Portishead Medical Group

Quality Report

Victoria Sq
Portishead
BS20 6AQ

Tel: 01275841630
Website: www.pmg.org.uk

Date of inspection visit: 23 March 2018
Date of publication: 02/05/2018

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

Key findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection June 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Portishead Medical Group

on 23 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice provided a range of additional services for patients which included providing facilities for local support groups; health educational evening meetings which could be accessed by any member of the community; free counselling sessions for young patients.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

Older people	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Portishead Medical Group

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, a practice nurse specialist adviser, and a CQC inspection manager.

Background to Portishead Medical Group

The Portishead Medical Group (www.pmg.org.uk) is a partnership comprising of eight GPs and the practice manager. The practice is based in the Portishead Health Centre in Victoria Square, Portishead, North Somerset, BS20 6AQ. It provides services to the residents of Portishead and the neighbouring Portbury, Clapton-in-Gordano, Weston-in-Gordano and Walton-in-Gordano.

The partners employ five salaried GPs, a team of nurses including a lead nurse and two advanced nurse practitioners, medical administration team, secretaries and summarisers, reception team and an appointments co-ordinator. There are eight male GPs and there are five female GPs.

It is a large practice with a rapidly expanding population of older patients. There were 18,400 patients registered with the practice with 26% of these being aged 65 years or older, this was greater than the England average. The practice is in one of the least deprived areas of England (decile 10). The practice has 2.5% of patients who are from BME groups.

The practice holds a personal medical services contract (PMS).

The practice provides training opportunities for trainee GPs and nurses.

Out of hours services are contracted to Brisdoc through the 111 telephone service.

The practice is registered to provide the following regulated activities:

Maternity and midwifery services

Treatment of disease, disorder or injury

Diagnostic and screening procedures

Family planning

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a range of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on-going basis. Disclosure and Barring Service (DBS) were undertaken when required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed; this was flexible and adjusted according to predicted demand. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff demonstrated they knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results. We saw that care records were accessible by the clinicians at the local GP hub and out of hours providers overnight and at weekends.
- Referral letters included all of the necessary information.

Good

Are services safe?

- The practice was included in the clinical commissioning group (CCG) information technology system to enable access to patient's records during home visits by themselves and other health care professionals; which from 1 April 2018 will also allow for records to be written remotely.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity through a comprehensive plan of audits. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. There was a system in place to record and review any significant events; we saw evidence of shared learning and additional training being accessed when deemed necessary.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.For example, the practice was able to demonstrate how they responded to medicine alerts by searching the patient database, identifying where changes needed to be made and evidence the action taken.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups as good for providing effective services.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and on-going needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- We observed that the practice offered a patient accessible blood pressure monitor in the waiting room to support patients' independence and self management.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed prescribing data from the local clinical commissioning group (CCG). We found the practice performance was comparable when compared to local and national averages. For example:

- Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) was 0.68 lower than the CCG average of 0.96. Hypnotics are a class of psychoactive medicines used to induce sleep and should be used in the lowest dose possible for the shortest duration possible.
- Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones (01/07/2016 to 30/06/2017) (NHSBA) was11.3% comparable to the CCG and national average.9.6% 8.9%
- Clinical staff and prescribing data evidenced the practice prescribed antibiotics according to the principles of antimicrobial stewardship.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication and falls assessment. The Electronic Frailty Index (eFI), was used to identify patients aged 65 and over who are living with moderate and severe frailty.
- Patients aged over 75 were offered a health check through the 'drop in' clinic. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had seen 873 patients who were over 75 at this clinic.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up all patients who had received treatment in hospital or through out of hours services for an acute exacerbation of their condition.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above with the target percentage of 90%.

Good

Are services effective?

(for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 75%, which was comparable to the CCG and national averages.
- The practices' uptake for breast and bowel cancer screening was comparable to the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified, for example, 36 checks had been completed since 1 September 2018 which had identified five patients with treatable conditions.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, those who may meet the Veterans Military Covenant and those with a learning disability.

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

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 93% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the national average.
- Patients at risk of dementia were identified and offered an assessment to identify possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, they undertook a programme of clinical audit for a range of work areas such as minor surgery, monitoring of 'at risk' medicines, implementation of latest good practice guidance such as the NICE guidance relating to the risk of an undiagnosed cancer being found in patients with a spontaneous (or "unprovoked") deep vein thrombosis. Where appropriate, clinicians took part in local and national improvement initiatives. Examples of this included participation in a local initiative to base mental health nurses in practices and for easy access for patients to musculo-skeletal assessments. Feedback from patients about these services was positive; the practice had no data at the time of inspection to demonstrate individual impact of these initiatives.

The most recent published Quality Outcomes Framework (QOF) results showed that the practice had achieved 99% of the total number of points available. The overall exception reporting rate for the clinical domain was 15.7% higher than the CCG of 10.3% and national average of 9.6% with significant values for diabetes and asthma. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- We asked the practice for their most recent exceptions reporting rates and found they were significantly lower for reporting year 2017/18. The reasons for this were ascribed to the absence of the lead clinician for diabetes management in 2016/17. The exception rates for patients with asthma had reduced from 36% to 29%, demonstrating an awareness of and active management of the issue.
- The practice was actively involved in quality improvement activity; the practice were part of One

Good

Are services effective?

