

Ilkley and Wharfedale Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Ilkley and Wharfedale Medical Practice on the 24 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to fire safety checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day and general appointments by the next day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice including:

- Weekly warfarin drop in clinics run at the practice to ensure local access to services.
- Access to appointments was exceptional with on the day or next day appointments being available to patients as routine. Emergencies were always accommodated on the same day by effective triaging.
- Effective collaboration with the multi disciplinary team (MDT) and community matron and prompt responses to patient need had lowered the A&E admissions rate at the practice.

However there were areas of practice where the provider needs to make improvements.

Summary of findings

Importantly the provider should

- Ensure all necessary medications and equipment stored for emergency procedures are in place.
- Ensure a monitoring record of clinician's professional registration is in place.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Weekly warfarin drop in clinics run at the practice to ensure local access to services.
- Access to appointments was exceptional with on the day or next day appointments being available to patients as routine. Emergencies were always accommodated on the same day by effective triaging.
- Effective collaboration with the multi disciplinary team (MDT) and community matron and prompt responses to patient need had lowered the A&E admissions rate at the practice.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Good



- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- We saw that patients were well supported with their health promotion and long-term conditions.

Are services well-led?

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

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs in addition to priority telephone access to their named GP.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice holds a weekly diabetic clinic and links to podiatry, retinal screening and a dietician to support diabetic patients at the practice. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, school nurses and health visitors.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had

Good



Summary of findings

been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering telephone consultations and online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They also offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia) with 92.6% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. A consultant psychiatrist for older patients with mental health difficulties held regular clinics at the practice. The practice was a 'Dementia Friendly' practice with staff undertaking additional training in Dementia awareness as part of the Alzheimer's dementia community's campaign.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing well in comparison to local and national averages. Of 264 surveys distributed (The patient list size was 4430) there were 124 returns representing a response rate of 47%. Which represents 2.8% of the practice population:

- 99% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 86% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 86%.

- 98% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 88% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were very positive about the standard of care received. We did receive negative comments, one comment related to the difficulty in getting through on the telephone and the second to not always getting the GP of your choice. We discussed these with the practice manager who assured us that they strove to ensure easy access to appointments and preferred GP when available.

Ilkley and Wharfedale Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector and a GP specialist adviser (SPA) and a practice manager SPA.

Background to Ilkley and Wharfedale Medical Practice

Ilkley and Wharfedale Medical Practice is located in the centre of Ilkley. They have 4430 registered patients. They have a higher than national average population of patients aged over 45-85 years.

The practice provides General Medical Services GMS under a contract with NHS England. The practice is also contracted to provide a number of enhanced services, which aim to provide patients with greater access to care and treatment on site. They offer enhanced services in; remote care monitoring, childhood vaccinations and minor surgery.

There are four GPs, two male and two female, two female practice nurses. These are supported by a practice manager and an experienced team of reception/ administration staff. The practice has a long history of being a training practice for future GPs.

The practice is open between 8am and 6.00pm Monday to Friday. When the practice is closed, out-of-hours services are provided by Local Care Direct.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national GP patient survey.

We carried out an announced inspection on the 24 November 2015. During our visit we spoke with three GPs, a practice nurse and two reception/ secretarial staff and the practice manager. We also spoke with two patients and two representatives from the patient participation group PPG. We reviewed 49 CQC comment cards where patients shared their views and experiences of the practice.

Detailed findings

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, where medication was dispensed in error the practice reviewed the incident and looked at how staff could be better supported in the practice to manage the dispensing of medication safely.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and always provided reports where necessary for other agencies. Staff provided examples of the action they had taken in the protection of children and vulnerable adults and were aware of their responsibilities. All staff had received training relevant to their role and to the required level.
- A notice was displayed on each surgery door, advising patients a chaperone was available, if required. All staff who acted as chaperones were trained for the role and

had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice had completed their own fire risk assessment in 2015, had a fire procedure in place and fire extinguishers were annually serviced.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Recruitment checks were carried out and the two files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service.
- We noted however that whilst registration with the appropriate professional body was recorded during recruitment, systems were not in place to continually check professional registrations. We discussed this with the practice manager who told us that they would put this system in place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- We checked medicines stored in the dispensary, treatment rooms and medicine refrigerators. We found that storage was safe and secure, and medicines were

Are services safe?

within their expiry dates. Medicines were stored at the correct temperature so that they were fit for use. The temperature of the medicines refrigerators were monitored daily.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We did note however that whilst all medicines were regularly checked that they were fit for use some emergency medication and the paediatric defibrillator pads were omitted. We discussed this with the practice manager who arranged for these to be put into place with immediate effect.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers essential services and for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed;

- Percentage of diabetes patients who had a blood pressure reading in the last 12 months were 94% above the national average at 78%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included the auditing of Atrial Fibrillation and Warfarin prescribing at the practice. Information about patients' outcomes was used to make improvements such as; a reduction in the overall prescribing rates.

