Parkstone Health Centre

Quality Report

Parkstone Health Centre
Mansfield Road
Poole
Dorset
BH14 ODJ
Tel: 01202 741370
Website: www.parkstonehealthcentre.co.uk

Date of inspection visit: 6 June 2014
Date of publication: 30/09/2014

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.

Summary of findings

Contents

Summary of findings

Overall summary

Parkstone Health Centre is part of the Dorset Clinical Commissioning group (CCG).

Parkstone Health Centre provides medical care to patients living in Parkstone and the surrounding areas of Poole. The GPs of Parkstone Health Centre are assisted by a team of nurses and administrative staff each day between the hours of 8am and 6.30pm. Outside normal surgery hours the emergency cover is provided by Dorset Emergency Care Service.

During our visit we spoke with six patients who were using the service. We also spoke with six GPs, a nurse, the nurse practitioner, the practice manager and five administrative staff.

Systems were in place which recognised and supported patients who were at risk of abuse. Relevant checks had been carried out for staff to work with vulnerable adults and children. There was appropriate equipment, medicines and procedures to manage patient emergencies. Staff were aware of policies and procedures in place for reporting serious events, accidents, errors, complaints and for safeguarding patients at risk of harm. Incidents were investigated and acted upon and any learning shared with staff to reduce or remove future risk.

Care was delivered in line with best practice. The practice had systems in place to ensure that the practice was monitored and ways for improving the service for patients were explored. The GPs worked with other healthcare providers to ensure that patients received effective care.

The practice was caring. Patients described the staff as helpful and friendly. Patients told us that they were involved in decisions about their treatment.

The services provided enabled patients to access the care they needed promptly and efficiently. Systems were in place to ensure patients' views were listened to and feedback was acted upon. The practice had arrangements in place to ensure that it could meet the demand and needs of patients with minimal delay. Staff were aware of arrangements in place for responding to medical emergencies.

There was a clear leadership structure and processes were in place to keep staff informed. The GPs and practice manager met weekly to review complaints and significant events.. Staff told us they felt valued and well supported. They said they were able to give their views on any improvements. Patients gave positive feedback on the care provision of this practice.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice had systems in place which recognised and supported patients who were at risk of abuse. We saw evidence that suitable checks had been undertaken for all staff prior to them working in the practice. There was appropriate equipment, medicines and procedures to manage patient emergencies. Staff were aware of policies and procedures in place for reporting serious events, accidents, errors, complaints and for safeguarding patients at risk of harm. Incidents were investigated and acted upon and any learning shared with staff to remove or reduce any future risk.

Infection prevention and control was effective and staff were aware of their roles and responsibilities.

Are services effective?

Patient care was delivered in line with best practice. The practice had systems in place to ensure that the service was monitored and ways for improving the service for patients were explored. The GPs worked with other healthcare providers to ensure that patients received effective care. Patients were offered relevant advice, treatment and support.

Are services caring?

The service was caring. Patients described the staff as helpful and friendly. The receptionists had a warm and friendly approach to patients and visitors. We saw information leaflets and posters giving information on health and wellbeing were available in the waiting areas. Patients told us that they were involved in decisions about their treatment.

Are services responsive to people's needs?

The practice was responsive to patients' needs. The services provided enabled patients to access the care they needed promptly and efficiently. The practice had systems which ensured patients' views were listened to and their feedback acted on. The practice had arrangements in place to ensure that it could meet the demand and needs of patients with minimal delay. Staff were aware of arrangements in place for responding to medical emergencies. The service was accessible for patients with mobility difficulties or with young children.

Are services well-led?

The practice was well led. There was a clear leadership structure and processes were in place to keep staff informed. The GPs and

Summary of findings

practice manager met weekly to review complaints and significant events to maintain and improve patient care. Staff told us they felt valued and well supported. They said they were able to give their views on any improvements. Patients gave positive feedback on the care provision of this 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
The practice supported older patients and there were systems in place to assist patients with memory loss. Nursing staff were trained in the treatment of physical conditions that affected older patients.

Each GP had their own waiting area with chairs of varying heights and arms to assist mobility for patients.

People with long-term conditions
The practice supported patients with long term conditions such as respiratory disease and diabetes by offering screening, treatment and information. Regular monthly clinics were held for patients with long term conditions.

Mothers, babies, children and young people
The practice supported mothers, babies, children and young patients by working with other healthcare providers to provide maternity services and young children clinics.

