UEA Medical Centre

Inspection report

University of East Anglia
Norwich
Norfolk
NR4 7TJ
Tel: 01603 251600
www.umsuea.co.uk

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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 location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as good overall. At the previous inspection in October 2015 the practice was rated as outstanding overall; with an outstanding rating achieved for responsive and well-led services and a good rating achieved for safe, effective and caring.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at University of East Anglia Medical Centre on 7 September 2018.

At this inspection we found:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided and worked with the university to ensure that care and treatment were provided at the most appropriate times. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice's performance in relation to the Quality Outcome Framework (QOF) results was generally in line with the Clinical Commissioning Group (CCG) and national averages.
- The practice had a programme of quality improvement activity planned and we saw evidence of a two-cycle audit completed which positively impacted on the quality of patient care.
- The practice had been operating a Norfolk and Suffolk Foundation Trust and University of East Anglia Medical Centre pilot for the placement of a mental health specialist nurse providing one session a week at the practice for approximately one year.
- Results from the July 2017 national GP patient survey were generally above local and national averages.
- The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from patients and the patient participation group (PPG).
- We saw evidence that complaints and significant events were handled effectively, trends were analysed and lessons learned and distributed amongst relevant staff.
- The practice actively reviewed the needs of its population and worked directly with the university to respond to patient needs and demand; the practice ensured that clinics were held at the correct time.
- The practice offered intuitive online services such as online registration that automatically notified the practice of existing long-term conditions and a website which translated into over 100 different languages to meet the need of the diverse student population.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- There were high levels of staff and patient satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture and morale.
- There were consistently high levels of constructive staff, patient and external stakeholder engagement.

The areas where the provider **should** make improvements are:

- Review and improve the uptake of cervical screening.
- Review and improve Quality Outcomes Framework exception reporting for Diabetes.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager adviser and a second CQC inspector.

Background to UEA Medical Centre

University of East Anglia Medical Centre is situated in Norwich, Norfolk within the university complex. The practice is situated in the NHS Norwich CCG area. The practice has a Primary Medical Services (PMS) contract with the NHS and there are approximately 21,500 patients registered at the practice.

The practice has 13 GPs (five male and eight female), of whom six are partners and have lead responsibilities and management roles. The practice is an accredited training practice.

The GPs were supported by a nurse team consisting of five nurses, a healthcare assistant and a phlebotomist. There is a business manager and a number of support staff who undertake various duties. There is an operations manager and a team of receptionists. All staff at the practice worked a range of different hours including full and part-time.

The practice is open Monday to Friday between 8.30am and 6.30pm and with extended opening hours between 6.30pm and 8pm on a Tuesday and 8.30am and 12pm on a Saturday. Outside of these hours, GP services are provided by IC24 via the NHS 111 service.

Due to the practice being based within the university complex, a high proportion of patients (65%) are students and a high proportion of patients were born overseas (43%). The practice therefore has a much lower than average number of patients over the age of 65. Patients are able to maintain registration with the practice following graduation from university providing they continue to reside within the practices' catchment area.

The practice population can vary significantly throughout the year; due to the number of patients leaving the university prior to the summer and approximately 4,000 new registrations each September.

Good

Are services safe?

We rated the practice as good for providing safe services. The practice was previously rated as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis including; references from previous employment, proof of identification, Disclosure and Barring Service (DBS) check and professional registration checks.
- There was an effective system to manage infection prevention and control. We saw evidence that an infection prevention and control audit had been completed and actions were taken where necessary. The practice had cleaning policies and procedures and staff undertook additional deep cleaning responsibilities outside of the academic year when the practice was not as busy.
- The practice had arrangements to ensure facilities and equipment were safe and in good working order. We saw evidence health and safety checks, equipment calibration and portable appliance testing were completed.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice had identified that with the demographic of the practice largely consisting of university students, the practice was busy during university term time and quieter during the summer months. Therefore, the practice had implemented a process where staff would take all of their annual leave during the quieter summer months and absence during the busy university term time would be limited to sickness and/or emergencies. Staff understood and were satisfied with these arrangements which also contributed to a better continuity of care for patients, particularly those with diagnosed with a mental health condition.
- There was an effective induction system for staff tailored to their role including locum GP staff. When locum staff were utilised, the practice regularly used the same individuals for consistency of care for patients.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff we spoke with were able to identify their responsibilities during a medical emergency and how to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results. Following a recent significant event at the practice, the practice management team provided further guidance and training to staff in relation to handling test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice had implemented risk sharing meetings with university staff to identify and discuss patients who were deemed a risk or potential risk. University staff were able to contact the GP partners

to escalate urgent concerns and patients would be seen on the same day. The practice and university had implemented written processes and confidentiality agreements and vulnerable patients were encouraged to sign consent forms to allow the sharing of information. Mechanisms were in place which considered data protection.

