

Bartlemas Surgery

Quality Report

Bartlemas Surgery,
East Oxford Health Centre,
Oxford,
Oxfordshire
OX4 1XD
Tel: 01865263120
Website: www.bartlemas.com

Date of inspection visit: 20 September 2016
Date of publication: 27/10/2016

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?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Bartlemas Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bartlemas Surgery on 20 September 2016. Overall the practice is rated as good. However, improvements were required in providing effective services. Our key findings were as follows:

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

- There was a system in place for reporting and recording significant events. Reviews of complaints, incidents and other learning events were thorough.
- Risks to patients were assessed and well managed.
- Staff assessed patients' ongoing needs and when they delivered care to patients it was in line with current evidence based guidance.
- The practice was performing well on most clinical outcomes in terms of national data. However, national data suggested patients did not always access reviews of their conditions or meet standards of managing their care in line with national guidance. This was challenging for the practice due to their patient population. The practice had a higher proportion of

patients from ethnic minority backgrounds, a transient population and the highest rate of diabetes in Oxford with over 500 patients on their diabetes register. However, national data had not been responded to in terms of driving improvement in care.

- Reviews of patients on repeat medicines were not always recorded properly to ensure this system was monitored properly.
- The practice planned its services based on the needs and demographic of its patient population.
- Staff were 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 their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient feedback in CQC comment cards suggested patients felt staff were caring, committed and considerate.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was an open culture and all staff groups were committed to the needs of the patient population. The partners included all their staff, patients and patient participation group in developing and improving the practice
- The provider was aware of and complied with the requirements of the duty of candour.
- There was an ethos of continuous learning and improvement.

Areas the provider must make improvements are:

- Identify, mitigate and improve the monitoring of patient care to ensure patients receive safe care and treatment. Specifically improve the number of patients

with mental health care plans, review and identify means of improving the take up of reviews of patients with long term conditions and improve the recording of medicine reviews.

Areas the provider should make improvements are:

- Provide policy guidance to staff on the Gillick competency assessment.
- Consider installing a hearing aid loop.
- Review and take action in respect of the lower number of patients stating they could get to see their own GP in the national survey.
- Improve the uptake of learning disability reviews.

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.

- Risks to patients were assessed and well managed.
- Lessons were shared to make sure action was taken to improve safety in the practice as a result of significant events.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- Equipment was checked and calibrated.
- There were health and safety policies in place.
- Medicines were managed safely.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services.

- The most recent published national clinical data showed 92% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice has a rate of 13% exception reporting compared to the national average of 9% and regional average of 10%. (Exception reporting is the removal of patients from national data).
- National clinical data figures from 2016 showed an improvement in overall exception reporting, at 10%. However, there was still 13% exception reporting rate for stroke indicators and 11% for hypertension. GP partners had not identified higher than average exception reporting as an area for improvement.
- Diabetes results in national data showed poor performance in 2015 and 2016. The practice had a high number of diabetic patients compared to national average.
- Clinical audits demonstrated quality improvement.
- There was a system for medicine reviews. However, these were not always recorded properly on the patients electronic record.. The practice had not identified any actions to improve the recording.

Requires improvement



Summary of findings

- There was a strong ethos of staff development and training. They 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.

- Data from the national GP patient survey showed patients rated the practice similarly or slightly higher than others for several aspects of care. This was despite having a transient population with some areas of deprivation which can make delivering services a challenge.
- Patient feedback from comment cards stated 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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 to secure improvements to services where these were identified.
- There were a diverse range of needs based on circumstance, ethnic background and health conditions. The practice worked hard to consider and plan its services to meet those patient's needs. For example, GPs were aware of the challenges for diabetic patients who took part in fasting during Ramadan and where necessary they offered changes in patients' medicines to assist with this time of year.
- Extended hours appointments with nurses were available on Saturday mornings.
- Appointments were available to patients when they needed them. National survey feedback was mainly positive about patient access to appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Complaints were formally reviewed to identify trends and ensure changes to practice had become embedded.