Access to the practice was through automatic doors. The reception and treatment rooms were all on the first floor and could be accessed by a flight of stairs or by a lift that was large enough to accommodate prams and pushchairs.

The working-age population and those recently retired
The practice supported patients of working age and those recently retired by having extended opening hours. The extended hours allowed patients to see the GP or have tests and health screening from the nurses outside regular working hours. Regular blood pressure monitoring and health screening was available.

People in vulnerable circumstances who may have poor access to primary care
The practice had procedures in place to assist patients to contact the practice and provide treatment to vulnerable patients using the practice. They recognised the diversity of their patients and responded well to their individual needs. The receptionists told us that a translation service was available if required. The computer system allowed patients, whose first language was not English, the opportunity to check in using their preferred language.

There were anatomical diagrams on consulting room walls so that GPs could visually demonstrate things when talking to patients to assist them to make informed decisions.

Summary of findings

People experiencing poor mental health

The practice supported patients with mental health problems and ensured that staff were aware of the Mental Capacity Act 2005.

The GPs were able to offer a referral and appointment with a trained psychologist or counsellor in the practice.

Summary of findings

What people who use the service say

We spoke with six patients . We also reviewed the comment cards that we asked the practice to give out to patients , so that they could share with us their views and experiences of the service.

All of the comment cards we received were positive. Patients described the practice as exceptional saying that they could get an appointment when they wanted one and the staff were really helpful.

Patients were usually able to see their named GP. Patients told us that the GPs explained their treatment to them and involved them in the decision making process.

Parkstone Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Parkstone Health Centre

Parkstone Health Centre at Mansfield, Parkstone, Poole. BH14 ODJ, provides health advice and treatment as well as referrals to other care agencies reflecting patient choice wherever practicable. The practice is open from 8:30am until 6:30pm Monday to Friday with an earlier start time of 7:30am on Thursday and a longer surgery until 8pm on Wednesday evenings. At weekends and when the practice is closed, patients are directed to an Out of Hours service.

The practice has six GPs and a team of a nurse practitioner, two qualified nurses and two healthcare assistants. An administrative team provided support. The practice provided primary medical services to approximately 10210 patients.

Why we carried out this inspection

We inspected this practice 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.

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
- 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 visiting this practice, we reviewed a range of information we hold about the service and asked other organisations, such as the local clinical commissioning group and local Health watch to share what they knew about the practice. We carried out and announced inspection on 6 June 2014.

During our visit we spoke with five GPs, the nurse practitioner, the practice manager, a registered nurse and the reception and administration staff. We also spoke with six patients who used the service. We observed how patients were being cared for and reviewed comment cards

Detailed findings

where patients shared their views about the practice and their experiences. We also looked at documents such as policies and meeting minutes to support what staff and patients told us.

Are services safe?

Summary of findings

The practice had systems in place which recognised and supported patients who were at risk of abuse. We saw evidence that suitable checks had been undertaken for all staff prior to them working in the practice. There was appropriate equipment, medicines and procedures to manage patient emergencies. Staff were aware of policies and procedures in place for reporting serious events, accidents, errors, complaints and for safeguarding patients at risk of harm. Incidents were investigated and acted upon and any learning shared with staff to remove or reduce any future risk.

Infection prevention and control was effective and staff were aware of their roles and responsibilities.

Our findings

Safe patient care

Systems were in place to ensure that GPs and nurses were aware of risks within the practice. Senior members of staff were responsible for reviewing complaints. An accident and incident book was available and staff were aware of how to report incidents. The GPs met regularly to discuss any issues as they arose. Any decisions or new arrangements were either discussed at staff meetings or emailed to all staff, depending on urgency.

Staff noticeboards gave clear details about the local safeguarding processes, including a website and telephone number for reporting concerns.

Learning from incidents

We saw evidence that staff recorded incidents that occurred within the practice. The practice used a proforma that noted but did not detail what had occurred. We saw that actions and learning were recorded in minutes of meetings and patient records.

Practice meetings were held weekly to discuss issues as they arose. An example of this was to assist with the reduction of hospital admissions for diabetics by sending a nurse to take a blood test. Any areas of concern were identified and a follow up visit from the GP was arranged. We saw documentation that showed the practice involved other agencies, for example community nurses.

