the nurse gave them enough time; CCG - 92%; national average - 92%.
- 94% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.
- 82% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers opportunistically and at registration with the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 127 patients as carers (2% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Carers were offered flu vaccinations and annual health checks.

Good

Are services caring?

- Staff told us that if families had experienced bereavement, their usual GP contacted them or offered a home visit. Additionally, GPs were aware of the faith needs of some of their population and certified deaths promptly to enable them to arrange funeral arrangements in a timely manner in accordance with their faith.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. Since our last inspection in December 2014, a practice in the local community had closed, resulting in the practice population growing from 6,000 to 7,200.

- The practice understood the needs of its population and tailored services in response to those needs. They worked closely with other practices in their area to provide a local hub pilot scheme providing pre-bookable appointments in the evenings and at weekends seven days a week. Patients could access the service from two locations. Appointments at the hub were 15 minutes long, compared to the 10 minute appointments offered during usual opening hours at the practice. Data provided by the practice showed an increasing number in patients seen at the hub since the scheme started in May 2017.
- Most of the staff were bi-lingual and spoke the same languages as the majority of the patient population. We found translation services were available for patients who did not have English as a first language through a telephone interpreting system called language line. An interpreter was available on site five days a week to provide translation services for Urdu and Punjabi speaking patients.
- A telephone triage service with the duty doctor was offered for same day appointments.
- Additional services such as ECGs, spirometry and 24 hour ambulatory blood pressure checks were offered in house. Travel vaccinations were offered on site.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice encouraged the use of the 'pharmacy first' scheme. Under the initiative, people with minor ailments could go to see a trained pharmacist for free advice and treatments to self-care, or buy medications at no cost or at a lower cost, and this helped to keep GP appointments free for people who have more serious illnesses. Staff told us they were the third highest users of the scheme in December 2016.

Older people:

- The practice was aware of an increasing elderly population in their community. All patients had a named GP who supported them in.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. All patients over 75 years old who were frail had care plans in place and received same day access. The practice worked with a care coordinator to ensure those with complex needs had reviews when discharged from hospital.
- Referrals were made to a community matron who supported housebound patients. Feedback from the matron was positive about the GPs' knowledge of their patients and the inclusive nature of the practice staff.

People with long-term conditions:

- The nursing team held clinics for chronic disease management. Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Clinicians offered appointments to people with diabetes who were on insulin and intended to fast during Ramadan, to ensure they had appropriate advice on managing their condition safely.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- The practice had a high proportion of children on their list, compared to national averages. We found there were systems to identify and follow up children living in

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

- The practice held regular meetings with health visitors and midwives to ensure coordinated care. Feedback from the midwife was positive about the interactions with practice staff.
- All parents or guardians calling with concerns about a child under the age of two years old were offered a same day appointment when necessary. This was supported by feedback from patients we spoke to at the inspection.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on Tuesday evenings until 8pm. Pre-bookable appointments were available to patients outside of practice opening hours through the extended opening hours hub operated in the local area in the evenings and at weekends seven days a week with GP and nurse appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- NHS checks were offered for 40-74 year olds.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There were 40 patients on the learning disabilities register, and 31 of them had received an annual health check in 2017/18.
- Staff were aware of vulnerable patients and prioritised their access when necessary.
- Self-referral was encouraged for services such as counselling and drug and alcohol services for those who needed them.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients were offered a variety of choices. They were advised to telephone before 10am for urgent same day appointments and telephone appointments. If they called after 10am, they were offered the next routine appointment or triaged to the pharmacy first scheme, the extended hours hub and the walk in centre as a last resort. Online appointment bookings were encouraged.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. This was supported by some observations on the day of inspection and completed comment cards.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%. This was a reduction of 7% compared to the previous survey results in July 2016.
- 54% of patients who responded said they could get through easily to the practice by phone; CCG – 67%; national average - 71%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 63% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%. This was a reduction of 10% compared to the previous survey results in July 2016.
- 57% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%. This was a reduction of 29% compared to the previous survey results in July 2016.
- 51% of patients who responded described their experience of making an appointment as good; CCG - 71%; national average - 73%. This was a reduction of 14% compared to the previous survey results in July 2016.
- 42% of patients who responded said they don't normally have to wait too long to be seen; CCG - 61%; national average - 58%.

Some patients we spoke to told us they had to call numerous times to get through to the practice. The practice was aware of the feedback and had formulated an action plan to improve access. This included increasing the telephone lines from three to eight in the next year, as well as increasing the number of reception staff answering calls during busy periods. Staff regularly encouraged patients to sign up to online services and they noted an increase in usage of online appointment booking which had reduced the need to telephone the practice.

A self check-in screen had been installed to reduce queuing at reception when patients attended their appointments. Additionally, the practice participated in a winter pressures scheme which involved increasing appointments with the advanced nurse practitioner between December 2017 and March 2018 to ease pressures on secondary care services during busy months. However, the changes above were yet to be embedded and patient satisfaction had not yet improved.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had not received any written complaints in the last year. However, we reviewed a complaint from the previous year and found that it was satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. Verbal complaints were discussed at team meetings. It acted as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. Staff told us they were motivated by making a positive difference to people's lives by educating them to manage their health and wellbeing whilst providing high quality services.
- The practice had a realistic strategy and supporting business plans to achieve priorities. The practice manager met with the partners every six weeks to discuss performance, workforce and contingency planning in line with their strategy.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. For example, they worked closely with their CCG in carrying out place based work with other practices in their group. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally. We saw evidence of an equality audit undertaken of the premises in November 2017.
- There were positive relationships between staff and teams. Staff told us the management were approachable and they felt they were part of the practice family. A number of staff told us managers offered flexible working arrangements to accommodate personal commitments.

Are services well-led?

Good

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

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. There were six clinical audits undertaken in the last two years, and two of these had been repeated, showing quality improvement in patient care. For example, an audit into two week wait cancer referrals showed improvements in diagnostic rate.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.For example, an annual staff survey was undertaken and the results were discussed at team meetings to agree actions as a team.
- There was an active patient participation group (PPG) with five members who met quarterly, and their meetings were attended by a member of the practice team. The PPG reviewed patient feedback from surveys and the NHS friends and family test, and agreed actions to improve patient experience.

Are services well-led?

Good

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

- An annual newsletter was produced by the practice and used to inform patients of health events, staff changes and news relating to the next year.
- The service was transparent, collaborative and open with stakeholders about performance. They worked closely with other practices in their area and they were part of the local hub pilot scheme providing pre-bookable appointments in the evenings and at weekends seven days a week.
- Additionally, the practice participated in a winter pressures scheme which involved increasing appointments with the advanced nurse practitioner between December 2017 and March 2018 to ease pressures on secondary care services during busy months.
- The practice carried out projects involving the local community. For example, they participated in a local children's health promotion event where they collaborated with schools, community services, parents and guardians to promote healthy eating and habits.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice participated in a number of research projects.
- The service was a teaching practice for fifth year university medical students and nursing students. Additionally, they supported the pharmacist attached to the practice with their independent prescribing course through mentorship arrangements. Feedback from nursing students who had completed placements at the practice was positive about the supportive and friendly learning environment provided by the practice.
- GPs held an evening learning group in which doctors from other practices participated. Hospital consultants were invited to provide learning support and ancillary staff such as the community matron could attend the events at the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.