Outwood Park Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Outwood Park Medical Centre on 12 July 2016. 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 well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had recognised that many of their most vulnerable patients were unable to attend either their main or branch surgeries. This meant that they often required home visits and therefore received reactive rather than proactive health care. In response to this the practice had commissioned another local health and care provider to deliver a patient transport service which would pick up the patient from home and then take them back home post consultation/treatment. Calls for this service were triaged by a GP in a similar way to calls for home visits. Between the launch of the service on 4 July 2016 and 27 July 2016 the service had been used by 36 patients and satisfaction with the service was reported to be high.

Summary of findings

There were areas where the provider should make improvements:

- The practice should consider the provision of a defibrillator at the branch surgery, or undertake a formal risk assessment as to how to manage emergency situations with the equipment currently available. In addition, the practice should ensure that all staff are aware of the action they should take in event of an emergency occurring in either of the surgeries.
- The practice should consider carrying out a full health and safety risk assessment in relation to their patient transport service.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Patient safety alerts and reports were cascaded to all staff via the practice IT system and acknowledged via a read receipt. Alerts and reports were also discussed at team meetings.
- The practice had not carried out a full health and safety risk assessment in relation to their patient transport service.
- The practice did not have a defibrillator available at the branch surgery or a risk assessment in place to show why this was not required.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice utilised the services of a pharmacist and physiotherapists attached to the practice via a local Vanguard programme. With regard to the pharmacist support, it used this for activities such as carrying out medication reviews and

Summary of findings

dealing with queries with regards to medicines. The pharmacist also delivered a minor illness treatment service for common conditions. This released GP capacity to carry out other health and care duties.

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, they had sent patients letters to encourage bowel cancer screening and opportunistically promoted screening programmes to patients in relevant age groups.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients told us on the day that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice was working to improve the identification of carers within the practice population, this included:
  - Participating in Carers Week and hosting a coffee morning for carers
  - Discussion with patients during open days for flu vaccinations
  - Adding a section in the practice application form which identified caring responsibilities.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. As an example, the practice delivered enhanced diabetic services to patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group (PRG) was active and worked closely with the practice to improve services for patients.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had developed a strong training culture, and as well as being a training practice for doctors also supported career development within the practice, and had introduced apprentice roles within the workforce.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, the practice had recognised the needs of patients, many elderly, who could not attend the GP main or branch surgeries. To meet this need the practice had developed a patient transport service which arranged to pick up and transport patients using trained staff in a designated vehicle. It is felt that this service gave patients access improved levels of care and reduced the need for home visits.
- The practice carried out activities which sought to avoid unplanned admission to hospital which included the identification of vulnerable patients, care planning, regular reviews, and analysis of ongoing need at discharge should a patient be admitted to hospital. Patients identified as being at risk due to social influences are referred to a local health and wellbeing team or signposted to appropriate services such as those in the voluntary sector. At the time of inspection 220 patients were covered by this service.
- The practice delivered weekly clinical sessions to 48 practice patients in residential care.
- The practice hosted abdominal aortic aneurysm (AAA) screening for both identified individuals and self-referred patients (this screening sought to detect dangerous swellings (aneurysms) of the aorta - the main blood vessel that runs from the heart, down through the abdomen to the rest of the body).

People with long term conditions

Good

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice actively managed registers of patients with long-term conditions such as diabetes, Chronic Obstructive Pulmonary Disease (COPD) and asthma. These patients were invited for structured reviews which were carried out at least annually. During reviews personalised care plans were developed with input from the patients concerned.
- Performance for diabetes related indicators was similar to local and national averages. For example, 75% of patients with

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diabetes had an HbA1C result which was within normal parameters, compared to 76% locally and 77% nationally (HbA1c is a blood test which can help to measure diabetes management).
- Longer appointments and home visits were available when needed. The home visits were triaged by the practice and those deemed as urgent or high need were prioritised.
- The practice had identified the needs of diabetic patients and had developed a specialist diabetic clinic. In addition, a diabetic consultant and specialist nurse attended the practice to support diabetic patients with complex needs. This reduced the need for diabetic patients to attend secondary care services.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 83% and the national average of 82%.
- Extended appointments were available for six-eight week baby checks.
- The nominated health visitor for the practice attended monthly clinical meetings with staff from the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was working towards attaining young people friendly accreditation.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted

the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice participated in the catch up programme for students aged 17 and over for measles, mumps and rubella and meningitis C vaccinations.
- A GP triage service was available for telephone consultations during the day. This was useful for patients who for example may be at work and were unable to visit the practice.
- Late evening and Saturday appointments were available to patients; this service was delivered from Outwood Park Medical Centre in conjunction with GPs and nurses from other practices.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and the frail elderly with complex needs. Such patients were offered longer appointments.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Practice staff had received training on the identification of carers and had hosted an event to raise awareness of carer's issues.
- 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.
- The practice provided medical services for a local homeless shelter, and staff were aware of the specific needs of these patients.

