Thornbury Medical Practice

Quality Report

Thornbury Medical Centre
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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?	Requires improvement
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 Thornbury Medical Centre on 10 November 2015. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- On the whole patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. There were some accesses problems that the practice needs to address.
- The practice had facilities and was equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice:

- A flu vaccination analysis was implemented recently in conjunction with the local pharmacist which resulted in saving the practice 850 appointments. The practice manager told us that Flu clinics for

Summary of findings

inviting patients were sent out. The practice set up a structured campaign targeting certain groups of patients and also giving opportunistic vaccinations with the largest increase being in pregnant women.

The areas where the provider should make improvement are:

- The practice should explore effective ways of deploying temporary staff e.g. Locums.
- Effectively investigate performance data and patient feedback which might indicate potential risks to care.
- Look at ways of making sure patients have access to prompt medical care.
- Explore all avenues of staffing and skill mix to ensure the practice is adequately staffed in the medium to long term.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people receive reasonable support and actions were instigated to improve processes to prevent the same thing happening again.
- The practice had embedded systems, processes and procedures in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were below average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice lower than others for aspects of care.
- 65% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- Staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as Requires Improvement for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Bradford District Clinical Commissioning Group to secure improvements to services where these were identified. Once a month the practice attended CCG events such as the 'Clinical Commissioning Forum'. Representatives from every practice in the CCG attended. A core group of staff attended this event every month. Discussed topics such as patient pathways, commissioning intentions, budgets, prescribing and referrals. Data was transparent and open between practices in these meetings.
- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

- 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

Good

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

- Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have care plans where necessary.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. The percentage of patients aged 65 and older who have received a seasonal flu vaccination (01/09/2013 to 31/01/2014) was 63%, the national average was 73%.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages.

People with long term conditions

Good

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.
- The practice was managing some of the most common chronic diseases, e.g. diabetes, coronary heart disease and chronic obstructive pulmonary disease.
- Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were mixed 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.

Summary of findings

- Cervical screening tests that had been performed (01/04/2013 to 31/03/2014) were lower than other practices in the area, 64% practice compared to 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- The practice did not offer extended opening hours for appointments from Monday to Friday.
- Health promotion advice was offered but there was limited accessible health promotion material available through the practice.

People whose circumstances may make them vulnerable

Good

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

- There were no policies or arrangements to allow people with no fixed address to register or be seen at the practice.
- It had carried out annual health checks for people with a learning disability, but there was no evidence that these had been followed up.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2013 to 31/03/2014) was 78% compared to 84% national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 8 January 2015 showed the practice was performing significantly below the local and national averages. We noted that 462 survey forms were distributed and 103 were returned, with a 22% completion rate, and approximately one percent of the patient list.

- 14% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 53% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 50% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 75% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 28% described their experience of making an appointment as good (CCG average 64%, national average 73%).
- 55% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).

The GPs and practice management team acknowledged the lower than average responses and had looked at ways of addressing the issues that had been identified. An action plan had been developed and sent to us after the inspection and discussed with practice staff and also with the patient participation group (PPG). A practice specific patient questionnaire was being developed in conjunction with the PPG. The practice was also collating all patient satisfaction data from the national GP patient survey, the NHS Friends and Family test and their own survey. This was to analyse any themes to support identifying areas for improvement.

The latest results from the NHS Friends and Family test showed that:

- Nov 2015 - 100% of respondents would be extremely likely to recommend this practice
- Oct 2015 - 75% of respondents would be extremely likely to recommend this practice

The practice management team told us that recruiting was a major problem at Thornbury Medical Centre and this has had a major impact on access for appointments. They have problems recruiting GP's for many years since a full time salaried GP left in December 2010 and at this time they could only replace with a part time salaried GP. The practice has had a vacancy for a Nurse Practitioner since October 2013 and a six session salaried GP vacancy since July 2014. The practice have advertised locally (intranet) and nationally with GP online but unfortunately they had no applicants apply for the GP post. A full time GP would be leaving the practice at the end of December 2015 but will be continuing as a locum for three days per week. The practice has arranged temporary cover for the other two days until March 2016.

After the inspection we were sent individual GP surveys which showed that some scores were better when compared to the national GP patient survey results. For examples:

- 89% said that the GP was good at listening – national average 82%
- 80% said they had confidence and trust in the GP – national average 82%
- 75% said they had respect shown by the GP – national average 84%

Two of the GPs shared with us the patient feedback they had gathered for their appraisal which forms part of the GP revalidation process. The majority of patients rated these individual GPs as 'very good' for being polite, making them feel at ease and listening to them. The above data was based on 75 returned patient feedback forms.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were mostly positive about the standard of care received. Comments included the staff were caring and excellent. Other comments were about access and trying to get an appointment were consistent with the survey results.

Summary of findings

We spoke with 12 patients during the inspection. All 12 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Patients told us that appointments were usually on time and you do not have to wait long.