The practice had identified patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were

documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. Emergency hospital admission rates for the practice were low at 2-3% compared to the national average.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice had a strong working relationship with the community teams including the community matron, district nurses, health visitors, midwives, and community psychiatric nurses. Patients had access to a mental health teams and also a range of counselling services.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received training that included: safeguarding, basic life support and infection control. Staff had access to and made use of e-learning training modules and in-house training. Regular training was provided at the monthly 'protected learning time' PLT sessions and included areas such as confidentiality and dementia.
- Additional nursing staff had been recruited to provide increased flexibility to appointments and service provided.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

The practice worked with other service providers to meet patients' needs and manage those patients who had complex needs. It received blood test results, X-ray results, letters and discharge summaries from other services, such as hospitals and out-of-hours services, both electronically and by post. All staff we spoke with understood their roles and responsibilities when processing the information.

There were systems in place for these to be reviewed and acted upon where necessary by clinical staff.

The practice held monthly multidisciplinary team (MDT) meetings and integrated care meetings to discuss the needs of patients with complex needs. For example, those with multiple long term conditions, mental health problems, end of life care needs or patients who were vulnerable or at risk. These meetings were attended by a range of health and social care staff, such as health visitors, palliative care nurse, social care, community care navigator, community matron and members of the district nursing team.

The practice had good links with the community Matron who told us that the GPs and nurses worked consistently with good knowledge of their individual patients particularly the acutely ill. Positive working alongside the community matron had been instrumental in lowering the A&E admissions rate for the practice. The practice had an A&E admissions rate of 3% compared with a national rate of 14.4%.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Weekly warfarin drop in clinics run at the practice to ensure local access to services.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and patients with mental health needs. Patients were then signposted to the relevant service, for instance patients with mental health needs were referred to a local mental health services in Keighley. Patients who may be in need of extra support, for instance, carers were also identified by the practice and signposted to advocacy and support groups such as the 'carer's resource' group.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 91.9%, which was above both the CCG average and national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

A health care navigator was linked to the practice and provided support to patients with their health and social needs in the local community. The practice had supported

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

patients with health promotion by providing smoking cessation advice, weight management and along with the PPG had provided regular exercise classes and self-help guidance.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

The majority of patients said they felt the practice offered an excellent service and staff were helpful and caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 86% would recommend this surgery to someone new to the area compared to the CCG average of 81% and national average of 75%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 91% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations including advocacy and carers support groups.

The practice was a 'Dementia Friendly' practice with staff undertaking additional training in Dementia awareness.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register for all people who had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example providing additional support to house bound patients, with the provision of nursing and phlebotomy services for patients at the practice.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for vulnerable people with long term conditions, mental health needs or a learning disability.
- Home visits were available for older patients and patients with long term conditions.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop, braille signs and translation services available.
- Baby changing facilities and a breast feeding room were provided if required.

Access to the service

Appointments were from 8.00am to 6.00pm daily. In addition to pre-bookable appointments that could be booked up to six months in advance, scheduled appointments were available the same day or the next and urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 90% of patients who were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 99% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 73%.
- 88% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system for instance information was available on the web site and in the practice leaflet which explained the complaints process. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. These had all been dealt with in line with the practice policy, identifying action taken and any lessons learned. We were informed shared learning from these was discussed with staff at practice meetings

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice improved the way in which they responded to families when bereavement occurred.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- Evidence of clear succession and resource planning.

Leadership, openness and transparency

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular weekly monthly team meetings were held and protected learning time was put in place for all staff. Staff explained that there was an open culture

within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff confirmed they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example improvement had been made to patient's access to appointments with the nurse due to staff ideas and input.

One of the partner GPs was chair of the local CCG and GPs attended further Professional network meetings. GPs also had Individual specialisms and interests in areas such as Child Health and Neurology and provided external training to Universities in the area. The practice also had good links with local teaching hospitals and provided regular training opportunities and mentorship to trainee GPs.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through its own patient survey and by working with the patient participation group (PPG). The PPG were active and worked in collaboration with the practice. For example the practice along with the PPG provided a newsletter to the patients to keep them up to date and informed. The PPG had also worked with the practice in providing new seating a more effective display of health promotion information in the waiting area.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice held regular meetings and staff said they were encouraged to raise items on the agenda. The practice had also gathered feedback from staff through individual appraisals and staff meetings and discussion.