

Dr Aamer Khan

Quality Report

The Lister Surgery
Westbourne Green Community Health Centre
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Bradford
West Yorkshire
BD8 8RA
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Aamer Khan, also known as The Lister Surgery, on 2 August 2016. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had undertaken work to ensure cervical smear targets had been met. This included providing information sheets in a number of languages and offering appointments with the practice nurse prior to the procedure being carried out, to explain the procedure and the risks associated with not attending an appointment. As a result, cervical smear uptake was recorded at 93%.

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.

- There was an effective system in place for reporting and recording significant events. Learning was widely shared with the staff team and across the BD8 group of practices. Staff we spoke with were aware of the incident reporting process, and knowledgeable regarding incidents and outcomes. We saw that action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We saw evidence of multidisciplinary discussions at team meetings, where vulnerable children, adults and families were discussed.
- Risks to patients were assessed and well managed.
- The BD8 collaboration enabled the practice to maintain appropriate staffing levels and adopt a flexible approach to meeting patients' needs.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in the majority of areas. There were clear arrangements in place to recall patients for reviews and follow up appointments.
- We saw evidence that guidelines were followed and shared with the staff team.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff were encouraged to remain up to date with their training and attend additional learning and development events which would improve patient care.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked effectively and collaboratively with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice liaised closely with the CCG and took part in CCG initiatives such as the Faecal Calprotectin Point of Care Testing. Calprotectin is a protein released by white blood cells involved in inflammation of the bowel. Testing assists with diagnosing disorders such as irritable bowel syndrome.
- The practice held an extended hours clinic on a Tuesday until 8pm. Patients could also be seen at the two other collaborating practices until 7.30pm on a Monday and a Wednesday.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice website could be translated into 80 different languages, including those relevant to the patient group.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The practice held a healthy living event attended by multiple voluntary and care organisations following suggestions made by the PPG.
- Learning from complaints was shared with other practices, staff and stakeholders.
- We were told that young children would always be seen on the day regardless of whether appointments were available or not. Parents would be asked to bring their children to the surgery and they would be seen as soon as possible.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver patient focused high quality care. Staff were clear about the priorities of the practice and this was discussed and reviewed in meetings.
- There was a clear leadership structure and staff felt supported to develop and improve their skills by the GP and practice manager. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and patients from the BD8 group held regular joint meetings which were attended by GPs.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and urgent appointments for those with enhanced needs.
- All patients had access to a named GP.
- The practice offered home visits for older people and this included GP appointments and phlebotomy. Flu vaccinations were offered to older patients in their own homes by the practice nurse.
- Medication reviews were carried out every six months and these could be conducted at the patients home.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nursing staff were encouraged to develop competencies and skills to lead in the management of long term conditions.
- The practice offered a level two diabetes clinic where patients could be commenced on insulin therapy without having to attend the hospital.
- The practice offered flexible nurse appointments for complex patients.
- Outcomes for diabetes related indicators were comparable to other practices. For example the percentage of patients on the register who had a flu immunisation in the preceding 12 months was 98% compared to the CCG average of 96% and the national average of 94%.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Vulnerable children, young people and vulnerable family groups were discussed and reviewed in a multidisciplinary meeting every month.
- Immunisation rates were higher than the CCG average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women who had undergone a cervical screening test was 93% which was higher than the CCG average of 76% and the national average of 82%.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice offered joint eight week baby checks where mothers and babies could be seen at the same time.
- The practice participated in regular screening for Cardiovascular Disease, Diabetes and Hepatitis C.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available for patients who could not attend the surgery.
- The practice offered an extended hours clinic until 8pm on a Tuesday. Patients could also access a GP at the two other BD8 group surgeries until 7.30pm on a Monday and Wednesday.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of alcohol consumption in the preceding 12 months, which was better than the CCG average of 95% and national average of 86%.
- 100% of women aged 25 or over (and who had not attained the age of 65) with schizophrenia, bipolar affective disorder and other psychoses had a record that a cervical screening test had been performed in the preceding 5 years (CCG average 91% and national average 89%).

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice performance varied when compared to local and national averages. A total of 354 survey forms were distributed and 71 (20%) were returned. This represented 3% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the CCG average of 53% and national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 70% and national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 70% and national average of 85%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 58% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards, the majority of which were positive about the standard of care received. Patients used words such as outstanding, fantastic and excellent to describe the service. However; four of the comment cards we received contained less positive comments regarding accessing appointments and one card contained a comment regarding accessing an eight week vaccination appointment for the baby clinic.

We spoke with four patients during the inspection, including the chair of the patient participation group. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However; two patients told us they sometimes found it difficult to get through to the practice on the telephone.