Areas for improvement

Action the service SHOULD take to improve

- The practice should explore effective ways of deploying temporary staff e.g. Locums.
- Effectively investigate performance data and patient feedback which might indicate potential risks to care.
- Look at ways of making sure patients have access to prompt medical care.
- Explore all avenues of staffing and skill mix to ensure the practice is adequately staffed in the medium to long term.

Outstanding practice

- A flu vaccination analysis was implemented recently in conjunction with the local pharmacist which resulted in saving the practice 850 appointments. The practice manager told us that Flu clinics for inviting patients were sent out. The practice set up a structured campaign targeting certain groups of patients and also giving opportunistic vaccinations with the largest increase being in pregnant women.

Thornbury Medical Practice

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 advisor, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Thornbury Medical Practice

Thornbury Medical Centre is registered with CQC to provide primary care services, which includes access to GPs, family planning, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures. It provides GP services for patients living in the Thornbury area of Bradford.

The practice has three GPs (two male and one female), a management team, practice nurses, healthcare assistants and administrative staff.

The practice is open 8am to 6pm on Monday to Friday. Patients can book appointments in person, via the phone and online. Appointments can be booked four weeks in advance for both the doctor and nurse clinics. Out of hours services are provided by Local Care Direct. Calls are diverted to this service when the practice is closed.

The practice has a General Medical Services (GMS) contract. This is the contract between general practices and NHS England for delivering services to the local community.

The practice is part of NHS Bradford District Clinical Commissioning Group (CCG). It is responsible for providing primary care services to 7,400 patients.

The practice is situated in Bradford three. The practice has patients who are from a wide ethnic background and the area has a very high level of deprivation.

Why we carried out this inspection

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

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 November 2015.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care and treatment records of patients.

Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Good

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

For example, a flu vaccination analyses was implemented recently in conjunction with the local pharmacist which resulted in saving the practice 850 appointments.

The practice manager told us that Flu clinics set up-letters for inviting patients were sent out. The practice set up a structured campaign targeting certain groups of patients and also giving opportunistic vaccinations with the largest increase being in pregnant women.

The practice manager told us when there are unintended or unexpected safety incidents, people receive appropriate support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs who were level three trained attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We saw relevant safeguarding notes had been added to patient records during our inspection.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. Staff who acted as chaperones were trained for the role and in the main had been checked through the Disclosure and Barring Services (DBS). We noted that one of the chaperones did not have a DBS check. The practice manager assured us that an immediate DBS check would be carried out. We were sent confirmation that this was being processed after our inspection and the chaperone would stop carrying out these duties until the clearance had been received. 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 nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control and cleaning audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The risks associated with medicines management were minimised. This included arrangements for the storage and management of emergency drugs, vaccines, and controlled drugs. Regular medication audits were carried out with the support of the local CCG pharmacy teams and the local pharmacist to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, photo identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Good

Are services safe?

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 information in the reception area. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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 that enough staff were on duty e.g. the practice manager regularly reviewed workload management plans and amended staff requirements on a weekly basis. The admin staff rota had built in extra time to manage busy periods and this was continually reviewed.

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 rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice achieved 80% of the total number of points available, with 3% (219 patients) exception reporting. Exception reporting rates allows for patients who do not attend for reviews or where certain medications cannot be prescribed due to a side effect to be excluded from the figures collected for QOF. This practice was not an outlier for any QOF or other national clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 100% which was better than the CCG and national average 93%.The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March (01/04/2013 to 31/03/2014)was 100% compared to a national average of 93%.
- The percentage of patients with hypertension having regular blood pressure tests was 77% which was slightly less than the CCG and national average 83%.
- Performance for mental health related indicators was 95% which was comparable than the CCG and national average 95%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2013 to 31/03/2014) was 97% compared to a national average of 86%.

The practice manager told us that they were aware of the QOF percentage being lower at 80%.To improve this score they had set up an effective recall system of calling patients into the practice. We were told that letters were going out in a timely manner. This was working well as patients were making contact with the practice regularly to book appointments.

The practice was working on improving the recording of smoking status and smoking cessation. The practice manager has identified the lists of patients to contact. The practice has sent out letters to all patients with information about smoking cessation clinics.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

The practice management team must effectively investigate performance data and patient feedback which might indicate potential risks to care.

Information about patients' outcomes was used to make improvements such as; improving mental health service counselling access at the practice.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had (or were scheduled to have) an appraisal within the next 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice management team told us that recruiting was a major problem at Thornbury Medical Centre and this has had a major impact on access for appointments. They have problems recruiting GP's for many years since a full time salaried GP left in December 2010 and at this time they could only replace with a part time salaried GP. The practice has had a vacancy for a Nurse Practitioner since October 2013 and a six session salaried GP vacancy since July 2014. The practice have advertised locally (intranet) and nationally with GP online but unfortunately they had no applicants apply for the GP post. A full time GP would be leaving the practice at the end of December 2015 but will be continuing as a locum for three days per week. The practice has arranged temporary cover for the other two days until March 2016.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- < >taff 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 68%, which was lower to the CCG average of 80% and the national average of 80%. There was a policy to offer telephone reminders for

Good

Are services effective?

