Dr Tahir Haffiz

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Requires improvement
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 on the 22nd April 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Data showed that some patient outcomes were below average for the locality.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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

The provider should

- Continue in its efforts to engage with patients and improve the uptake of annual reviews, health checks and screening for eligible patients to improve patient outcomes.

Summary of findings

- Make arrangements to enable patients to book appointments and order repeat prescriptions online, via the practice website.
- Continue with plans to re-establish regular meetings of the patient participation group, to help gather feedback and comments from patients.

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?

Good

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Data showed some patient outcomes were low for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. A patient participation group (PPG) had been set up and there were plans for meetings to resume. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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.

Data showed that outcomes for patients were in line with nationally reported figures for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions.

Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Not all these patients had received necessary reviews and health checks to ensure that their health and medication needs were being met. But we saw that the practice was planning to introduce new systems to improve the management of health checks and reviews. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

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

Summary of findings

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. Information on a range of healthcare issues could be accessed via the practice website. However, patients could not book appointments and order repeat prescriptions online. The practice offered health promotion and screening that reflects the needs for this age group.

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. It had carried out annual health checks for people with a learning disability and 70% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

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

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).

Only 60% of people experiencing poor mental health had responded to recall letters for an annual physical health check. However, we saw that the practice was working with other healthcare services to engage more with this patient group to improve outcomes and was planning to introduce new systems to improve the management of health checks and reviews.

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health. It carried out advance care planning for patients with dementia.

Summary of findings

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results for the period January - March 2015 showed the practice was performing in line with local and national averages. There were 120 responses and a response rate of 28%.

- 79% find it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 81% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 67% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53% and a national average of 60%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 90% say the last appointment they got was convenient compared with a CCG average of 87% and a national average of 92%.
- 74% describe their experience of making an appointment as good compared with a CCG average of 69% and a national average of 73%.
- 28% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 61% and a national average of 65%.
- 31% feel they don't normally have to wait too long to be seen compared with a CCG average of 52% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients said the service was caring and considerate and that they were treated with dignity and respect. Staff were described as helpful and understanding. Patients said the premises were clean and hygienic. In the comments cards, one patient said they would prefer shorter waiting times. Another said waiting times had improved.

Areas for improvement

Action the service SHOULD take to improve

- Continue in its efforts to engage with patients and improve the uptake of annual reviews, health checks and screening for eligible patients to improve patient outcomes.
- Make arrangements to enable patients to book appointments and order repeat prescriptions online, via the practice website.
- Continue with plans to re-establish regular meetings of the patient participation group, to help gather feedback and comments from patients.

Dr Tahir Haffiz

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. It included a GP, a practice nurse, a practice manager and an expert-by-experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Dr Tahir Haffiz

The Barnsbury Medical Practice operates from the Bingfield Primary Care Centre, 8 Bingfield Street, London N1 0AL. It shares the premises with another GP practice and various healthcare services provided by the local NHS Trust.

The practice provides NHS primary medical services through a General Medical Services (GMS) contract to approximately 2,457 patients. The practice is part of the NHS Islington Clinical Commissioning Group (CCG) which is made up of 38 general practices.

The patient profile for the practice indicates a population of more working age people than the national average, with a particularly high proportion of younger adults. There are a lower proportion of older people in the area compared with the national average.

The provider is a sole-practitioner, with an employed part-time nurse. There is a practice manager and three receptionists. Locums are used to cover absences. The practice opening hours are between 9.00am and 2.00pm on Monday to Friday and 4.00pm to 6.30pm on Monday, Tuesday, Wednesday and Friday. It is closed on Thursday afternoon and at weekends. The GP's consulting times are between 9.10am and 12.10pm, Monday to Friday and 4.00pm to 6.30pm on Monday, Tuesday, Wednesday and Friday. The nurse's consulting times are 9.00am to 12.30pm on Mondays and Tuesdays mornings only.

The practice had opted out of providing out-of-hours (OOH) services and referred patients to the local OOH provider when closed. There was also information provided to patients regarding a nearby walk in centre, a service available to all patients which opened seven days a week, and regarding the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 22 April 2015. During our visit we spoke with a range of staff, including the practice nurse, practice manager and a locum GP and spoke with four patients who used the service. We observed how people were being cared for and talked with carers and family members and reviewed the personal care or treatment records of patients. We reviewed 12 comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they felt very comfortable raising any concerns with the provider and the practice manager. There was also a recording form available on the practice's computer system. The practice carried out an analysis of the five significant events to have occurred in the preceding two years.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the training was provided to receptionists and the practice induction pack updated following a missed call back to a patient who had asked for telephone consultation with a GP which had not been processed properly by the receptionist.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP 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 relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment had been checked in February 2015 to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw that medical equipment had been serviced and calibrated in August 2014. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. We saw that health and safety risk checks were carried out every fortnight.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse, who had received updated training just prior to the inspection, was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Other staff had last been trained in September 2013, but we saw evidence that refresher training had been arranged for them. There was an infection control protocol in place, which was reviewed annually and updated as necessary. Annual infection control audits were undertaken. We saw that the last one had been completed June 2014 and there was evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Medicines were stored appropriately and fridge temperatures were monitored and recorded. We found no medicines that were passed their use by dates. No controlled drugs

were kept on the premises. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Data showed that prescribing rates at the practice were in line with national averages.