Are services well-led?

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

- The practice had a clear vision and staff were clear about the vision and their responsibilities in relation to it.
- There was a very open culture and all staff groups were committed to the need of the patient population. The partners included all their staff, patients and patient participation group in developing and improving the practice.
- 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. However, areas of lower performance in relation to long term conditions and medication reviews had not been identified or actions implemented.
- The practice had systems in place for notifiable safety incidents and ensured this 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 and involved by the partners and practice manager.
- There was a strong ethos of continuous improvement and learning. Staff were encouraged to undertake training and new roles where they wished to.

Good



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.

- The practice offered proactive, personalised care to meet the needs of the high proportion of older people in its population.
- GPs offered personalised care to patients in care and nursing homes.
- The premises were accessible for patients with limited mobility. However, there was no hearing loop available for patients with hearing difficulties.
- Patients over 75 had a named GP in order to maintain their continuity of care.
- Care planning was provided for patients with dementia.
- There was support provided for carers where necessary through referrals to external services and charities.

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 had appropriate training.
- Patients at risk of hospital admission were identified as a priority.
- The most recent published results showed the practice was performing well compared to national averages. However, there was poor performance in diabetes and many exemptions in national data where patients were not accessing the care reviews related to their conditions or having their conditions managed in line with national data.
- All these patients were offered structured annual review to check their health and medicines needs were being met. Exceptions were only made after being offered a review three times and the decision was made by a clinician.
- 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.

Good



Families, children and young people

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

Good



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 similar to average for all standard childhood immunisations.
- Staff explained how they treated children and young people in an age-appropriate way including recognition of their rights to access treatment.
- We saw positive examples of joint working with midwives and health visitors.
- Joint working with external organisations took place in the management of children at risk of abuse.
- The practice was aware of this risks regarding female genital mutilation among its populations and provided training to staff.

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 been considered and the practice had adjusted the services it offered enable continuity of care.
- Patients' feedback on the appointment system had been responded to by introducing a new appointment system.
- The appointment system was monitored to identify improvements where possible.
- 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.
- Travel vaccinations were available.
- There were extended hours appointments available on Saturday mornings to provide long term condition reviews and other nursing appointments.

Good



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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for vulnerable patients.

Good



Summary of findings

- A temporary registration process was available to patients who may be in the area for a short period of time and who needed to see a GP.
- There was a higher than Oxford average of deprivation among the practice's patient population. Citizen Advice Bureau workers held surgeries at the practice to support any patients who may need advice on benefits or other concerns.
- The practice had a visiting nurse employed via the local GP federation, who had been working with housebound patients, particularly those with chronic disease and frail patients. This has reduced the risk of hospital admissions and enabled regular assessment and follow up of acute illness as well as routine chronic disease management.
- 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.
- Joint working with external organisations took place in the management of patients at risk of abuse or harm.

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).

- Performance for mental health related indicators was 74% compared to the national average 92% and regional average of 95%. Unvalidated data from 2016 showed an improvement to 94% in mental health performance.
- Exception reporting for mental health indicators was below the local and national average of 11% at 8% in 2015.
- The proportion of patients on mental health register with an up to date care plan and physical assessment was 68%.
- 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 advanced 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. There were 235 survey forms were distributed and 115 were returned. This represented 1% of the practice's patient list.

- 81% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 90%.

- 82% 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% and CCG average of 83%.

We received 12 patient Care Quality Commission comment cards. They were all entirely positive about the service received. There were numerous positive comments about the time staff took in consultations with patients.

The practice undertook the friends and family test. Figures from April 2015 to March 2016 showed 90% of patients were likely or very likely to recommend the practice.

Bartlemas Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser

Background to Bartlemas Surgery

We undertook an inspection of this practice on 20 September 2016. The practice provides services from East Oxford Health Centre, Oxford, Oxfordshire, OX4 1XD.