(for example, treatment is effective)

patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice manager told us that they contact patients that were due for smear appointment. A report was presented to the management team to improve the identification of patients. Work was ongoing within the practice to increase uptake of cervical smears. Part of the nursing performance reviews would include auditing all smear takers in the practice. Both nurses attend the practice nurse forums to promote shared learning, peer support and enable the nurses to keep up to date with current best practice.

We were told by the practice manager that Cytology was currently at 68% and seemed to be improving, due to the recall system and the HCAs contacting patients directly.

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 70% to 90% and five year olds was 70% to 90%. However, flu vaccination rates for the over 65s were 66%, and at risk groups 44%. These were below CCG and national averages.

Appointments were made by receptionist via phone and sending appointment letters to patients to attend flu clinics. This has made an improvement compared to the previous year.

Figures 2014/2015 showed that:-

- 65 years at risk patients increased uptake by 2.6%
- Under 65 years at risk patients increased 2.2%
- Children aged 2 years increased 6.1%
- Children aged 3 years increased 9.4%
- Pregnant women increased 22.5%

We were told by the practice manager that the practice has used the same philosophy for the current year and was hoping to have an even better improvement.

We were told that the practice nurse contacted parents. The practice had established a failsafe process for flagging up and calling patients. The 2014/2015 quarter three data demonstrated improvement in childhood immunisations.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We saw this room being used for this purpose during our inspection.

Most of the eight patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Discussions with patients highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 78% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 69% said the GP gave them enough time (CCG average 85%, national average 87%).
- 75% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 65% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 57% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 90%).
- 66% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

While the survey sample is small and the responses are generally below with other practices, there appears to be some concern amongst patients about the ease or satisfaction in the process of getting appointments. The practice recognised this and were looking at other practices in the area to improve these scores.

We were told by the practice management team that in regards to 'said they found the receptionists at the practice helpful' lower score was a result of the receptionists on some occasions not being able to offer patients an appointment. We were also told that most of the times patients reflected negatively on the receptionists for not giving them appointments, but this was a result of not having GP availability and the difficulty with recruiting GPs to the practice.

The practice management must explore all avenues of staffing and skill mix to ensure the practice is adequately staffed in the medium to long term.

Care planning and involvement in decisions about care and treatment

Patients told us that 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.

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 below local and national averages. For example:

- 68% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.

Good

Are services caring?

- 53% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81 %)

The practice management team told us that they were aware the ratings were low compared to CCG average. Unfortunately most of this was a direct result of having less GPs on duty and not being able to recruit at the time of the survey.

The practice management team told us that at the time of when the survey was conducted they had many sessions covered by locum GPs who were very strict in seeing consultations with patients i.e. 'one problem and one problem only per patient policy' and would not listen to anything more the patient had to say. The practice team were made aware of this at the time by patients and as a result were no longer booking those locums.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 85 carers which is 1.15% of the practice list size. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them flowers. 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.

Requires improvement

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. Last year partners went to a drop in health check at a local community centre to discuss patient issues. This was for all patients in the area not just patients of the practice.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities available.
- The practice had a lift to improve access to the first floor.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8am to 5:30pm daily. 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 below local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 48% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 14% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 28% patients described their experience of making an appointment as good (CCG average 64%, national average 73%.
- 55% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66%, national average 65%).

While the survey sample is small and the responses are below other practices, there appears to be concern amongst patients about the ease or satisfaction in the process of getting appointments.

The practice manager told us that unfortunately they were not in a position to open the surgery on weekends due to the huge financial impact it would have on them to open on weekends and the cost would be unsustainable at the present time. The practice was hoping to look at this in the near future once they are able to recruit more GPs to be able to offer more appointments.

The practice sent us an action plan which included:-

- Set up of a phone prompt which allowed an alert to be sent to staff when phones were busy.
- Extra staff at the busy times of the day on the phones.
- The assistant practice manager has co-ordinated and monitored all the morning and evening schedules for both GPs and receptionist to maintain the smooth operation of nine telephone lines

The practice management team agreed that they must look at ways of making sure patients have access to prompt medical care.

Listening and learning from concerns and complaints

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

- The practice 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 e.g. posters displayed and summary leaflet available.

We looked at complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, more staff at reception during mornings and other busier times.

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 clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice should look at ways of forward planning recruitment e.g. Locum GPs and Nursing staff in particular.

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
- Practice specific policies were implemented and were available to all staff
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were good arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal or written apology.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- 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. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG increased the number of phone lines into the practice and increased reception staff at busy times to improve access. The PPG had 34 virtual members; the deputy practice manager knew all these members well and discussed with us some of their engagement activities with the practice. We saw 11 comments from patients which showed improvements had been noted. Example comments included not having a problem getting through on the phone and better at being seen by a GP on the same day.
- The practice had also gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. The GPs told us that the management team were developing a system of external review, for the exchange of ideas which would open up new horizons for the practice and improve the care they provide to the patients.

The practice is currently not part of a federation but is represented at the quarterly federation meetings by a practice manager from another practice that represents non federated practices in Bradford.