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

- 99% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the local and national averages of 84%.
- Performance for mental health related indicators was better than local and to the national averages. For example, 96% of patients with schizophrenia, bipolar affective disorder or other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months compared to a CCG average of 89% and a national average of 88%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- To meet local need the practice had increased nurse availability for patients with mental health problems to 40 appointments a week, this was achieved by an increase in ten hours of nurse time per week. These appointments provided timely access to a known nurse who was able to give information and support. Longer appointments were available during these sessions.
- A local mental health service provider delivered weekly sessions at the main surgery. These were access either on a referred or self-referral basis.
- In partnership with the patient reference group (PRG) the practice had held a dementia awareness event in August 2014. Feedback for this event was very positive and there were plans to hold a similar event in the autumn of 2016.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Survey forms were distributed to 238 patients and 110 were returned for a response rate of 46%. This represented less than 1% of the practice's patient list.

- 69% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 73% and the national average of 76%.
- 83%% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards of which the majority were positive about the standard of care received, however two of the cards raised issues with difficulties experienced in obtaining an appointment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient also told us that obtaining an appointment could be difficult at times.

Outwood Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Outwood Park Medical Centre

The practice operates from a main surgery which is located at Outwood Park Medical Centre, Potovens Lane, Outwood, Wakefield, West Yorkshire WF1 2PE; it also delivers services from a branch surgery at Wrenthorpe Health Centre, Wrenthorpe Lane, Wrenthorpe, Wakefield WF2 0NL. The practice serves a patient population of around 13,300 patients and is a member of NHS Wakefield Clinical Commissioning Group.

The main surgery is situated in purpose built premises which opened in 2000. The surgery is located over two floors and is accessible for those with a physical disability as floor services are level, doorways are wide and fitted with automatic doors. There is parking available on the site for patients. The branch surgery is also located in a purpose built premises which is accessible to those with a disability and there is limited parking available nearby.

The practice population age profile shows that it is above both the CCG and England averages for those over 65 years old (20% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 79 years for males and 82 years for females (CCG average is 77 years and 81 years and the England average is 79 years and 83 years respectively). The practice population is predominantly White British.

The practice provides services under the terms of the Personal Medical Services (PMS) contract. In addition the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Extended hours access
- Dementia support
- Risk profiling and care management
- Support to reduce unplanned admissions
- Improving patient online access
- Minor surgery
- Patient participation

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, chronic obstructive pulmonary disease, diabetes, heart disease and hypertension, and physiotherapy.

Attached to the practice or closely working with the practice is a team of community health professionals that includes health visitors, midwives, members of the district nursing team and health trainers.

Detailed findings

The practice has four GP partners (three male, one female), three salaried GPs (one male, two female), one GP registrar (female) and uses the services of two regular locums. In addition there are three practice nurses (all female), one healthcare assistant and one phlebotomist (both female). Clinical staff are supported by a practice manager, an assistant practice manager, an office manager and an administration and reception team. In addition the practice also has the services of a pharmacist and physiotherapists on site.

The practice appointments include:

- On the day appointments
- Pre-bookable appointments
- Telephone triage/consultations where patients could speak to a GP or nurse to ask advice and if identified obtain an appointment

Appointments can be made in person, via the telephone or online.

The practice is open between 8am and 6.30pm Monday to Friday. Surgery times were:

Outwood Park Medical Centre 8am – 11.15am and 2pm – 6.30pm Monday to Friday

Wrenthorpe Health Centre 8.45am – 11.15am and 2.45pm – 5.15pm Monday to Friday

Additionally the practice works with other local GPs to offer appointments from 6.30pm to 8pm Monday to Friday and from 9am to 3pm on a Saturday; these are available from the Outwood Park Medical Centre.

