

Billericay Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

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 at Billericay Medical Practice on 11 July 2016. Overall the practice is rated as good, with safe, caring, responsive and well-led services rated as good. Effective services are rated as requiring improvement. Our key findings across all the areas we inspected were as follows:

- There was an effective system in place for recording significant events. A comprehensive analysis took place, and there was evidence of review and shared learning.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. There was an experienced lead clinician in place for adult and child safeguarding. Staff were confident in raising their concerns.

- Risks to patients at the premises were well assessed and well managed. There was a lead member of administrative staff for Health & Safety. They had implemented a robust system of monitoring, reviewing and auditing risks to patient safety.
- The practice did not routinely request confirmation of blood test results before generating a repeat prescription. The practice had identified issues with blood tests for certain medicines and had raised concerns with the local hospital at the time of our inspection.
- Carers were identified and supported. A member of administrative staff had been appointed as carers' champion.
- Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

Summary of findings

- The practice was responsive to the needs of the practice population. The premises were accessible and information and services were available on-line, in person or on the telephone.
- The practice valued patient feedback; the Patient Participation Group were active and involved.
- Staff felt supported and valued. There was an open and honest culture at the practice.

The areas where the provider must make improvements are:

- Implement an effective system for the reviewing and monitoring of patients taking high risk medicines.

The areas where the provider should make improvements are:

- Take steps to identify and support more patients who have a caring role.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a sound system in place for recording significant events. A comprehensive analysis took place, and there was evidence of review and shared learning. Significant events were discussed at the most appropriate practice meeting.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. There was an experienced lead clinician in place for adult and child safeguarding. Staff were confident in raising their concerns.
- Risks to patients at the premises were well assessed and well managed. There was a lead member of administrative staff for health & safety. They had implemented a robust system of monitor, review and audit.
- The practice had a comprehensive business continuity plan for major incidents. There were well considered control measures, for example, a reserve fridge in the event of disrepair and a generator in case of power failure.
- Appropriate recruitment checks were in place for new members of staff.

Are services effective?

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

Requires improvement



- 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. However, NICE guidelines were not being consistently followed in relation to reviewing patients who took some medicines.
- Performance for many indicators was better or in line with local and national averages. A large variation had been identified with patients with hypertension who had received an appropriate blood pressure reading in the twelve months. However, the practice had already identified this issue and projected data indicated that improvements were in hand.
- The practice did not routinely request confirmation of blood test results before generating a repeat prescription.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

Are services caring?

Good



- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. This aligned with what patients told us on the day.
- The practice displayed their confidentiality statement in their practice leaflet and staff had all received training in information governance so that sensitive information was handled appropriately. There was a lead member of administrative staff appointed to oversee information governance issues.
- The practice website provided information about how to access services in the community. Information leaflets and notices in the patient waiting area told patients how to access a number of support groups and organisations.
- The practice did identify and supporting carers, although the number of carers identified was lower than anticipated. A member of administrative staff had been appointed as carers' champion. They had implemented a carers' form which asked patients who were also carers to identify themselves. The patient's record was updated so that the practice's computer system would alert GPs to the patient's carer role.
- Carers were provided with a pack of useful information, including support groups and how to access a carer's assessment, as well as being invited for an annual health check.
- Patients with learning disabilities had their health needs reviewed regularly.

Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- Complaints were investigated and well managed.
- Online consultations were available whereby patients could provide their symptoms on a web based form, which the GP would consider and contact them by telephone.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were weekly clinics held at the practice by the midwife and the community counsellor.
- Minor surgery was carried out the surgery which included the removal of some cysts and moles.
- There were facilities for patients with a disability, including a designated car parking space and an automatic front door. All treatment rooms were located on the ground floor.
- Translation and British Sign Language services were available.

Summary of findings

- The premises were large and accessible. There were rooms available for in addition to the treatment rooms which were utilised for meetings and learning.

Are services well-led?

- Areas of improvement were identified, reviewed and changed.
- Administrative staff had lead roles, for example health and safety, carers and information governance. Staff were clear and passionate about these roles.
- There was a programme of clinical and internal audit to monitor quality and to make improvements. Where issues were identified, audits were conducted and findings implemented.
- The arrangements for identifying, recording and managing risks were robust.
- The practice valued and responded to feedback.