- In addition to this, the practice held regular meetings with Norfolk Community Eating Disorder Service to discuss patients who were deemed a risk or potential risk.
- The practice had implemented a number of risk registers including patients diagnosed with an eating disorder. These patients were assigned to one of the GPs at the practice who was responsible for their monitoring. In addition to this, there was a lead administrator who was responsible for ensuring patients were being followed up, monitored and contacted if they failed to attend.
- Clinicians made timely referrals in line with protocols. Referral letters that we viewed contained adequate information and were made in a timely manner.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. We saw evidence the practice completed documented checks and nursing staff told us they were provided with protected time to complete these checks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. We saw evidence patients on high risk medicines were monitored appropriately.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues such as fire safety, legionella and health and safety.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Staff we spoke with told us leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw evidence incidents were discussed in all staff meetings and the practice disseminated learning amongst staff.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We reviewed some safety alerts and found they had been acted upon appropriately.
- The practice leadership team completed regular scenarios with staff such as a role play of a patient having a heart attack in reception. Staff were aware a scenario would take place but not what the content would be. The leadership team monitored the staff response to the emergency and completed a debrief and evaluation with staff to see what worked well and where improvements were required. We saw evidence that following these scenarios, actions were taken and improvements made.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

We rated the practice as good for providing effective services. The practice was previously rated as good for providing effective services.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions in the care records we reviewed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. Additional support information was available throughout the practice on noticeboards; for example, where to seek further support and the most appropriate NHS service to attend, if a condition worsened during a time that the practice was closed.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- All patients had a named GP responsible for their overall care.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff that we spoke with had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had four digital blood pressure machines available which patients could loan to record their blood pressure for seven days.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was generally in line with local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% or above with a range of 94 to 100%. The practice told us that they believed they had achieved a good uptake in childhood immunisations due to how they managed the process. When the practice became aware of a new birth, a letter was sent to the parents containing a registration letter, immunisation appointments and post-natal information. Parents were then reminded via text message of the appointments. Where appointments were cancelled or not attended, these were monitored and proactively chased up by a member of the practice team.
- The practice had identified a breast feeding champion lead GP who updated all the GPs on medicines issues relating to pregnancy and breastfeeding.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 43%, which was below the 80% coverage target for the national screening programme. The practice believed that some patients may have been involved in screening processes within their country of birth. The practice

checked annually that three invites had been issued during the past year prior to recording a patient as a non-responder. We also saw evidence of information sheets and posters regarding cervical screening within the practice.
- The practice's uptake for breast and bowel cancer screening was in line with the local and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered annual health checks to patients with a learning disability.
- The practice held a "patients of concern register" which contained information about patients that would not necessarily appear on any other register but who needed enhanced continuity of care. These patients were reviewed and discussed on a monthly basis so that clinicians were aware of potentially vulnerable or high-risk patients.
- The practice had a patient population which was 65% students and many were living some considerable distance from family and traditional support. The practice had developed relationships with other stakeholders to provide that support and was mindful of the potential vulnerability of its patients.
- People in vulnerable circumstances were easily able to register with the practice.
- The practice offered Tuberculosis screening and Quantiferon testing for all high risk new registrations from overseas in addition to the UK Boarder Agency screening.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for monitoring of long term medication.
- Patients experiencing poor mental health were provided with an annual mental health review.
- The practice offered in-house cognitive behavioural therapy services.
- A mental health practitioner held weekly clinics at the practice to assist GPs in managing complex high-risk patients.
- There was a lead GP for mental health and an additional lead GP for eating disorders as the practice had identified a high prevalence of eating disorders in their patient population.
- The practice provided patients experiencing poor mental health with a one-page contact sheet containing links to useful resources, university help, local support groups and services, and emotional support such as Samaritans.
- Regular meetings were held with the locality manager of the local trust, local trust staff responsible for mental health care and the wellbeing team from the university's student support services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practices performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- For example, the practice recently completed an audit in relation to the management of patients with asthma to ensure that they were on the correct and most up-to-date treatment plan. We saw evidence that patients had been recalled and reviewed where their treatment required it.