Bartlemas Surgery has a purpose built location with good accessibility to all its consultation rooms. The practice serves 9,200 patients from the surrounding area. The practice demographics show that the population has a lower proportion of patients over 65 compared to the national average and much higher prevalence of younger patients. The practice had a higher proportion of patients from ethnic minority backgrounds, a transient population (there was a turnover of patients of approximately 10% every year) and the highest rate of diabetes in Oxford with over 500 patients on their diabetes register. The local population also has a significant prevalence of patients with mental health problems, substance misuse and homelessness.

- There are five GP partners working at the practice, and four salaried GPs, including six female and three male. There are three practice nurses, and two healthcare assistants. A number of administrative staff and a practice manager support the clinical team.
- There are five whole time equivalent (WTE) GPs, 1.5 WTE nurses 1 WTE healthcare assistant.

- This is a training practice and two GPs in training worked full time.
- Bartlemas Surgery is open between 8.30am and 6.30pm Monday to Friday. There are extended hours nursing appointments available on Saturday mornings.
- Out of hours GP services were available when the practice was closed by phoning 111 and this was advertised on the practice website.

The practice had previously been inspected by CQC in 2013 under our old methodology. We identified no breaches of regulation during this inspection.

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 20 September 2016. During our visit we:

- Spoke with a range of staff, including four GPs, two members of the nursing team and support staff.
- Observed how patients were being cared for.

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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?
- 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

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice:

- Staff told us that they would inform the practice manager of any significant events and complaints. We saw that there was a standard form for recording events.
- Complaints, incidents and concerns about care or treatment were recorded, reviewed and any action required to improve the service were noted.
- When a significant event had been investigated the findings would be fed back to the staff in clinical team meetings (GPs and Nursing staff) or individually to staff. For example, there were cases of data being incorrectly recorded or delays in communication. These were discussed and processes for data recording and sharing were reviewed at the significant event review.
- There was evidence of formal reviews of significant events and complaints to ensure themes were identified and that changes to process were embedded in practice.
- Medicine and equipment alerts were received by the practice manager and disseminated to the relevant clinical leads. Decisions were taken as to what action was required by GPs. These were recorded in a central location so that staff could access them.

Overview of safety systems and processes

- 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. There were contact details for further guidance if staff had concerns about a patient's welfare. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. GPs were trained to child protection or child safeguarding level three and received appropriate adult safeguarding training. Nurses received level two child safeguarding training. GPs attended multidisciplinary

team meetings to discuss vulnerable patients and also provided information to case conferences where required. A safeguarding audit led by the local clinical commissioning group (CCG) was undertaken at the practice. This identified action to improve safeguarding processes and any training gaps for staff.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained and had Disclosure and Barring Service (DBS) checks. (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). There was a supporting policy for chaperones. This listed the roles of chaperones but did not clearly state where chaperones should stand when chaperoning.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed that the practice was clean and tidy. There was an audit tool used to identify any improvements in infection control and we saw the last audit was undertaken in June 2016. Hand hygiene audits were also undertaken and the most recent was May 2016. All staff received relevant infection control training. This included training for reception staff on how to handle specimens handed over at the reception desk. Checks of cleanliness were undertaken and regular conversations with the cleaning contractor took place. There was an infection control protocol in place and staff had received up to date training. This included a sharps injury protocol (needle stick injury). This was available to staff in consultation rooms and on the shared computer drive. Clinical waste was disposed of appropriately. Appropriate sharps containers were used and removed before becoming overfull. Disposable privacy curtains were used and had expiry dates to indicate when they needed changing.
- Medicines were managed safely. We checked medicine fridges and found fridges were monitored to ensure temperatures were within recommended levels for storing vaccines and other medicines. Records showed fridges were within recommended levels. On the day of inspection one fridge failed and the cold chain policy was implemented to quarantine stock and the manufacturers of the medicines were contacted. Blank

Are services safe?

prescription forms and pads were securely stored. We saw that medicines stored onsite were within expiry dates and stored properly. There were processes for disposing of out of date medicines.

- Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Where Patient Specific Directions (PSDs) were required these were properly recorded and authorised per patient. This ensured that patients received medicines in line with national guidelines and that they were safe to administer to specific patients.
- We reviewed four 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. This ensured that staff were fit to work with patients. Hepatitis B immunisation records were stored by a member of staff who was away from work for a long period of time. Therefore we could not see the records related to these immunisations.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There were health and safety related policies available. Staff had received relevant in health and safety. The practice had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.

- There was regular testing for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and a related risk assessment.
- Staff at the practice had received fire training. Fire drills took place periodically. The premises were leased and a contractor managed the fire risk assessment for the entire building. Within the practice a log of maintenance and fire risks were kept to monitor any improvements and ensure these were completed.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

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

- The practice had an automated external defibrillator and clinical staff received training in how to use this. Oxygen was stored onsite and this was checked regularly to ensure it was working and well stocked.
- There were emergency medicines onsite and these were available to staff. These included all medicines which may be required in the event of a medical emergency. For example, atropine was available as contraceptive coils were fitted onsite.
- Staff had received basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

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 reviewing templates used to deliver patient reviews.
- Training was provided to nursing staff to enable them to assess and plan care for patients with long term conditions.

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 showed 92% of the total number of points available compared to the clinical commissioning group (CCG) average of 97% and national average of 95%.
- The practice has a rate of 13% exception reporting compared to the national average of 9% and regional average of 10%. (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).
- Stroke exception reporting was 15% compared to the local and national average of 9%. Hypertension exception reporting was 12% compared to the local average of 5% and national average of 4%.
- The unvalidated QOF figures from 2016 showed an improvement in overall exception reporting, at 10%. There was still 13% exception reporting rate for stroke indicators and 11% for hypertension.

- The practice experienced a high turnover of patients with approximately 10% of the population being new to the practice every year and around the same number leaving the list.
- GPs informed us there was also a proportion of patients who went abroad frequently for long periods of time, making it difficult to contact them for long term condition reviews. Exceptions were only made after being offered a review three times and the decision was made by a clinician.
- However, GP partners had not identified higher than average exception reporting as an area for improvement and no investigation had been undertaken confirm what led to higher than average figures in order to improve the number of patients receiving care for long term conditions. There were some specific areas where performance was far below average in specific clinical areas in 2015 and 2016. For example:

Data from 2015 showed:

- Performance for diabetes related indicators was 80% compared to the national average of 89% and regional average of 93%. Diabetes exception reporting was 13% compared to the CCG average of 13% and national average of 11%. The unvalidated data from 2016 showed diabetes performance was 71%. The practice had worked on several projects over four years prior to this inspection, to engage patients more actively in managing diabetes.
- Performance for mental health related indicators was 74% compared to the national average 92% and regional average of 95%. Exception reporting for mental health indicators was below the local and national average of 11% at 8% in 2015. The proportion of patients on mental health register with an up to date care plan and physical assessment was 68%. Unvalidated data from 2016 showed an improvement to 94% in mental health performance.

There was evidence of clinical audit which led to improvements in care:

- The practice participated in local audits, identified their own audits and national benchmarking. The practice had undertaken audits in several clinical areas. We saw three audits had been repeated and identified improvements in care.
- For example, there was an audit in June 2015 into patients at risk of stroke. The practice had identified that

Are services effective?

(for example, treatment is effective)

they were not meeting national guidelines in providing anti-coagulant medicines. There was a re-audit in September 2016 which identified improvements in terms of meeting national guidelines.