Safeguarding

The practice had a GP lead for safeguarding adults and children. All staff had received training in this area and understood their roles and responsibilities with regards to protecting patients from abuse or the risk of abuse. We saw guidance and flow charts on how to report safeguarding issues in each of the consultation rooms. The GP gave an example of when a receptionist had identified a patient at risk and escalated this information appropriately for a safeguarding alert to be made.

We were told the practice had alerts of vulnerable patients on their individual files. These alerts were also cross referenced in other family members' records enabling staff to be aware of any issues when they attended the practice for an appointment.

Staff told us that patients on the adult and child safeguarding register were reviewed and discussed at a

Are services safe?

monthly multidisciplinary team meeting. The lead GP also met with the health visitor every three months to review children up to four years of age. Domestic violence incidents were also recorded and referrals made to the Multiagency Risk Assessment Service.

Monitoring safety and responding to risk

There were arrangements in place to deal with emergencies. Emergency medicines were available as well as oxygen and an automated external defibrillator (AED) and ventilation (breathing) equipment for adults and children. This emergency equipment was stored centrally in the practice for easy access. We saw records confirming that all staff had undergone emergency life support training. Staff had also received training on how to deal with emergency responses for patients when speaking directly to them over the telephone during a crisis.

An anaphylaxis pack was available and clinical staff had received training on this. Anaphylaxis is a serious allergic reaction that is rapid in onset and requires emergency treatment.

Staff told us that they felt confident that they could respond in the event of an emergency. Each consultation room had a panic alert button. Staff also showed us other safety systems they could use if there was an emergency of any kind that would summon other staff to assist.

Medicines management

The practice had a GP who was the lead for medicines. All medicines were stored in a locked cupboard in a treatment room. It was the responsibility of a healthcare assistant to check the stock lists and expiry dates weekly, and keep a log. Two refrigerators were available for the storage of vaccines. The nurse checked and recorded the temperatures twice daily. Staff recognised the importance of storing vaccines at the correct temperature ensuring patients received effective medicines. They told us that any abnormal temperature readings would be reported to the practice manager for action to be taken.

The practice had a nurse practitioner who had completed a two year prescribing course and was able to prescribe some medicines. They told us about the medicines they could prescribe for patients and understood their professional limits and when to refer the patient to a GP.

Patients could order their repeat prescriptions either on line or in person at the surgery. We spoke with the staff member responsible for repeat prescription ordering and they told us that medicines were reviewed by the GP every six months.

Cleanliness and infection control

A practice nurse was the lead for the infection control. There were policies and procedures in place and regular audits were undertaken to ensure cleanliness was maintained and consistent throughout the practice. We looked at areas where care and treatment was delivered and found them to be clean and clutter free.

The practice had two treatment rooms that were used by the GPs, all work surfaces and examination couches could be thoroughly cleaned and we were told that this was carried out after each patient. Each treatment room had a sink for hand washing with a supply of liquid soap and paper towels. There was a supply of aprons and disposable gloves and foot operated waste bins. Nurses told us that most equipment was single use but where items were sent away for sterilisation we saw effective auditing procedures were in place to reduce the risk of cross infection.

The rooms used by the practice nurses all had surfaces could be thoroughly cleaned. There was a hand washing policy with guidance visible above the sinks, we saw that each nurse was audited in hand washing techniques each year.

The GP consultation rooms each had an examination couch with disposable curtains that were used for privacy, and protective paper covering for preventing the spread of infection. Each had a separate hand washing sink with soap dispenser and paper towels. The rooms we looked at were visibly clean.

There was a cleaning schedule for the practice and we saw that the waiting areas and treatment rooms were clean. Infection prevention control procedures were in place.

Equipment

Fire alarms and equipment were tested and serviced on an annual basis. We saw records demonstrating that staff had received training in fire safety. First aid kits and emergency equipment were in working order and stored appropriately where they could be reached in an emergency.

Are services effective?

(for example, treatment is effective)

Summary of findings

Patient care was delivered in line with best practice. The practice had systems in place to ensure that the service was monitored and ways for improving the service for patients were explored. The GPs worked with other healthcare providers to ensure that patients received effective care. Patients were offered relevant advice, treatment and support.

Our findings

Promoting best practice

Patient care and treatment were delivered in line with best practice. Staff told us that they applied national guidelines such as those developed by the National Institute for Health and Care Excellence (NICE) in the treatment and support of patients. All GPs and nurses at the practice had attended training in the Mental Capacity Act 2005 (MCA). Staff were confident in their knowledge of consent and the importance of assessment of capacity and the application of the law.