The practice is accredited as a training practice and supports GP trainees.

Out of hours care is provided by Local Care Direct Limited and is accessed via the practice telephone number or patients can contact NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 July 2016. Prior to and during our visit we:

- Spoke with NHS Wakefield Clinical Commissioning Group
- Spoke with a range of staff, which included GPs, nursing staff, the practice manager and members of the administration team.
- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views.
- Observed how patients were treated in the reception area.
- Spoke with members of the patient participation group.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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 a recording form available on the practice computer system.
- The practice carried out a thorough analysis of the significant events.
- The incident recording process supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation; learning and sharing mechanisms were in place. For example, all events were discussed at team meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of a patient presenting with an arterial bleed the practice had instituted improved emergency incident procedures and processes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. These alerts and reports were cascaded to all staff via the practice IT system and acknowledged via a read receipt. Alerts and reports were also discussed at team meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 and deputy for safeguarding within the practice. The GPs discussed safeguarding during monthly clinical meetings which were attended by the local health visitor, and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to safeguarding level three, members of the nursing team were trained to level two and reception and administration staff were trained to level one.
- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). When a chaperone had been used both the clinician and the chaperone noted this on the patient record.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP and practice nurse were the infection prevention and control (IPC) clinical leads and they liaised with the local IPC team to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

medicines. A pharmacist worked within the practice and supported work around medicines management as well as carrying out patient medication reviews and other duties such as the operation of a minor illness clinic. The pharmacist was also a prescriber and received support and supervision from GPs within the practice. The practice carried out regular medicines audits, with the support of the local CCG medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are documents permitting the supply of prescription-only medicines to groups ofpatients, without individual prescriptions).
- We reviewed three recent personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills (the last fire drill was held in March 2016). All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a bacterium which can contaminate water systems in buildings). However, we did note the practice had not carried out a full health and safety risk assessment in relation to their recently instituted patient transport service. The practice agreed to action this when we informed them of this.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and the practice regularly reviewed appointment uptake and availability to ensure that the practice was optimally staffed.

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 and a panic button in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and emergency medicines were available.
- The main surgery at Outwood Park Medical Centre had a defibrillator available on the premises and oxygen with adult and children's masks. However the branch surgery at Wrenthorpe Health Centre did not have a defibrillator available. The practice should consider the provision of a defibrillator at the branch surgery or undertake a formal risk assessment as to how to manage emergency situations with the equipment currently available. In addition the practice should ensure that all staff are aware of the action they should take in event of such an emergency.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan and a recovery 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 with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points available. The practice had appointed staff to lead on key areas of QOF activity and performance was regularly discussed. The practice had an overall exception reporting rate of 11%, however it had higher than average exception reporting rates for specific conditions such as asthma 24% (figures for CCG 6% and England 7%), and COPD 21% (figures for CCG 11% and England12%). We raised these high individual exception reporting levels with the practice who said they would review them against the processes currently in place and operating within the surgery. The Practice had developed a QOF exception reporting policy (created June 2015) which was comprehensive and was being implemented by staff.

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

- Performance for diabetes related indicators was similar to local and national averages. For example, 75% of patients with diabetes had an HbA1C result which was within normal parameters, compared to 76% locally and 77% nationally (HbA1c is a blood test which can help to measure diabetes management).
- Performance for mental health related indicators was better than local and national averages. For example, 96% of patients with schizophrenia, bipolar affective disorder or other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months compared to a CCG average of 89% and a national average of 88%.

There was evidence of quality improvement including clinical audit.

- The practice had completed 12 clinical audits in the last two years and used these to improve services. We examined two full cycle audits in depth; these related to contraceptive implants and the management of adults with coeliac disease. Findings from the coeliac disease audit led to the development and implementation of an annual review template for patients.
- The practice participated in local audits, national benchmarking, peer review and research.
- Via one of two local Wakefield Vanguard programmes which the practice participated in, the practice had gained the services of a pharmacist and physiotherapists on site. As well as being able to provide specialised knowledge to health professionals and patients within the practice, the pharmacist and physiotherapists also freed clinician time to carry out other duties. For example, between 1 April 2016 and 2 July 2016 the physiotherapist had dealt with 166 appointments and saved an estimated 27 hours of GP time. Over the same period the pharmacist carried out 177 interventions which included dealing with minor illnesses, carrying out medication reviews and giving medicines advice. This saved an estimated 23 hours of GP time.