(for example, treatment is effective)

Care Ltd. and participated in local initiatives (see above) and were part of an IT project to access and write on patient records on home visits. In addition they had reviewed antibiotic stewardship and infection control.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop; the clinical staff had a comprehensive range of expertise and specialist skills which included palliative care, teaching qualifications, geriatric and paediatric specialisms.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked with other health and social care professionals to deliver effective care and treatment. Feedback received from these professionals was very positive and highlighted the accessibility of clinical staff; their flexibility and availability for joint care planning and home visits for patients. In addition there was positive feedback from the care homes the practice supported which identified the relationship and trust between them that had been established.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway (01/04/2016 to 31/03/2017) (Public Health England) was comparable to clinical commissioning group and national averages.
- The practice encouraged and supported patients to be involved in monitoring and managing their health and offered additional support through use of health education sessions and offering facilities to self help groups.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns (the prevalence of smoking in their adult population was low at 11.9%), tackling obesity, and were able to access local public health initiatives to support patients such as health walks and vouchers for slimming clubs.

Consent to care and treatment

The practice obtained obtain consent to care and treatment in line with legislation and guidance.

Good

Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

- Staff treated patients with kindness, respect and compassion.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 222 surveys were sent out and 125 were returned. This represented about 0.7% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 86%; national average - 86%.
- 90% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 91%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- The practice were a Young People accredited practice with the local authority which meant they had produced specific information in format and language which was accessible to younger patients and had a Young Person's champion. The practice used the facilities at the local school for health education sessions.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers through the registration process and linking with the local carers groups. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 396 patients as carers (2% of the practice list).

- A member of staff oversaw that information relating to various services supporting carers was available and updated.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services caring?

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:

- 96% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 83%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected/did not respect patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised organise and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice operated an Urgent Surgery model which was daily provision of two GPs dedicated to provide urgent appointments and home visits. This model ensured that any illnesses or telephone calls from patients or other providers that need to be dealt with on the same day can be responded to and that any urgent home visit requests are dealt with immediately. The urgent surgery ran until 6.30pm; this meant the practice were able to support all urgent requests received during the opening hours.
- The practice promoted use of technology to improve access for patients and were a NHS England Showcase of Best Practice for online access. Data from the practice indicated that for February 2018 there were 3555 GP/ANP pre-bookable appointments available of which 771 (21.7%) were booked online.
- The facilities and premises were appropriate for the services delivered. Although the practice realised that if their list of patients continued to increase they would soon outgrow their current facilitiesand had raised this issue with the relevant authorities.
- The practice made reasonable adjustments when patients found it hard to access services by offering a 'routine' home visit service to monitor patients who could not get to the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. The practice organised care reviews at weekends in order that relatives could be involved.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice were a Young People accredited practice with the local authority.
- The practice worked in partnership with a local counselling service provider and were able to offer an accessible counselling service for young adults in addition to the NHS provision.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours

Good

Are services responsive to people's needs?

(for example, to feedback?)

and Saturday appointments. The practice are part of the One Care Improving Access programme to ensure there are sufficient local appointments available on evenings and weekends to meet patient demand.

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- There were evening appointments for the flu vaccination to provide more flexibility for patients who worked.

People whose circumstances make them vulnerable:

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

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

- We were told about specific actions taken by the practice in conjunction with the other mental health professionals to support patients with very specific care in order to facilitate them to access other support services and continue to receive primary care support.
- The practice participated in a One Care ltd pilot for mental health nurses to be based in the practice. Results indicated that when in the practice the mental health nurses saw 53% of patients presenting with low mood, anxiety or depression which equated to 24% of all patients presenting with these conditions each month. Patients could be referred or self refer to this pilot.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection, individual feedback from patients and completed comment cards.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 80%.
- 68% of patients who responded said they could get through easily to the practice by phone; CCG – 70%; national average - 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 81%; national average - 75%.
- 76% of patients who responded described their experience of making an appointment as good; CCG - 75%; national average - 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them promptly to address concerns and improve the quality of care.

- Information about how to make a complaint or raise concerns was available in the practice and on the website.
- The complaint policy and procedures were compliant with recognised guidance. 22 complaints were received in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice had received a complaint about the seating in the waiting room and had purchased additional seating specifically for patients with reduced mobility.

Are services well-led?

Good

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

Our findings

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values. There was a 'flat' partnership model with a strong culture of mutual support. The practice had demonstrated that they were able to recruit GP partnersdue to their commitment to this culture.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staffs, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had undertaken in Autumn 2017 an Improving Practice Questionnaire (IPQ) which delivered a practice level report. It had arranged meetings with patients and staff to review the report from the IPQ during March 2018. The practice received feedback via emails sent to pmg.contact@nhs.net.
- The practice participated in the Healthwatch North Somerset 'enter and view' programme and had received a positive report about the practice.
- Friends and Family Test (FFT) feedback was positive with 62 out of 73 respondents likely to recommend the practice.
- There was an active patient participation group who were consulted about future plans and strategy for the practice such as joint working with other practices in the area. There was a commitment to health education sessions for the local population.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

Are services well-led?

Good

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

- There was a focus on continuous learning and improvement at all levels within the practice, for example, there was evidence that the practice supported clinical development through their research programme for which one GP received the John Fry Award 2017 from the RCGP. In addition they had achieved a 'GP teacher of the Year 2016' award for undergraduate clinical teaching. They had strong links to university departments to support teaching and research – two GPs and one advanced nurse practitioner also held university appointments.
- Partners were active members in the local health landscape such as the clinical commissioning group, and the One Care Ltd programme.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.