Management, monitoring and improving outcomes for people

We saw evidence that audits had taken place to monitor the service. For example we saw that antibiotic medicine had been audited for its effectiveness in a named illness. A full audit of the cycle had taken place which had resulted in the GPs prescribing more of these particular tablets for patients. This meant that patients received effective treatment based on clinical evidence.

The practice participated in benchmarking programmes nationally and locally. This included Quality and Outcomes Framework (QOF); The QOF was introduced in 2004 as part of the general medical services contract and was a voluntary scheme for GP practices in the UK. The QOF helped practices compare the delivery and quality of care they provide against the achievements of previous years.

The clinical staff we spoke with knew the areas of lower achievements, which included hospital referrals and repeat prescribing. We saw documented actions plans to improve the achievements. For example, high level of referrals in areas such as cardiology.

Staffing

The practice had written guidance to support the recruitment and selection process of staff. In files, we saw candidates were asked to provide documentation to verify their identity and qualifications. We also saw that a criminal records check had been carried out through the Disclosure and Barring Service (DBS).

The nursing staff received their appraisal from a GP at the practice. The nurse told us that they had the opportunities to update their knowledge and skills and complete their continuing professional development in accordance with the requirements of the Nursing and Midwifery Council.

Are services effective?

(for example, treatment is effective)

Working with other services

The GPs worked with other healthcare providers to ensure that patients received effective care. The district nurses and midwives shared the same building so were easily accessible. The practice also used a computer system which allowed access by the community teams and social services so a streamlined service could be provided.

There were also links with the local safeguarding teams for adults and children; this promoted good understanding of roles and good communication.

Health, promotion and prevention

Information about health promotion and prevention was readily available to patients in the form of pamphlets, large print notices and printed sheets in the reception area, around the waiting room and corridors, and on the practice website. These included information on how to recognise signs of or prevent illness.

The practice offered clinics for patients with diabetes, respiratory problems and other conditions where health promotion discussions were part of the treatment plan. Screening clinics were held for conditions such as the early detection of diabetes and high blood pressure.

Are services caring?

Summary of findings

The service was caring. Patients described the staff as helpful and friendly. The receptionists had a warm and friendly approach to patients and visitors. We saw information leaflets and posters giving information on health and wellbeing were available in the waiting areas. Patients told us that they were involved in decisions about their treatment

Our findings

Respect, dignity, compassion and empathy

We spoke with six patients on the day of our visit and received complimentary comments about the practice. Patients told us the reception staff were always helpful and friendly. We were told by a new patient that they were able to see a GP of their choice.

The practice was used for training GPs and patients told us they were always asked permission for a trainee to be present during their consultation. .

We observed the reception staff being courteous to patients arriving for treatment. Patients had the option of checking themselves in using the computer system or speaking with the receptionist. The computer system allowed patients, whose first language was not English, the opportunity to check in using their preferred language.

The waiting rooms were arranged away from the reception area which meant that patients could not over hear what was being discussed. There was a notice informing patients that a confidential area was available for private discussion if they required it. The reception staff however told us that they did not often use the dedicated area but used the other side of the reception as there was a computer there so that the patents records could be accessed and notes made whilst talking with the patient.

Access to the practice was through automatic doors. The reception and treatment rooms were all on the first floor and could be accessed by a flight of stairs or by a lift that was large enough to accommodate wheelchair users and pushchairs. Each GP had their own waiting area with chairs of varying heights and arms to assist mobility.

There was signage in the reception and each of the treatment rooms informing patients that they could request a chaperone (a person of their choice to accompany them) when being seen or treated by their GP. The patients we spoke with were aware of being able to use this service.

Staff responded to the needs of patients. We saw a patient arrive requesting to see a nurse to have a dressing on a wound changed because it was painful. The nurses were fully booked but the receptionist arranged for the patient to see a GP instead.

Are services caring?

We asked the staff about the confidentiality policy. Staff told us that they had been given the policy at the time of recruitment and they had signed and dated it to show they had read and understood it.

Involvement in decisions and consent

Patients we spoke with told us that they were involved in the decisions about their treatment. Patients told us the GPs explained any treatment and fully involved them in the process. They told us that they were always asked for their consent before treatment was given.