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.

- Annual health checks were available to patients over 75.
- Joint injections were available for elderly patients living with osteoarthritis.
- Home visits and telephone consultations were available to patients who were unable to attend the practice.
- Patients on some high risk medicines were not being reviewed effectively prior to being issued with a repeat prescription to ensure that their medicines were being prescribed at a correct and safe dose.

Good



People with long term conditions

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

- Nursing staff had training and lead roles in chronic disease management.
- There were GPs at the surgery who had a special interest in diabetes and COPD, so that patients whose conditions were poorly controlled could have specialist GP oversight.
- All patients with diabetes had received a flu immunisation in the last year. This was better than the local average of 92% and England average of 94%.
- The practice worked with a care-coordinator to share information and plan care for this population group.
- Not all patients on a particular medicine were being reviewed in accordance with NICE guidance.

Good



Families, children and young people

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

- Immunisation rates were relatively high for all standard childhood immunisations. For children under two, vaccination rates were between 95%-98% compared to the local average of between 94% and 98%.
- The midwife held weekly clinics at the practice. This promoted the ongoing sharing of information.
- Appointments were available outside of school hours and on a Saturday morning.

Good



Summary of findings

- Staff were aware of Gillick assessment when assessing the competency of children.
- There were appropriate child safeguarding procedures in place. Staff were aware of their responsibilities.

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 percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was comparable to other practices.
- Online consultations were available whereby patients could provide their symptoms on a web based form, which the GP would consider and then contact them by telephone.
- Patients indicated that they were satisfied with the practice's opening hours. Appointments could be made on a Saturday morning, outside of standard working hours. There was also a health hub where appointments could be accessed later in the evening and on a Saturday.
- Appointments could be made or cancelled in person, on-line or over the telephone. Repeat prescriptions could be obtained online.
- 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.

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.

- There were appropriate adult safeguarding procedures in place. Staff were aware of their responsibilities.
- 23 out of 24 patients who had learning disabilities had received a health check. One has declined the invitation to do so.
- There was support available to patients who had a caring responsibility, including an annual health check. However, the amount of patients identified as carers was lower than anticipated.
- The practice worked with a care-coordinator to share information and plan care for this population group.

Good



Summary of findings

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).

- Patients experiencing poor mental health could be referred to the counsellor who held a weekly clinic at the practice.
- Performance for mental health related indicators was better than the national average. 97% patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in place. This was better than the national average of 89%.
- All patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 87%.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. Surveys were sent to patients in January and July 2015. On the whole, results were positive, with patients responding that they found it easy to get through to the surgery by phone and describing their experience of making an appointment as good. GPs and nurses were praised for their involvement in decisions and their explanation of tests and treatments. However, patients felt that they were unable to get an appointment with a preferred GP. 253 survey forms were distributed and 124 were returned. This represented a completion rate of 49%.

- 80% of patients found it easy to get through to this practice by phone compared to the local average of 72% and a national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 83% and the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the local average of 71% and national average of 73%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 74% and the national average of 78%.
- 55% of patients said that they don't normally have to wait too long to be seen compared to the local average of 59% and national average of 58%.
- 59% of patients said that they usually wait 15 minutes or less after their appointment time to be seen compared to a local average of 65% and the national average of 65%.

- 39% of patients said they usually got to see or speak to a preferred GP compared to a local average of 61% and a national average of 51%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards. A majority praised the GPs, nurses and staff and the practice, although some commented that it took a long time to get through to the surgery by telephone.

We spoke with six patients during the inspection. They praised the care they received from the GPs and nurses. They all told us that they could see or speak to a GP or nurse when they needed to and that receptionists were polite and helpful. A number of patients we spoke with expressed concern about the length of time they needed to wait on the telephone prior to their call being answered.

We spoke with eight members of the Patient Participation Group. They told us how they had been involved in the decisions made by the practice, and how they had been utilised to obtain feedback from the patients that they represent. They were involved in educating and advising the patient population through leaflets, meetings and events.