- Recruitment checks were carried out and the five files we reviewed showed that 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 (DBS).

Arrangements to deal with 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. Staff were overdue annual basic life support training, which had last been provided in 2013, but we saw evidence that refresher training was booked for May 2015. There were emergency medicines available in the treatment room and the practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

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.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Clinical staff discussed new guidance when issued. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). However, the practice recognised that QOF reporting was an area that could be improved. Most of the work related to processing QOF data was done by the GP. However, due to clinical duties, the QOF reporting could not be prioritised. The GP told us that the practice manager would be given more responsibility for QOF reporting to improve the submissions. The current QOF results showed the practice had attained 54% of the total number of points available, with 1.7% exception reporting, which was below local averages. Data from 2013 /2014 QOF submission showed;

- Performance for diabetes related indicators was 22.3%, compared with the CCG average of 80.5%.
- The percentage of patients with hypertension having regular blood pressure tests was 23.3%, compared with the CCG average of 81.9%.
- Performance for mental health related indicators was 27.1%, compared with the CCG average 89.7%.
- Performance for dementia related indicators was 71.4%, compared with the CCG average of 95.8%.

In addition, the practice provided data that showed that diabetic foot checks had been carried out for 52% of eligible patients. The practice was aware of the areas where performance was not in line with national or CCG figures and we saw action plans setting out how these were being addressed. For example, the practice was writing to all diabetic patients, inviting them for checks and carrying out checks opportunistically. We received comments from a patient that confirmed the process worked well for them. We saw that the practice was evaluating new patient recall software that would assist in identifying and arranging necessary checks and reviews. The practice was engaging with local commissioners to promote the benefits of diabetes screening within the local population of patients of Southeast Asian heritage. The practice was also engaging with commissioners, the local mental health team and other services at the shared premises, with regard to older patients and those experiencing poor mental health to improve patient outcomes. For example we saw that only 60% of the 42 patients on the mental health register had received an annual physical review.

The practice scored well in the QOF results in relation to other areas, for example relating to maternity services achieving 100%, 2.7% above the local average, and to heart failure indicators, achieving 100%, being 2.9% above the local average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been three clinical audits undertaken in the last two years, all of these were completed audits where the improvements made were implemented and monitored. For example, an audit relating to Long Acting Beta Agonist Monotherapy for asthma patients had shown that the practice was meeting standards fully. However, in addition the practice had switched patients to combination inhalers to prevent possible complications. The GP told us that a number of further audits were planned on specified themes. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring and clinical supervision. All staff had had an appraisal within the last 12 months and we saw evidence to confirm this.

- Staff received training that included: safeguarding, fire procedures and information governance awareness. We saw that refresher training in infection control and basic life support had been arranged. Staff had access to and made use of e-learning training modules and in-house training.
- The practice manager was new to the role, having worked previously as a senior administrator. Arrangements had been made for them to receive support and training from the practice manager of the other practice operating from the premises.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. We looked at a number of patients' healthcare records and noted referrals to local NHS services. These included the memory clinic for assessment and to identify potential treatment, advice and support, to the psychological therapies service in cases of stress, and depression and to the community drugs team.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice took part in the local health education programme and had signed up to the locally commissioned services for Clinical Commissioning, Methotrexate Level I, Anticoagulant Level 1, Medicines Management, Long Term Conditions, NHS Health Checks and Smoking. It also participated in the local health education programme.

The practice had a screening programme. The practice's uptake for the cervical screening programme was 55% which was less than the national average of 81%. The practice recognised the uptake rate was low and was working with local service commissioners to improve the rates. It was shortly to introduce new computer processes to identify eligible patients and invite them for screening. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice scored well the QOF results relating to obesity, achieving 100%, in line with the local average.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 100% and five year olds from 74% to 100%. The practice scored well with the QOF results relating to child health surveillance, achieving 100%, being 8.1 % above the local average.

We saw that the practice referred young people to local clinics for contraceptive and sexual health advice.

Requires improvement

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 52%, and at risk groups 33%. These were below the national averages of 74% and 52% respectively. The practice was writing to eligible patients and offering vaccinations opportunistically, when patients booked and attended appointments and was working with commissioners to improve uptake rates. We saw that new systems were being considered by the practice to assist in the management of immunisations and vaccinations.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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.

All of the 12 patient CQC 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 also spoke with four patients on the day of our inspection, who 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 were happy with how they were treated and that this was with compassion, dignity and respect. The results for the practice were comparable with CCG averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 76% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 85% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 90%.
- 81% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

We saw that the practice had arranged customer care training for reception staff to be provided shortly after the inspection.

