

# Mayfield Medical Centre

## Quality Report

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Date of inspection visit: Tuesday 17 May 2016

Date of publication: 29/06/2016

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

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mayfield Medical Centre

on 17 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and 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.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:



# Summary of findings

- While the practice had safety records, incident reports and patient safety alerts it was not clear how the lessons from such incidents were shared in order to improve the safety in the practice.

We saw areas of outstanding practice:

- The practice had a 'Virtual Surgery' where patients can visit the electronic GPs and get advice on a range of the most common ailments.
- The practice offered clinics who suffered chronic pain. A GP was involved in the British Pain Society paper on 'Language specific and culturally adapted pain management programme'. This enabled a

better understanding of a patients culture specific social relationships on how to advise GPs on how to communicate pain experiences. The paper was published in December 2015. This has helped patients move from dependence on pain medication and self-management.

- The practice worked with Bradford District Care Trust to support women who had mental health problems. It was the only practice that offered support to women from outside of Bradford.

**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 a system in place for reporting significant events
- The business development, enterprise and finance manager told us that lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received appropriate support, truthful information, and a written apology. They were 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 patients safe and safeguarded from abuse.
- We reviewed safety records, incident reports and patient safety alerts. We did not see evidence that lessons were shared and action was taken as a result of these to improve safety in the practice.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the CCG and national averages.
- 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 staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care. of those who responded
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice has had a number of patients that never visit the practice. These patients are managed at home and the practices services are offered in the comfort of these patients homes.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered a walk in rapid access appointment system every morning 9am to 10.30am.
- The practice offered a 'Virtual Surgery', this was an innovative way for a patient to access through the practice website information regarding common conditions e.g. back pain, fit notes, colds and congestion and sore throats. The GP partners were on screen talking about these conditions as though the patient was in the surgery giving advice and information. The nurses and nurse practitioners had also recorded videos on health issues e.g. hypertension. There was also a section for the Patient Reference Group, and the link takes the patient through the surgery being able to access various areas including meet the team, links to current health information and links to support organisations.

Good



## Are services well-led?

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

Good





# Summary of findings

- The practice 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 it.
- 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. There were systems in place for notifiable safety incidents and information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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

Good



The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The integrated care team met quarterly to discuss complex patients.
- The practice had a regular round of visits to patients in residential and nursing homes.

### People with long term conditions

Good



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 had 82% of the patients on the practice's diabetes register were seen in the 12 months to April 2015. This compared with the national average of 79%.
- Longer appointments and home visits were available when needed e.g. mothers and children.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

Good



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



# Summary of findings

- 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 average 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.
- The cervical screening rates for women was comparable with other practices nationally. Appointments were available outside of school hours and on occasional Saturday mornings. The surgery premises were suitable for children and babies.
- We were told about positive examples of joint working with midwives, health visitors and school nurses.
- The practice is a 'Breast Feeding' friendly practice, signs were visible in waiting areas informing patients and this was communicated verbally to mums.

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

Good



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 been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was open two Saturday mornings per month to meet the needs of patients who found it difficult to access the practice on weekdays.

## People whose circumstances may make them vulnerable

Good



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 homeless people, travellers and those with a learning disability.



# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

**Good**



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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.



## Summary of findings

- The practice worked with Bradford District Care Trust to support women who had mental health problems. It was the only practice that offered support to women from outside of Bradford.



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above the local and national averages. There were 323 survey forms distributed and 119 were returned. This represented a response rate of 37% and equated to 2% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients commented that the practice open morning 'Rapid Access' surgery was brilliant and staff are always friendly and respectful.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. In the latest Friends and Family test (April 2016) 95% of patients said they were extremely likely or likely to recommend this practice.

One of the patients we spoke with did not have English as a first language. The patient was spoken to in Hindi and felt that the GP at the practice was very considerate and as they were able to speak Hindi was better able to care for the patient with dignity and respect.

## Areas for improvement

### Action the service **SHOULD** take to improve

- While the practice had safety records, incident reports and patient safety alerts it was not clear how the lessons from such incidents were shared in order to improve the safety in the practice.

## Outstanding practice

- The practice had a 'Virtual Surgery' where patients can visit the electronic GPs and get advice on a range of the most common ailments.
- The practice offered clinics who suffered chronic pain. A GP was involved in the British Pain Society paper on 'Language specific and culturally adapted pain management programme'. This enabled a better understanding of a patients culture specific social relationships on how to advise GPs on how to

communicate pain experiences. The paper was published in December 2015. This has helped patients move from dependence on pain medication and self-management.