We saw that there were diagrams on consulting room walls to support GPs in giving explanations. A hearing induction loop system for patients with hearing difficulties was available. We were shown minor operation consent forms and formal consent procedures which included alternative options for treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice was responsive to patients' needs. The services provided enabled patients to access the care they needed promptly and efficiently. The practice had systems which ensured patient's views were listened to and acted upon. The practice had arrangements in place to ensure that it could meet the demand and needs of its patients with minimal delay. Staff were aware of arrangements in place for responding to medical emergencies that may arise. The service was accessible for patients with mobility difficulties or with young children.

Our findings

Responding to and meeting people's needs

Patients we spoke with were satisfied with the service they received. They told us that the staff always tried to do their best. The practice had systems in place to ensure that patients' views were listened to and acted upon. The annual patient survey conducted by the patient participation group indicated that they were satisfied with the services provided by the practice.

The practice recognised the diversity of their patients and responded well to their individual needs. The receptionists told us that a translation service was available if required.

Although the practice did not have a named GP policy they had an informal list and tried to see the same patients. The GPs told us this assisted them in providing support and continuity of care for patients. The practice was in the process of identifying vulnerable patients and sending them a letter to advise them of their named GP.

Access to the service

The practice had an appointment system whereby patients could make an appointment by telephoning or calling in person at the practice. Urgent cases would be seen on the same day, and non urgent appointments would be at the next mutually agreed time.

Patients we spoke with told us that they did not have to wait to long for an appointment and that they would always be seen if it was an emergency. They told us they might have to see a different GP and not the GP of their choice and they understood that. Patients told us that the practice sent texts as a reminder of their appointment.

Consultations could be held over the telephone after the morning surgery. The practice started surgery earlier one day a week and ended later on another to allow patients flexibility of access to appointments.

Staff had access to local services, the community nurses and midwives, were based on the floor above the practice. We saw posters and literature on the wall in reception that sign posted patients to other care agencies if they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

Concerns and complaints

The complaints policy was displayed in the reception area. A senior staff member was responsible for reviewing complaints and we saw a review that demonstrated the practice took patients complaints seriously and acted upon them.

We looked at the recent complaints that had been received and saw that the practice responded in a timely way. We saw documentation where, following a complaint, a patient was invited into the practice for a meeting with the practice manager and a GP. The minutes demonstrated the matter had been resolved.

Are services well-led?

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

Summary of findings

The practice was well led. There was a clear leadership structure and processes in place to keep staff informed. There were regular meetings for all staff, this was to maintain and improve upon patient care. Staff told us they felt valued and well supported. They said they were able to give their views on any improvements. Patients gave positive feedback on the care provision of this practice.

Our findings

Leadership and culture

The practice had a clear leadership structure. The practice had a written mission statement that specified the aim of achieving a professional, caring, and friendly service. There were regular meetings and planned training events to achieve this. All staff we spoke with were very satisfied with the working environment and the support they received from their colleagues and felt that they could contribute to continually improving the practice.

Governance arrangements

Staff were aware of their role and responsibilities for managing risk and improving quality. The GPs at the practice each had a lead role in areas such as safeguarding, medication, and education. Nursing and administration staff were given lead roles in areas such as infection control and premises. Regular meetings were held and we saw meeting minutes that described how the practice discussed any issues as well as any developments that were needed.

Systems to monitor and improve quality and improvement

The senior partner was responsible for the Quality and Outcomes Framework (QOF). QOF is a means of measuring, collecting and monitoring information to meet nationally recognised standards for improving patient care and maintaining quality. We saw that the staff also looked at the results from patient surveys, complaints and informal feedback to develop a "SWOT" analyses. A SWOT identifies were the practice feels that they have their strengths, weaknesses, opportunities and threats. Staff at the practice had a half day away day to look at the results and prioritise their improvement plan.

The practice is a training practice and is inspected by the Deanery every three years to ensure quality patient care and treatment. We saw that the last inspection rated the practice as a "double green" which is an indicator of very high quality patient care and treatment.

Patient experience and involvement

The surgery used a variety of strategies to collect patient views on the service. The practice and the patient participation group (PPG) conducted an annual patient

Are services well-led?

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

survey. We noted the patient survey allowed patients to provide feedback on how they booked their appointments, how easy it was to obtain test results and comment on confidentiality at reception. The responses were positive.

During our inspection we met with a representative of the PPG. They informed us that the group met two to three times a year but if the need arose additional meetings could be arranged, this showed a flexibility and willingness to meet demand.