Findings were used by the practice to improve some aspects of care. However, there was a lack of responsiveness to poor data regarding national data outcomes regarding patients' care and in response to low numbers of recorded reviews for patients on long term medicines. For example, the practice identified prior to the inspection from the patient record system that 30% of patients on less than four repeat medicines and 62% of patients on four or more medicines had up to date medicine reviews. Although this system was monitored no action was underway to improve recording or medicine reviews to ensure patients were receiving timely medicine reviews.

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.
- Staff told us they could access role-specific training and updates when required and that there was a programme of training. Nurses were also supported to undertake specific training to enable them to specialise in areas such as respiratory and diabetes care.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff who wanted to develop into new roles were encouraged and supported to do so. For example, reception staff had been supported to become phlebotomists and external training had been provided to them.

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 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. There was a list of 110 patients deemed at risk of unplanned admissions with a care plan in place.

Consent to care and treatment

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

- GPs and nurses understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was awareness of the Gillick competency (obtaining consent from patients under 16) but there was not supporting guidance in consent policies.
- There were processes for obtaining consent from patients either verbally or in writing where necessary.

Supporting patients to live healthier lives

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

- There was a register of 20 patients receiving end of life care and they all had care plans.

Are services effective?

(for example, treatment is effective)

- Additional support for carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation was available. Patients were signposted to the relevant service when necessary.

There were 2154 smokers offered advice on how to stop smoking and 36 had stopped over a 12 month period.

The practice's uptake for the cervical screening programme was 80%, which was similar 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.

Eligible patients were offered dementia screening. Of those 26 had undertaken early diagnosis screening. There were 31 patients on the dementia register.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Of those eligible 62% had undertaken

bowel cancer screening compared to the national average of 59%. Of those eligible 60% had attended breast cancer screening within six months of being invited, compared to the national average of 73%.

The practice participated in the enhanced service of offering annual health checks to patients with a learning disability. There were 33 patients on the register and seven had checks in the last year. The practice recognised the performance for learning disability health checks was low. The practice was reviewing its process for inviting patients for a review. It was also trying to identify patients with a mild disability so they could be coded and if necessary a review offered.

The practice offered chlamydia screening to its patients and 42 had undertaken a test, 1.2% of the eligible population.

Childhood immunisation rates for the vaccinations were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% (CCG 93%) and five year olds from 90% to 97% (CCG 95%).

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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 received 12 patient Care Quality Commission comment cards. All of the cards contained positive feedback about the practice. There were no negative comments. We spoke with two members of the patient participation group (PPG). They were both positive about the service provided by the practice and the caring nature of staff. Comment cards noted how well supported patients felt by all staff and particularly how well receptionists supported them.

Results from the national GP patient survey showed patients felt they were generally treated with compassion, dignity and respect. The practice was higher than local and national average for most satisfaction scores on consultations with GPs and nurses. Feedback on the reception team was notably higher. The most recent results showed:

- 94% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 85%.

- 97% of patients said the last nurse they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 on CQC comment cards. 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. We also saw that care plans were personalised.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85% and CCG average of 88%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the national average of 90% and CCG average of 91%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Staff told us about occasions when they had used the service to support patients' with communicating their needs.

Patient and carer support to cope emotionally with care and treatment

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 175 patients as carers which was 1.9% of the practice list. There was information provided to carers by staff when deemed necessary. A member of staff acted as a carers lead.

The practice manager told us GPs contacted relatives soon after patient bereavements and if they felt it was appropriate, they visited bereaved patients too. Bereavement support was also available.