- The practice worked with Bradford District Care Trust to support women who had mental health problems. It was the only practice that offered support to women from outside of Bradford.



# Mayfield 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 adviser and a practice manager specialist adviser.

### Background to Mayfield Medical Centre

- Mayfield Medical Centre is located in the Clayton area of Bradford under a Personal Medical Services (PMS) contract. The practice has on-site parking and disabled access. It is located near to local shops and bus routes.
- The practice has:-
  - Two GP partners, two advanced nurse practitioner, four nurses, one HCA, and 12 administration staff.
  - Three female and one male GP.
- Opening time and appointment times:
- The practice is open between 8am and 6pm Monday to Friday and two Saturday mornings per month. Also two late evening surgeries per month until 8pm.
- During out of hours Local Care Direct 111 for urgent services.
- The practice serves 6,653 patients mainly working age population.
- The practice serves a mainly white British population (82%) with a smaller percentage (18%) being of South Asian origin.

### Why we carried out this inspection

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 May 2016. During our visit we:

- Spoke with a range of staff (GPs, receptionists and nurses, year four medical students and an advanced care practitioner Paramedic) and spoke with patients who used the service.
- Observed how staff interacted with patients in the reception and waiting areas.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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?



# Detailed findings

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

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

- 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).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the business development, enterprise and finance manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had not carried out analysis of the significant events between March 2015 and 2016.

While the practice had safety records, incident reports and patient safety alerts it was not clear how the lessons from such incidents were shared in order to improve the safety in the practice.

We were told about some learning that took place. For example:-

The computer algorithm used by the practice to calculate a patient's cardiovascular risk was incorrect. As soon as this became apparent via an alert staff implemented searches to identify those patients affected. The potential risk for patients was that the doctors had started them on a medication which could have potential side effects. At the time of inspection the practice were due to meet to discuss further appropriate action.

A national alert was sent out by NHS England following a tragic case in which a patient died prompted the practice to reacquaint itself with the National Early Warning Score and to use this as a means of ensuring out of hours services are aware of patient needs.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. 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 (last one was dated March 2016) were planned and we saw evidence that actions were recorded to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and



## Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

- Rotas were timetabled two months in advance, and discussed weekly at the clinical meeting with all clinicians present. This ensured adequate cover was in place, or identified if a locum was required. Whenever possible, the practice maintains three clinicians working for the RAC (Rapid Access Clinic) 9-10.30am. An acute clinical service is available in the afternoon for any patients who need to be seen on the day, which was not suitable for RAC. The practice operated a safe and effective staffing rota, including the nursing team, ensuring that patients were seen in a timely manner.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice received MHRA drugs alerts into the practice via a CCG 'Weekly Highlights' mailing which had a section on 'Medicine Management'. These updates were also available on the CCG intranet accessible via the practices intranet.

The clinical team discussed relevant updates at weekly GP clinical meetings. The in-house prescribing Pharmacist was involved in medication changes and safety audits related to prescribing.

NICE guidelines were discussed at clinical meetings.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with exception reporting at 7%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed:

- Performance for diabetes related indicators was 85% which was just below than the national average of 89%.

- Performance for mental health related indicators was 100% which was better than the national average of 94%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits and surveys completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example:-
- Audits – UTI (Urinary tract infection), the practice completed a full audit of the incidence, diagnosis and management of a common presentation to primary care. Urinary tract infections (UTIs) can vary in their severity. The GP conducted an audit to establish if there was uniformity in the way clinicians treated UTIs. Criteria from SIGN (Scottish Intercollegiate Guidelines Network) were used as the standard. Pre-audit information suggested there was much variability in assessment and management of UTIs. An 'auto-consultation' was utilised in the clinical software to standardise what was good practice according to guidelines. The clinicians found the intervention easy, quick and very useful. Consultations became more efficient and thereby freeing up time for more patient face to face contact.
- Tonsillitis, the practice conducted an audit looking at prescribing in tonsillitis and whether the correct antibiotics were prescribed at the right dose and duration. The main improvements that were identified related to the duration of the script which should have been 10 days instead of the seven days most clinicians prescribed. This had improved as a consequence of the audit when its findings were presented to clinicians.
- The practice participated in research through engaging in Bradford Healthy Hearts a cohort of patients with ischaemic heart disease/stroke patients who had premature cardiovascular risk were highlighted. Patients were identified and were given the choice to either be anticoagulated or not.
- Findings were used by the practice to improve services. For example, an external consulting team and GP with a specialist interest in cardiology attended the practice to discuss stroke and Atrial fibrillation management.



# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes, such as the reduced mortality risk, was used to educate clinicians (via protected learning times) and patients (website).