We reviewed the results of the Friends and Family test for the period April 2015 to March 2016. The practice received 546 replies from patients. The results showed that 88% of patients would be extremely likely or likely to recommend the practice to a member of their family or to a friend with 6% stating that they were extremely unlikely or unlikely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Improve the system for reviewing and monitoring of patients taking high risk medicines.

Action the service **SHOULD** take to improve

- Take steps to identify and support more patients who have a caring role.

Billericay Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a lead inspector. It was supported by a GP specialist advisor.

Background to Billericay Medical Practice

Billericay Medical Practice is located in Billericay, Essex. It shares premises with other healthcare providers. The practice provides GP services to approximately 12,700 patients living in Billericay.

The practice is one of 44 practices commissioned by the Basildon and Brentwood Commissioning Group and it holds a General Medical Services (GMS) contract with NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a comparable number of children aged five to 18 years compared to the England average, as well as patients aged over 65 years. Economic deprivation levels affecting children and older people are considerable lower than average as are unemployment levels. The life expectancy of male and female patients is higher than the local average by three years. The number of patients on the practice's list that have long standing health conditions is comparable to average, as is the number of patients who are carers.

The practice has seen considerable growth to its practice population in the past six years, and as such, is intending to temporarily suspend new patient registering at the practice from August 2016 until a new GP has been found.

The practice is governed by a partnership that consists of eight GPs, five male and three female. One partner is in the process of retiring from the practice. The partnership is supported by four practice nurses and two healthcare assistants.

Billericay Medical Practice is a training practice and as such, there are also two GP registrars working at the practice. A GP registrar is a qualified doctor who is undergoing training to become a GP.

Administrative support consists of a full-time practice manager, a senior administrator and a number of reception and administrative staff.

The practice is open from 8am until 6.30pm on weekdays and is open from 8.15am until 11.30am on a Saturday morning. The practice is also a member of the local hub, which means that it works with other GPs in the locality to provide appointments outside of the usual opening hours. Routine appointments can be booked at the hub between 6.30pm and 8.00pm on a Monday to Friday and between 8am and 8.00pm Saturday and Sunday. Appointments at the hub are available with a GP, Nurse or Health Care Assistant.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 11 July 2016. During our visit we:

- Spoke with five GP partners, a nurse, practice manager, senior administrator and four reception/administration staff. We spoke with six patients who used the service and eight members of the patient participation group (PPG).
- Looked at audits, policies, procedures, documents and staff files.
- 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

There was a robust system in place for recording significant events. A comprehensive analysis took place, and there was evidence of review and shared learning. Significant events were discussed at the most appropriate practice meeting, depending on whether this was clinical or administrative in nature. Other organisations were contacted where this was necessary.

- Staff told us they would inform the practice manager of any incidents. They told us of significant events that they had been involved in.
- There was a system in place to manage safety alerts received at the practice, including MHRA and patient safety alerts, and to routinely identify patients who may be affected.

Overview of safety systems and processes

- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Safeguarding arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was an experienced lead clinician in place for adult and child safeguarding.
- Staff were confident about what to do should they witness or be made aware of a potential safeguarding issue. They had all received training to an appropriate level on safeguarding children and vulnerable adults.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Checks had been carried out with the Disclosure and Barring Service (DBS) to ensure that staff acting as chaperones were suitable for the role. A DBS check identifies whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

be visibly clean and tidy. A named GP was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and a resulting action plan completed. The cleanliness of the premises was audited on a monthly basis and where issues were identified, these were followed up in a timely manner.

- Medicines and vaccines were stored appropriately. The practice carried out regular medicines audits with the support of the local medicines management teams. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found recruitment checks were always undertaken prior to employment. For example, this included a full employment history, satisfactory proof of identity and references.

Monitoring risks to patients

Risks to patients were well assessed and well managed. There was a member of administration staff who had been assigned a lead role for Health & Safety. They had implemented a robust system of monitor, review and audit.