The group consisted of patient representatives and the practice manager. We were told that a GP was going to join at the next meeting. The group were also exploring different ways to attract new members through a newsletter.

The representative felt that as a group their opinions were valued and they had a real role to play in moving the practice forward.

Staff engagement and involvement

Staff we spoke with told us they felt engaged with practice issues. They told us they could suggest ideas for improvement or concerns at their staff meetings. Staff told us that important information was reported back promptly. All of the staff we spoke with were satisfied with their involvement at the practice.

We saw that the practice had a whistleblowing policy and staff we spoke with told us that they knew about the policy and would know how to use it.

Learning and improvement

The senior GP was the lead for education at the practice and made arrangements for the trainee GPs. The practice manager showed us a spread sheet that demonstrated staff had completed a range of training in relation to their role. Staff told us that they had educational meetings on a regular basis where speakers would come to the surgery. The nurses were given five days each year to study and remain up to date with topics that were relevant to their jobs. For example respiratory diseases and diabetes training.

We saw records that demonstrated that staff had an individual appraisal carried out by their manager Quality assurance was monitored by case reviews with one of the partners. Staff told us that they felt supported with their training needs.

Identification and management of risk

The practice had systems in place to evaluate patient complaints and significant clinical events. Risk assessments were undertaken to identify the risks to patients and staff. Where risks were identified, action plans were developed. We saw a range of risk assessments, which included infection control and fire safety.

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

Nursing staff were trained in the treatment of physical conditions that affected older patients.

Our findings

All patients over the age of 75 years were offered an annual health check. For patients unable to attend the practice in person the practice had allocated 12 hours a week for a healthcare assistant to visit older patients who were housebound.

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 supported patients with long term conditions such as respiratory disease and diabetes by offering screening, treatment and information. Regular monthly clinics were held for patients with long term conditions.

Our findings

The practice offered screening, treatment and information to support those with long-term conditions such as respiratory disease and diabetes. GPs in the practice had areas where they took a specialist interest and lead roles, for example epilepsy, depression and osteoporosis. Regular monthly clinics were held for patients with these long-term conditions. The nurses also held monthly clinics to provide support to patients in the management of their condition, they included regular monitoring and testing and to give advice on diet and healthy lifestyles.

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 supported mothers, babies, children and young patients by working with other healthcare providers to provide maternity services and clinics for young children.

Our findings

All GPs provided maternity medical services, together with the practice midwife. Antenatal patients were seen as soon as possible after having their pregnancy confirmed.

The practice provided an immunisation service to young children. They offered a counselling service to parents with the GP, nurse, or health visitor when parents had concerns about the safety of immunisation for their children.

The practice carried out regular developmental checks on babies at eight weeks, eight months and then 18 months.

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

The practice supported patients of working age and those recently retired by having extended opening hours. The extended hours allowed patients to see the GP or have tests and health screening from the nurses outside regular working hours. Regular blood pressure monitoring and health screening was available.

Our findings

The practice supported the working age population and those recently retired by providing screening services for common conditions. They offered a flexible appointment system and access to information and services, such as being able to order repeat prescriptions via the internet. The practice is open from 8:30am until 6:30pm Monday to Friday with an earlier start time of 7:30am on Thursday and a longer surgery until 8pm on Wednesday evenings. These extended hours allowed patients to see the GP or have tests from the nurses outside of regular working hours. Regular blood pressure monitoring and health screening was available to promote early detection of illness or disease.

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

The practice had procedures in place to assist patients to contact the practice.

Our findings

We asked the practice whether they would be able to arrange an appointment for a patient who had no home address. Staff said they would ask the duty GP to see them, and would complete the temporary resident (TR) form.

Staff told us how they cared for homeless patients needing assistance. Staff explained that a GP and administrator had become the contact link for the patients to ensure their prescriptions were renewed.

For families, where English was not their first language the practice provided an translation service

The health visitor had a clinic where they saw children from travelling families.

People with a learning disability were encouraged to attend the practice for appointments. If they were unable to do so the GP attended their home to carry out physical health checks.

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

The practice supported patients with mental health problems and ensured that staff were aware of the Mental Capacity Act 2005.

The GPs were able to offer a referral and appointment with a trained psychologist or counsellor in the practice.

Our findings

The patients could also access the benefits of psychologist or counsellor that worked part time within the practice.