As part of the programme the practice had also trained reception staff to act as care navigators to refer or signpost patients to more appropriate health and care services. They were also able to explain to patients in more depth the range of services and treatment options available to them. Between 1 April 2016 and 2 July 2016 they had dealt with 434 patient contacts and made 359 referrals to a pharmacist and 87 to a physiotherapist. These activities were estimated to have saved 42 hours of GP time within the practice, as patients had been referred to other appropriate services rather than see a GP.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. They had also developed a comprehensive locum pack which contained key information for staff new to the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff had received additional training to allow them to deliver enhanced diabetic services.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Referrals were monitored by the practice, and those who had not attended were contacted by the practice.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment and shared information via a common IT system. This included when patients moved between services, including when they were referred, or after they were discharged from hospital or when they were nearing the end of life. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. The practice also used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual (the use of this system had been subject to a full cycle clinical review.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- 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 cessation and alcohol consumption.

The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in

Good

Are services effective?

(for example, treatment is effective)

place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice told us that it also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, they had sent patients letters to encourage bowel cancer screening and opportunistically promoted screening programmes to patients in relevant age groups.

Childhood immunisation rates for the vaccinations given were above the local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99% (CCG averages ranged from 94% to 98%) and five year olds from 96% to 99% (CCG averages ranged from 92% to 97%).

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The majority of the nine patient Care Quality Commission 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 spoke with members of the patient reference group (PRG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that patients were satisfied with how they felt they were treated by the practice with regard to compassion, dignity and respect. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patient satisfaction was comparable to local and national figures when they responded to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%

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

- Staff told us that translation and interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in a range of easy read formats.
- In 2015 practice staff had received awareness training in regard to sensory impairment and subsequently had

carried out a sensory impairment survey with patients of the main and branch surgeries and had participated in an audit visit which looked at the suitability of facilities. The staff worked closely with the patient reference group (PRG) to analyse results and findings and had implemented changes and improvements which included:

- The use of contrasting colours on all key signs and notices
- Cutting back overhanging trees
- Two members of staff became hearing impairment champions within the practice
- Lighting was improved in corridors
- A hearing loop was installed

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 111 patients as carers (under 1% of the practice list). The practice told us that they recognised that this was low and had taken a number of steps to increase the identification of carers which included:

- Participating in Carers Week and hosting a coffee morning
- Discussion with patients during open days for flu vaccinations
- Adding a section in the practice application form which identified caring responsibilities

Staff told us that if families had experienced bereavement they would be contacted by the practice and offered a visit or an appointment to discuss any needs they may have in relation to support. The practice was also able to signpost to other organisations which would be able to support them at this time.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had recognised that many of their most vulnerable patients were unable to attend either their main or branch surgeries. This meant that they often required home visits and therefore received reactive rather than proactive health care. In response to this the practice had commissioned another local health and care provider to deliver a patient transport service which would pick up the patient from home and then take them back home post consultation/treatment. Calls for this service were triaged by a GP in a similar way to calls for home visits. Between the launch of the service on 4 July 2016 and 27 July 2016 the practice had received 125 visit requests. Of these 89 had been met via home visits and 36 had used the patient transport service. Outcomes of the scheme were discussed at twice weekly monitoring meetings held with the commissioned provider. Initial patient satisfaction with the service was reported as being high.
- The practice provided medical services for a local homeless shelter, and staff were aware of the specific needs of these patients.
- The practice hosted abdominal aortic aneurysm screening for both identified individuals and self-referred patients. In 2015-2016 80 identified patients were screened (88% of those invited) and of these patients three were found to have an aneurysm. In addition ten patients self-referred, none of which were identified as having an aneurysm.
- As a participant within two local Vanguard programmes, the practice and others sought to provide a larger, more diverse primary care team within the local area and to deliver better co-ordinated services to meet patient need. A key element of the programme was improved physical access to care. The practice supported this approach and had:
  - Trained and used reception staff as care navigators to refer and signpost patients to appropriate health and care services should these be appropriate rather than access a GP appointment. They were also able to explain to patients in more depth the range of services and options available to them.
  - Increased patient access to information regarding care services and wellbeing opportunities.
  - Worked closely with other health and care providers to provide integrated care within the community.
  - Delivered clinical sessions for patients in residential care.
  - Offered services led by a pharmacist and physiotherapists. These staff were able to either directly support clinical staff or deliver enhanced services to patients which reduced the need to access these services at other locations and demand on primary and secondary care services.
  - Accessed the services of a community matron who delivered late home visits up to 6.30pm.
- The practice made longer appointments available for patients when this was required such as for those with a learning disability, or the frail elderly with complex health and care needs.
- The practice had an effective recall system for patients with long term conditions such as diabetes, asthma, heart disease and COPD.
- The practice offered a range of appointments which included:
  - On the day appointments
  - Pre-bookable appointments
  - Telephone triage/consultations where patients could speak to a GP or nurse to ask advice and if identified obtain an appointment
  - Appointments can be made in person, via the telephone or online.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. Once a patient was identified the practice carried out advanced care planning and three monthly reviews, which involved multi-disciplinary working across health and social care providers. Patients who had been admitted