- The practice had up to date fire risk assessments and ensured that apparatus to be used in the event of fire was adequately maintained. All electrical equipment was checked to ensure it was safe to use. Clinical equipment was checked to ensure it was working properly.
- Risks at the premises, such as trips and falls, were well considered and regularly reviewed. Other risk assessments, such as legionella and infection control were implemented and reviewed. There was a supporting and up-to-date Health and Safety policy.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff were multi-skilled so they could cover reception at short notice. The practice used former employees, who were trained, to help out in the event of a staff shortage.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- The practice had appropriate equipment in place to deal with medical emergencies, including oxygen with adult and children's masks and a defibrillator. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. There were well considered control measures in place, for example, a reserve fridge in the event of disrepair and a generator in case of power failure. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The GPs and nurses met bi-monthly to discuss individual and wider clinical issues. A GP partner was appointed as clinical lead for the nursing team and there were daily, informal meetings with the clinicians who were on duty. There were regular opportunities to discuss changes and concerns.
- 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. However, NICE guidelines were not being consistently followed in relation to reviewing patients who were prescribed some medicines.
- The practice had identified areas of improvement required in the locality with regards to monitoring patients on certain medicines, although robust action was yet to be taken to ensure patients were safe.

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 that the practice gained 99% of the total number of points available. This was better than the practice average in the locality of 92%.

We reviewed the exception reporting of the QOF data. Exception reporting is the removal of patients from QOF calculations so that the practice is not penalised for certain characteristics, for example, when patients are unable to attend a review meeting or certain medicines cannot be prescribe because of side effects. The practice had a higher than average exception rate at 11.2%. This was 4.3% above the local average. This was explored during the course of our inspection and it was found that the practice was appropriately exception reporting patients from the data.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the national average. The percentage of

patients with diabetes who had received a foot examination in the last year was 94%. This was in line with the national average of 88% and CCG average of 86%.

- Performance for mental health related indicators was in line with local and national data. For example, the number of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 100%, which was higher than the local average of 87% and national average of 84%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in their record was 97%. This was higher than the national average of 86% and national average of 88%.
- A large variation had been identified by inspectors with patients with hypertension who had received an appropriate blood pressure reading in the twelve months. 74% of these patients had received an appropriate blood pressure reading, which was lower than the local average of 82% and national average of 84%. The practice had already identified this issue. Projected, unverified data indicated that improvements were being made.

The practice relied on other providers to inform them when blood tests identified that there was an abnormality when some high risk medicines were being monitored. Although this meant there were some safeguards in place which sought to ensure patients were safe, this was not sufficiently robust. The practice did not routinely request confirmation of blood test results before generating a repeat prescription. The practice had identified this issue and it had been raised with the local hospital at the time of our inspection.

There was evidence of quality improvement including clinical audit:

- There had been two completed clinical audits in the past two years. These demonstrated an ethos of review and audit, and improvements were identified. For example, one audit annually identified patients who were prescribed certain medicines together. Where issues were identified, patients were contacted and their medicines reviewed.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- Staff told us how they had been inducted into their role and we saw evidence to support this. There was an induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those who carry out immunisations.
- Staff received training that included fire safety awareness, infection control, basic life support and information governance. Training was delivered online or at the practice.
- Staff had an annual appraisal with their line manager. Staff who had received an appraisal told us that they found this a useful means of reviewing their performance and that they felt confident discussing any issues or concerns with their line manager.

Coordinating patient care and information sharing

The midwife and community counsellor held regular clinics at the practice which sought to promote referral and information sharing. Multi-disciplinary meetings took place every three months to discuss patients who were requiring palliative care. There was a local care co-ordinator in place who shared and retrieved information from other professionals regarding patients with complex needs.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When

providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We saw evidence that written consent was obtained where appropriate.

- Patients experiencing stress or anxiety could be referred to the community counsellor who held a weekly clinic at the practice. Patients at risk of developing a long-term condition or those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the local and national average of 82%. The practice audited their inadequate smear rates and took relevant action.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 92% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 75% of female patients aged 50–70 had been screened for breast cancer in the last 3 years. This was above the CCG average of 69% and England average of 72%. 69% of patients aged 60–69 had been screened for bowel cancer in the last 2.5 years. This was above the local and England average of 58%

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Patients praised the friendly, polite attitude of the staff. We observed reception staff being helpful and kind.