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice showed that they ensured that staff had role-specific training and that this was updated for staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff had been trained with respect to safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients nearing the end of their lives were supported by the practice. As well as those at risk of developing a long-term condition and those requiring advice on their healthy eating, smoking cessation and alcohol reduction. Patients were signposted to the relevant service.
- The practice offered patients a variety of clinics and services both clinical such as Anti-coagulation and Mental Health support and non-clinical services including debt management, improving access to services and physiological therapy and supporting their overall wellbeing.
- The practice offered pain clinics. A GP was involved in the British Pain Society paper on 'Language specific and culturally adapted pain management programme'. This enabled a better understanding of a patients culture



# Are services effective?

(for example, treatment is effective)

specific social relationships on how to advise GPs on how to communicate pain experiences. The paper was published in December 2015. This has helped patients move from dependence on pain medication and self-management.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from:-

April 15 – June 15 2yr = 90% 5yr = 90%

July 15 – Sept 15 2yr = 90% 5yr = 90%

Oct 15 – Dec 15 2yr = 90% 5yr = 90%

Jan 16 – Mar 16 2yr = 90% 5yr = 70%

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

The practice offered a 'Virtual Surgery', this was an innovative way for a patient to access through the practice website information regarding common conditions e.g. back pain, fit notes, colds and congestion and sore throats. The GP partners were on screen talking about these conditions as though the patient was in the surgery giving advice and information. The nurses and nurse practitioners had also recorded videos on health issues e.g. hypertension. There was also a section for the Patient Reference Group, and the link takes the patient through the surgery being able to access various areas including meet the team, links to current health information and links to support organisations.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We observed GPs and nurses greet patients in reception when they were invited to attend their appointment, this showed that both clinical and non-clinical staff were approachable and responsive to patient's needs.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient reference group (PRG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 felt they were treated with compassion, dignity and respect. The practice was at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

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

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation and interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.



## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 patients as carers (2% of the practice list). All carers were invited

annually for a carers health check. Written information was available to direct carers to the various avenues of support available to them. A carer's resource visited the practice and had access to a private room to speak with patients.

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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example phlebotomy, smoking cessation and women's health services.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8:10am to 5:40pm daily. Also two late evening surgeries per month until 8pm were offered. Extended hours appointments were offered on occasional Saturdays until 1pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, 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 below the national average.

- 66% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 70% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The open morning walk in clinic was a popular choice for patients at the practice.

The practice offered a 'Virtual Surgery', this was an innovative way for a patient to access through the practice website information regarding common conditions e.g. back pain, fit notes, colds and congestion and sore throats. The GP partners were on screen talking about these conditions as though the patient was in the surgery giving advice and information. The nurses and nurse practitioners had also recorded videos on health issues e.g. hypertension. There was also a section for the Patient Reference Group, and the link takes the patient through the surgery being able to access various areas including meet the team, links to current health information and links to support organisations. The website is located at <http://www.thevirtualgp.co.uk/mayfield>.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice had spoken with patients to proactively manage the patient's expectations when waiting for results.



# 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 mission statement and staff knew and understood the values.
- 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 was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

The practice is currently undergoing a shadow merger in 2016/2017 with The Grange Medical Practice. This will result in joint practice learning time, an occupational psychologist which includes organisational development work, what the practice do well, what could improve, more access opportunities for patients, succession planning and future proofing.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice was currently mentoring a Paramedic in training for the role of Advanced Clinical Practitioner.
- The practice hosted Leeds University medical students, Primary Care Education Group nurse training, Huddersfield University advanced clinical practitioner training, elective students and year 13 school students for work experience.

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

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

- The practice had gathered feedback from patients through the patient reference group (PRG) and through



# Are services well-led?

Good 

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

surveys and complaints received. The PRG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

- The practice had gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice believed in consulting with staff at all times when reviewing systems and processes to ensure a whole team approach. Staff views and ideas to participate in discussions were actively encouraged and welcomed. Where any change was deemed necessary, for example where staff felt that they wished to influence a system or process this was added to a

meeting agenda, recent examples included a review of the flooring in the practice. The practice had also arranged team 'Away Afternoons' to discuss changes to practice systems.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and were planning improvements for the future. For example new flooring in all the clinical rooms and new windows in reception.

The practice was involved with many pilot schemes in the area, for example Bradford Healthy Hearts, Bradford Breathing Better, Bradford Beating Diabetes. They were part of team that won national award for Bradford Healthy Hearts. In addition the practice was the only service whose clinical champion was a practice nurse.

The practice had obtained the General Practice award in 2015, for Bradford healthy hearts.