Areas for improvement

Outstanding practice

We saw one area of outstanding practice:

- The practice had undertaken work to ensure cervical smear targets had been met. This included providing information sheets in a number of languages and offering appointments with the practice nurse prior to

the procedure being carried out, to explain the procedure and the risks associated with not attending an appointment. As a result, cervical smear uptake was recorded at 93%.

Dr Aamer Khan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Dr Aamer Khan

Dr Aamer Khan is also known as The Lister Surgery and is located in Westbourne Green Community Health Centre, 50 Heaton Road, Bradford, West Yorkshire, BD8 8RA, and provides services for 2,711 patients.

The surgery is situated within the Bradford City Clinical Commissioning group and is registered with Care Quality Commission (CQC) to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There is a higher than average number of patients under the age of 34, in common with the characteristics of the Bradford City area. There are fewer patients aged over 35 than the national average. The practice provides services for a predominantly Asian population and has identified a growing number of patients who are from an Eastern European background.

Dr Aamer Khan works in close collaboration with two other GP practices in the local area. These practices have formed

a group called the BD8 Group of surgeries and work closely together, BD8 refers to the practice postcode. The group employ and utilise staffing flexibly, hold joint clinical, staff and PPG meetings.

The registered provider at the practice is Dr Aamer Khan. Dr Khan is supported by a salaried GP (female) and a long term locum GP (male). The practice also has an advanced nurse practitioner, a practice nurse and a health care assistant.

The clinical team is supported by a practice manager and a team of administrative staff. The practice also benefits from the services of a pharmacist and a data quality lead which they share with the BD8 group of practices.

The characteristics of the staff team are reflective of the population it serves and they are able to converse in several languages including those widely used by the patients, Urdu, Punjabi, English and a number of eastern European languages.

The practice catchment area is classed as being within one of the most deprived areas in England. People living in more deprived areas tend to have a greater need for health services.

Dr Aamer Khan is situated within a purpose built building with car parking available. It has disabled access and facilities.

The reception is open from 8.00am until 6.30pm on Monday, Wednesday, Thursday and Friday, and from 8am until 8pm on a Tuesday. Appointments are available between the hours of 8.30am and 1pm and 2.30pm until 5.30pm on Monday, Wednesday, Thursday and Friday, and between the hours of 8.30am and 1pm and 2.30pm and 7.30pm on Tuesdays.

Detailed findings

When the practice is closed out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 August 2016. During our visit we:

- Spoke with a range of staff including two GPs, the practice nurse, the pharmacist and the practice manager. We also received feedback from four members of the reception/administrative team.

- We spoke with the PPG chair and three patients on the day of our inspection.
- 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and were invited to meetings with the practice manager. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. There was a focus on shared learning within the practice and any lessons learned were discussed with the staff team and members of the BD8 group.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident was identified when the practice could not log onto the computerised system. As a result the practice liaised with the network provider and implemented a contingency mode which would allow the practice to access the clinical system only, ensuring that there was no delay when accessing patient records.

Overview of safety systems and processes

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

- Staff could clearly demonstrate and explain their role in safeguarding vulnerable children and adults from abuse. All staff had received training relevant to their role and we saw that GPs had also attended Prevent training. Prevent is part of the Government

counter-terrorism strategy. It is designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves.

- Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The policies reflected relevant legislation and local requirements. The provider was the lead member of staff for safeguarding. The practice discussed safeguarding concerns each month in a multidisciplinary meeting. GPs were trained to child protection or child safeguarding level three and we saw evidence that some staff were trained to level two.
- The BD8 collaboration enabled the practice to maintain appropriate staffing levels and adopt a flexible approach to meeting patients' needs.
- A notice in the waiting room and in clinic rooms advised patients that chaperones were available if required. Three of the four patients we spoke with told us that they were aware of this service. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nursing team managed infection prevention and control (IPC) and liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Prescription pads were removed from clinic rooms and locked away each evening. Patient Group Directions (PGDs) had been adopted by the practice to allow

Are services safe?

nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.

- Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction (PSD). A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a prescriber.
- We reviewed two recently recruited; personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were also employed to work flexibly across the three BD8 group sites and told us that this allowed them to cover for sickness, busy periods and annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had been used by the staff following a power cut. Key members of staff kept copies of this off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 the practice had achieved 95% of the total number of points available (CCG average 91% and national average 95%) with 7% clinical exception reporting (CCG average 8% and national average 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. These figures are comparable to CCG and national averages.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/ 2015 showed:

- Performance for diabetes related indicators was better than the CCG and national averages. For example, the percentage of patients newly diagnosed with diabetes, on the register, in the preceding 12 months who had a record of being referred to a structured education programme within 9 months after entry onto the diabetes register was 83%, compared to the CCG average of 80% and national average of 76%.
- Performance against the Chronic Obstructive Pulmonary Disease (COPD) related indicators was comparable with the CCG and national averages. For

example; 94% of patients with COPD had a review recorded, undertaken by a healthcare professional, in the preceding 12 months. This was comparable with the CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- We reviewed two clinical audits completed in the last 12 months. The audits demonstrated where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit had been carried out looking at prescribing of disease-modifying antirheumatic drugs (DMARDs) to ensure adherence to guidance and that patients were having regular blood tests.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse had been supported to complete an advanced nurse practitioner course and been given dedicated time by the practice to do this. In addition a receptionist at the practice was being supported to become a health care assistant.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attending learning events and discussion at practice meetings attending learning events. Training undertaken had also included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings, one to one discussions and reviews of practice development needs. Staff confirmed that they had access to appropriate training to meet their learning needs and to cover the scope of

Are services effective?

(for example, treatment is effective)

their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice offered additional support and information to those requiring intimate screening procedures and uptake results reflected this.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 93%, which was better than the CCG average of 76% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by offering a pre-appointment with the practice nurse to explain the procedure to patients prior to the procedure being carried out. Information was also available in different languages. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 100% (CCG average 91% and national average 96%) and five year olds from 95% to 100% (CCG average 93% and national average 92%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 34 comment cards, the majority of which were positive about the standard of care received. Patients used words such as outstanding, fantastic and excellent to describe the service. However; four of the comment cards we received contained less positive comments regarding accessing appointments and one card contained a comment about accessing an eight week vaccination appointment for the baby clinic.

We spoke with four patients during the inspection, including the chair of the patient participation group. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

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

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 80% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 76% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 76% 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. The majority of patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 77% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 70% and national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and that staff were also available to translate for patients. The team was reflective of the patient population.
- Information leaflets were available; some leaflets were available in different languages.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice also had health education information displayed on the television screens for patients to review whilst waiting for their appointment.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers (4% of the practice list). The practice was proactively

inviting carers for health checks and a recent 'Healthy Living' event hosted by the practice at the suggestion of the PPG had included a carers' resource stall. Written information was available to direct carers to the various avenues of support available to them.

All palliative care patients had a named GP and were given a dedicated number to contact their GP to ensure continuity of care and deal with any emergencies. Staff told us that if families had suffered bereavement, their usual GP contacted them and attended the funeral where possible.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an extended hours clinic on Tuesday evenings until 8pm for working patients who could not attend during normal opening hours. The practice told us that patients could also be seen on a Monday and a Wednesday until 7.30pm at the other two practices within the BD8 group, although this was not advertised on the practice website.
- There were longer appointments available for patients with a learning disability and for those requiring long term condition reviews.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice including those with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Children were seen as a priority by the GP.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 5.30pm. An extended hours clinic was offered until 8pm on a Tuesday but patients could also access a GP until 7.30pm on a Monday and a Wednesday at the other BD8 group sites. In addition to pre bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 76%.

- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, there were sometimes difficulties getting through to the practice by telephone.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. The practice used a complaints form which outlined the complaints procedure; this was available from the receptionist.

We were unable to see any information about how to make a complaint displayed in the waiting area and three of the patients we spoke with told us they would not know how to make a complaint should the need arise. We discussed with the practice manager who agreed to make the information more readily available.

- We looked at two complaints received in the last 12 months and found these were handled appropriately, dealt with in a timely way showing openness and transparency when dealing with the complaint. However, we noted that complaints received through the post were not always date stamped to confirm date of receipt.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had taken steps to improve patient access and liaised with stakeholders regularly to ensure that services continued to meet the needs of the practice population.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. On occasion, staff would move between the three sites of the BD8 group practices. The staff we spoke with were happy and confident in their ability to do so.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained, there was a clear recall procedure for patients that was continually reviewed.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the lead GP in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Due to the collaborative work the lead GP was involved with in the BD8 Group of practices, the practice had identified a GP clinical quality lead. The practice told us

they prioritised safe, high quality and compassionate care. Staff told us the lead GP, supporting GPs and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the

Are services well-led?

Good 

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

practice had suggested that information was displayed in the waiting area to advise patients how many appointments were wasted each month by patients not attending.

- The practice had gathered feedback from staff through discussion, staff meetings and appraisals. 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The team work in a collaborative manner with two other practices in the area. There was a clear emphasis on shared learning and improvement between the practices.