- Chairs in the waiting area were positioned to the right of the reception desk, in front of a television screen which displayed information about the practice and health promotion information. This sought to promote confidential discussions at the reception area.
- If patients wished to discuss a private or sensitive matter, receptionists would direct them to an unused treatment room to discuss their concerns.
- The practice displayed their confidentiality statement in their practice leaflet and staff had all received training in information governance so that sensitive information was handled appropriately. There was a lead member of administrative staff appointed to oversee information governance issues.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice performance was above averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP gave them enough time compared to the CCG average of 84% 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 93% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Clinicians attended personally in the waiting area to call patients to their consultations. This ensured that patients who may be hard of hearing, visually impaired or experiencing communication difficulties could be called to their appointment effectively.
- The practice had a hearing loop and British Sign Language interpreters available for patients who were deaf.
- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice website provided information about how to access services in the community. Further, 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.

Are services caring?

The practice had identified 78 patients as carers, which amounted to less than 1% of the practice list. Despite this, the practice was taking steps to identify and support carers. A member of administrative staff had been appointed as carers' champion. They had implemented a carers' form which asked patients who were also carers to identify themselves. Upon receipt of the completed form, the patient's record would be updated so that the practice's computer system would alert GPs to the patient's carer

role. The patient was then provided with a pack of useful information, including support groups and how to access a carer's assessment, as well as being invited for an annual health check.

There were 24 patients on the learning disabilities register. 23 of these patients had attended for their annual health check, and one patient had declined the invitation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There were measures in place which sought to address the needs of the practice population. These included:-

- Online consultations were available whereby patients could provide their symptoms on a web based form, which the GP would consider and contact them by telephone.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were weekly clinics held at the practice by the midwife and the community counsellor.
- Minor surgery was carried out the surgery which included the removal of some cysts and moles.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for patients with a disability, including a designated car parking space and an automatic door at the front of the building. All treatment rooms were located on the ground floor.
- Translation and British Sign Language services were available.
- There were rooms available for in addition to the treatment rooms which were utilised for meetings and learning.

Access to the service

The practice was open from 8am until 6.30pm on weekdays and from 8.15am until 11.30am on a Saturday morning. The practice was also a member of the local hub, which meant that it worked with other GPs in the locality to provide appointments outside of the usual opening hours. Routine appointments could be booked at the hub between 6.30pm and 8.00pm on a Monday to Friday and between 8am and 8.00pm Saturday and Sunday. Appointments at the hub were available with a GP, Nurse or Health Care Assistant.

The practice operated a duty doctor system, whereby a designated GP would see all emergency patients who called during the day. Routine appointments could be

booked up to one week in advance. The practice manager explained that they were trialing this system as they had found that a number of patients who failed to attend for their appointments had booked these some time in advance. They assured us that there was still some discretion in allowing patients to book further in advance, where there was a need.

Patients told us that they were able to get an appointment. On the day of our inspection, the next routine appointment with a GP was the following day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally in line, or below local and national averages.

- 73% of patients were satisfied with the practice's opening hours. This was comparable to the local average of 73% and the national average of 75%.
- 59% of patients usually wait 15 minutes or less after their appointment time to be seen which was lower than the local average of 65% and the national average of 65%.
- 55% of patients felt that they didn't have to wait too long to be seen. This was lower than the local average of 59% and the national average of 58%.
- 74% of patients were satisfied with the practice's opening hours. This was comparable to the local average of 73% and the national average of 75%.
- 39% of patients said that they usually got to see or speak to a preferred GP. This was lower than the local average of 61% and national average of 59%.

We explored the low data further with the practice manager. They explained that this was due to the number of GPs that work part-time at the practice. They told us that patients were given the opportunity to speak to a preferred GP by telephone if their concern could wait. They told us, and patient feedback indicated that patients who had urgent health concerns would always be seen by a GP, albeit not a preference. Patient feedback also indicated that they were happy with the care and treatment provided by all the GPs at the practice.

Listening and learning from concerns and complaints

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

The practice had an effective system in place for handling complaints and concerns. Information about how to make a complaint was provided on the practice website and in the practice leaflet.

- The practice manager was the initial point of contact for complaints which were then investigated with the relevant member of staff or clinician.