Care planning and involvement in decisions about care and treatment

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

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 81%

Staff told us that translation 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 and noted that double-length appointments were made when interpreters were being used.

Patients told us that children were treated in an age-appropriate way and we saw that the premises were suitable for families with children.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

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

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

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

- There were longer appointments available for people with a learning disability, and for patients needing the assistance of interpreters.
- Home visits were available for older patients and those patients who would benefit from them.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice opening hours are between 9.00am and 2.00pm on Monday to Friday and 4.00pm to 6.30pm on Monday, Tuesday, Wednesday and Friday. It is closed on Thursday afternoon and at weekends. The GP's consulting times are between 9.10am and 12.10pm, Monday to Friday and 4.00pm to 6.30pm on Monday, Tuesday, Wednesday and Friday. The nurse's consulting times are 9.00am to 12.30pm on Mondays and Tuesdays mornings only.

The practice had opted out of providing out-of-hours (OOH) services and referred patients to the local OOH provider when closed. The practice provided information to patients regarding a nearby walk in centre, a service available to all patients and which opened seven days a week, and regarding the NHS 111 service.

Information regarding appointments was available on the practice website. Appointments were available after school to allow families with children to attend. The GP provided telephone consultations for patients throughout the day. We had positive feedback from patients confirming the system worked well and was very convenient to them. Patients were particularly positive regarding continuity of care offered by the practice. The GP also carried out home visits to those patients who could not attend the surgery. The GP often carried out pre-arranged telephone consultations and dealt with emergency calls after 6.30pm.

The website did not have facilities for patients to book appointments or order repeat prescriptions online, but the practice told us this was being considered.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 67% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 74% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 28% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61% and national average of 65%.

However, the survey results showed a much larger proportion of patients waited more than 15 minutes for their appointments, when compared with local and national averages. This was confirmed by three of the patients we spoke with on the day of the inspection. One patient had said on a comment card that they would prefer shorter waiting times. The issue had been raised by the patient participation group at a meeting last year and actions had been taken by the practice to address it. One of the patient comment cards stated that waiting times had improved a lot.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system, for example a notice was displayed in the waiting room together with

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints forms and information was given on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint, but none had used the process.

Only one complaint had been received in the last 12 months. We found this had been handled satisfactorily and dealt with in a timely way. Although the complaint had not been upheld, the GP had discussed the matter with their appraiser as part of their annual appraisal and learning points had been noted. The practice also monitored comments left by patients on the NHS Choices website, but these were very few. Only three had been posted in the last year. The practice did not routinely post responses, but the GP told us they would do so in the future. One of the comments related to reception staff being rude and we saw that the practice had arranged for customer care training as a consequence.

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's aim and objectives were set out in its statement of purpose, which included, "to provide the best possible quality service for our patients within a confidential

and safe environment by working together; to show our patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem; to involve our patients in decisions regarding their treatment; to promote good health and wellbeing to our patients through education and information; to involve allied healthcare professionals in the care of our patients where it is in their best interests; and to ensure that all member of the team have the right skills and training to carry out their duties competently." Staff we spoke with knew and understood the values.

Governance arrangements

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

- Staff were aware of their own roles and responsibilities;
- Practice specific policies were implemented and were available to all staff;
- An understanding of the performance of the practice;
- A programme of continuous clinical audit which was used to monitor quality and to make improvements;
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

Staff had the experience, capacity and capability to run the practice and ensure quality care. They prioritised safe, high quality and compassionate care. The practice manager was being supported in their development, so that the GP could hand over administrative duties and concentrate more on clinical issues. The GP and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported by the GP and practice manager. All staff were involved in discussions about how to run and develop the practice, and all members of staff were encouraged 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. There was a patients' participation group (PPG) which had met in the past, but there was scope to improve its functioning. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). The group had last met in early 2014 and consisted of six patients, a mix of male and female, predominantly from the older age range groups. The practice showed us plans to schedule a meeting of the group in the coming months and intended to extend the range of participants. We saw the minutes of the last PPG meeting and noted that members were generally happy with the service. Some areas for improvement had been highlighted, for example relating to waiting times and the practice had introduced changes to try to address the matter. For instance reminding reception staff not to interrupt consultations, and ensuring that the need for double appointments was appropriately identified and booked, so the day's schedule could be more efficiently managed. We had seen feedback from patients that waiting times had improved as a result. After the inspection the practice provided us with evidence that the PPG had been increased to 11 eleven members, from various ethnic backgrounds, including two younger patients, and confirmed that more PPG meetings were being planned.

The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussions. 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.

Are services well-led?

Good

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

Innovation

There was a focus on continuous learning and improvement at all levels within the practice. The practice was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example by participating in the local health education programme. We saw that the practice was planning considerable use of new computer technology to manage and improve patient outcomes and was evaluating new software to increase recalls for periodic health checks and reviews.