Good

Are services responsive to people's needs?

(for example, to feedback?)

were contacted at discharge to assess their ongoing health and care needs. At the time of inspection 220 patients were registered to receive the service and all had care plans developed for them.

- The practice had identified the needs of diabetic patients and had developed a twice weekly specialist diabetic clinic. This allowed the practice to deliver diabetic services which included insulin initiation. In the past year 12 patients had received insulin initiation. In addition, a diabetic consultant and specialist nurse attended the practice on a quarterly basis to support diabetic patients with complex needs. This reduced the need for diabetic patients to attend secondary care services. In 2015 the practice made available 56 appointments via specialist led clinics which were attended by 40 patients. Satisfaction with this service was very high with 100% of patients being either very satisfied or satisfied, and 85% of patients felt they were encouraged to make informed decisions about their care and diabetes management.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation and interpretation services available.
- To meet local need the practice had increased nurse availability for patients with mental health problems to 40 appointments a week, this was achieved by an increase in ten hours of nurse time per week. These appointments provided timely access to a known nurse who was able to give information and support. Longer appointments were available during these sessions.
- The practice produced a newsletter which gave patients information regarding new services and developments and key contact details.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Surgery times were:

Outwood Park Medical Centre 8am – 11.15am and 2pm – 6.30pm Monday to Friday

Wrenthorpe Health Centre 8.45am – 11.15am and 2.45pm – 5.15pm Monday to Friday

Additionally the practice worked with other local GPs to offer appointments from 6.30pm to 8pm Monday to Friday and from 9am to 3pm on a Saturday. These appointments were delivered at the Outwood Park Health Centre.

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.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%
- 69% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information was available regarding complaints in the practice leaflet and on the website.

We looked at nine complaints received in the last 12 months and that these had been dealt with in a satisfactory manner. Lessons were learnt from individual concerns and

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Details of complaints and resultant actions were discussed at team meetings.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was known by staff. Staff also told us that they understood and supported the ethos and culture within the practice of delivering healthcare to the highest standards.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

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 comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The practice management were well aware of the challenges they faced in general practice and actively planned how to meet these. For example, the practice had seen the recent retirement of two senior partners from the practice. This had impacted upon capacity and the ability to deliver services. In response to this the practice had sought to recruit other clinicians and had recently been successful in the recruitment of two GPs and an advanced nurse practitioner.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. They told us that senior members of staff were always approachable and friendly and sought to build a positive team culture.

Practice staff took lead roles within the local health community. For example, the practice manager was an advisor to the CCG, and a GP partner was the chair of the local GP network of practices.

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 reference group (PRG) and through

Are services well-led?

Good

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

surveys and complaints received. The PRG met regularly every six weeks and submitted proposals for improvements to the practice management team. For example, following feedback from the PRG the practice had provided a seat outside the main practice where patients could sit whilst waiting for taxis. Comments from the PRG had also led to the chairs in the branch surgery being replaced with ones which were higher and more suited to the elderly or those with mobility issues.

- The practice had gathered feedback from staff through annual appraisals, staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

- Developed a strong training culture, and as well as being a training practice for doctors also supported career development within the practice, and had introduced apprentice roles within the workforce.
- Participated in two local Vanguard programmes, as part of which, the practice sought to provide a larger, more diverse primary care team within the local area and deliver more effective joined-up services to meet patient need.
- Developed a patient transport service which arranged to pick up and transport patients using trained staff in a designated vehicle. It is felt that this service gave patients access improved levels of care and reduced the need for home visits.