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 planned its services accordingly. For example:

- Extended hours appointments were designed around offering long term condition reviews with nurses on Saturday mornings for patients who found it difficult to attend Monday to Friday.
- There was a high prevalence of patients who had mental health problems and homeless patients. The practice provided training to reception staff to support them with communication to ensure patients were able to gain access to clinicians when needed.
- A temporary registration process was available to patients who may be in the area for a short period of time.
- There was a higher than Oxford average of deprivation among the practice's patient population. Citizen Advice Bureau workers held surgeries at the practice to support any patients who may need advice on benefits or other concerns.
- The practice had a visiting nurse employed via the local GP federation, who had been working with housebound patients, particularly those with chronic disease and frail patients. This has reduced the risk of hospital admissions and enabled regular assessment and follow up of acute illness as well as routine chronic disease management.
- GPs were aware of the challenges for diabetic patients who took part in fasting during Ramadan and where necessary they offered changes in patients' medicines to assist with this time of year.
- There were longer appointments available for vulnerable patients including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. There was no hearing aid loop for patients how had difficulties hearing.
- Travel vaccines and advice were available
- The building was accessible for patients with limited mobility or disabled patients.
- There were toilet facilities available for patients with a disability.

- Private breast feeding and a baby change facilities were available.

Access to the service

Bartlemas Surgery was open between 8.00am and 6.30pm Monday to Friday. There were extended hours nursing appointments available on Saturday mornings, including for patients requiring long term condition reviews.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were lower for some local and national averages, but higher for others. For example:

- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 89% and national average of 85%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 784% found it easy to contact the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 81% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 43% usually got to see or speak to their preferred GP compared to the CCG average of 68% and national average of 59%.

There 3287 patients registered for online appointments.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.

Are services responsive to people's needs? (for example, to feedback?)

- 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 several complaints received in the last 12 months and there was a process for assessing and investigating the complaint. They were satisfactorily

handled, dealt with in a timely way and that patients received a response with an outcome. For example, a complaint regarding a consultation was investigated including a review of the consultation notes. A discussion was held with the clinician and the patient received an apology.

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 staff shared a clear vision to deliver a high standard of patient care.

- There was an ethos of patient centred care at the practice and this was reflected in discussions with staff. Staff had a clear priority of placing patients at the heart of their roles.
- The practice was aware of the demographic and needs of its local population. GP partners tailored care around the needs of its patients. For example, there was a high proportion of patients from ethnic minority backgrounds and the practice had planned services considering these patients' needs.

Governance arrangements

The practice had a governance framework which supported the delivery of its strategy.

- A programme of continuous clinical and internal audit demonstrated improvements where required.
- Although national data was used to monitor patient care this was not always used to identify and drive improvement. For example, to increase patient reviews for those with long term conditions.
- Medicine reviews were not monitored effectively due to poor recording.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Where the system of clinical governance identified improvements these were planned and implemented. For example, extending staff roles to improve services.
- Practice specific policies were available to all staff. These were regularly updated and provided specific information on providing safe and effective services.
- Risks to patients were assessed and managed. This included medicines management, infection control and safeguarding patients from abuse.

Leadership and culture

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff felt included in the running of the practice.

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). 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 and we saw relevant minutes.
- 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.

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 via its patient participation group (PPG). The PPG was proactive and very involved in the running of the practice. They reviewed patient feedback to identify and propose improvements. For example, as a result of PPG involvement and patient feedback the number of staff answering the phones at peak times was increased and a new phone system was being installed.

The practice undertook the friends and family test. Figures from April 2015 to March 2016 showed 90% of patients were likely or very likely to recommend the practice.

Continuous improvement

Are services well-led?

Good 

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

- Staff were supported to develop into new roles where they showed a desire to undertake specific training via appraisals. For example, receptionists had undertaken external training to become phlebotomists.
- Where enhancements to patient experience were identified through the PPG or feedback they were acted on. For example, a screen in the waiting room had been installed to provide information to patients on health information and other local services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

The system of clinical governance did not always ensure that the provider improved the quality and safety of the services provided in the carrying on of the regulated activity in regards to responding to national and internal data. Specifically in regards to patients not included in clinical reporting of data, medicine reviews, mental health care planning and diabetic care.

This was in breach of Regulation 127 Good governance (1)(2)(a)(b)