- We looked at eight complaints that had been received in the past year. We saw that an open, honest investigation took place and a considered response was provided. Complaints were reviewed and discussed at the GP Partner meetings and at staff meetings.

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 Billericay Medical Practice had a clear vision and strategy. The practice manager and GP partners were focused and committed, and had a clear understanding of the challenges that GP services were facing in a wider sense and how these impacted on their delivery of services.

They had a clear understanding of their practice population, and what was needed to meet their needs. The practice population had grown by 17% in the last 6 years and one of the GP partners had recently retired. The practice was in the process of actively recruiting a new GP partner, although they were acutely aware of the national shortage. As such, a decision had been made to temporally cease registering new patients in August 2016 (aside from babies and family members of existing patients).

The practice told us that their mission statement was to 'provide appropriate care based on sound knowledge and delivered with compassion' and we saw examples of this throughout the course of our inspection.

Governance arrangements

The practice manager had identified areas of improvement required to the governance arrangements at the practice, and had implemented robust and useful change, for example by ensuring staff had areas of responsibility.

- The practice had an informed administrative team which supported the delivery of care and governance processes. There was a clear, dynamic staffing structure and staff were aware of their own roles and responsibilities. Administrative staff had lead roles, for example health and safety, carers and information governance. Staff were clear and passionate about their roles, and gave detailed examples of how they fulfilled them. During the course of inspection, we saw practical examples of how their roles had influenced and supported the delivery of care.
- Practice specific policies were implemented and available to all staff. Staff were knowledgeable about where to find these and what they said. Those with lead roles were involved in their drafting and content.

- There was a programme of clinical and internal audit to monitor quality and to make improvements. Where issues were identified, audits were conducted and findings implemented. Where improvements were still needed, results were analysed and subsequent audits amended, for example in relation to the numbers of patients who were failing to attend to their appointments.
- The arrangements for identifying, recording and managing risks at the premises were robust. The member of staff who had a lead role for health and safety was responsive and proactive, conducting regular audits and observations and bringing about timely change.

Leadership and culture

The practice was managed by an experienced and knowledgeable practice manager who reviewed processes and implemented change with the support and confidence of the GP partners. The GP partners were visible, amenable and dynamic. Staff that we spoke with told us that they were approachable, and minutes evidenced that they attended staff meetings and meetings with the Patient Participation Group where possible.

There was a comprehensive meeting structure in place. Significant events and complaints were regularly discussed, and we saw that changes were implemented and communicated as required. There were staff meetings every other month, the time of which was varied so that all staff had the opportunity to attend, as many worked part-time. In the event that a member of staff could not attend, minutes were circulated so they were aware of what was discussed. Regular ad-hoc clinical meetings took place, as did minuted clinical meetings and partner meetings. The practice manager attended practice manager meetings in the locality, where they had partaken in shared learning.

At the time of our inspection they were in the process of trialling a new system which sought to reduce the number of patients failing to attend for their appointment.

The practice valued their staff and promoted them internally, where this was appropriate. There were opportunities for staff if they wished to further their career, which were discussed in their annual appraisal or during on-going discussions. One of the administration team had been promoted to, and had undergone training to become

Are services well-led?

Good 

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

a healthcare assistant. As a training practice, there were two GP registrars employed. They told us they felt supported and were pleased with how their training had progressed.

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

The practice valued feedback. The Patient Population Group were active and involved. The Patient Population Group (PPG) is a group of patients who seek to gather views of the practice population. They had been tasked with supporting patients to understand their health needs and as such, there was a table of information and literature prepared by the PPG in the reception area. The PPG also

arranged for talks to take place from the GP partners and other healthcare professionals, as well as inviting the patients that they represent to complete questionnaires and the Friends and Family test.

In addition to the Friends and Family test and annual GP survey, the practice carried out their own independent surveys into general patient satisfaction and minor surgery. Feedback was analysed and relevant actions put into place. For example, the provider acknowledged that they had not received as many completed survey forms as they would have wished and therefore, they had involved clinicians in promoting the survey.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Patients on some medicines were not being appropriately monitored or reviewed prior to receiving a repeat prescription.
Maternity and midwifery services	Regulation 12(1)(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Surgical procedures	
Treatment of disease, disorder or injury	