Good

Are services effective?

- The practice had implemented an IT system which acted as a second check to ensure patients results were sent and follow up appointments were made when appropriate.
- The practice reviewed GP referrals and used these reviews to enable GPs to learn from others and compare best practice.
- The most recent published Quality Outcome Framework (QOF) results were 94% of the total number of points available compared with the CCG average of 97% and national average of 96%.
- The overall exception reporting rate was 16% compared with the CCG average of 8% and national averages of 6%.

(QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- The practice provided a report detailing the higher than average exception reporting rates in some indicators. The reasoning for the higher than average reporting rates varied from a low number of overall patients diagnosed with a condition meaning that one or two exceptions would indicate a high percentage. We reviewed a number of exception records and found these to have been appropriately made.
- The practice used information about care and treatment to make improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. We saw evidence that staff had completed appropriate training and revalidation to their role.
- Clinical staff were encouraged to attend specialist training regarding patients suffering from eating disorders to enhance the level of the care offered.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Staff that we spoke with confirmed that they were provided with adequate protected time to develop and maintain skills.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making.
- The practice undertook annual clinical scenario training which was aimed to promote team work, situational awareness, decision making and thinking ahead. The practice wrote simulated scenarios and used staff in roleplay and a training mannequin, as well as emergency equipment and medicines. Small groups completed the scenario alongside a GP facilitator and feedback was provided. Any useful learning points were then brought forward to a larger group discussion.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We saw evidence of support structures in place for staff and relevant policies and procedures in relation to managing performance.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding on care delivery for people with long term conditions. They shared information and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

Good

Are services effective?

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health; for example, through social prescribing schemes. We saw evidence of a variety of leaflets and posters throughout the practice in relation to health eating, stop smoking and local exercise classes. These were also available in easy read formats.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Clinicians that we spoke with were aware of the Mental Capacity Act, had received training on the Act and were able to evidence how they put that into practice.
- We saw evidence that consent had been obtained in the records we viewed.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring. The practice was previously rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients we spoke with and comment cards we received was positive about the way staff treat people. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- Staff understood patients' personal, cultural, social and religious needs. The practice had identified that due to a large multicultural practice population, with students attending the university from overseas, the practice website was available in 104 different languages and translated all of the content including information and guidance.
- The practice gave patients timely support and information.
- The practices GP patient survey results were above local and national averages for questions relating to kindness, respect and compassion.
- The practice achieved 100% satisfaction for the percentage of respondents who answered positively to "Did you have confidence and trust in the GP you saw or spoke to?" in the 2017 National GP Patient Survey.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified carers and supported them. The practiced had identified and supported 29 carers which was approximately 0.15% of the practice population. The practice had a lower than average number of carers identified due to the demographics of the population where a large majority of patients were university students.
- The practice had identified that mental health conditions were prevalent amongst the student population, particularly around times of examinations. Therefore, the practice ensured that information on the website reflected this need and provided information on; mental health, cognitive behavioural therapy, counselling services and 'student minds' - a mental health charity specifically targeting students.
- The practices GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- The practice had a glass barrier constructed between the reception desk and waiting room, to separate the two areas and maintain confidentiality. In addition to this, a separate room for patients was available and offered if patients wanted to discuss sensitive issues or appeared distressed.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- The practice offered 'health condition menu cards' at the reception desk so that patients were able to point to their specific ailment rather than vocalising it and maintain confidentiality. This was available for both GP and nurse appointments.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. The practice had identified there was a large multicultural practice population, with approximately 43% of patients being students from overseas. In response to this the practice offered presentations at the university for overseas students and educated them about NHS services, including managing expectations, immunisations, sexual health and general well-being.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice offered home visits for patients who were unable to access the practice.
- The practice worked with the university and reviewed data from daily monitoring and the previous year's demand, in addition to examination timetables, to respond to patient needs by scheduling additional clinics at times of peak demand. For example, the practice and university were aware that stress related illnesses were higher than normal at times of examinations and therefore the practice ensured that mental health support, information and guidance was prevalent during these times and offered clinics to support these needs.
- The practice offered online registration for patients; this ensured that the practice was able to easily process approximately 4,000 new registrations each academic year. The online registration form notified the practice if the patient had identified any existing conditions. For example, if a patient had identified that they had a diagnosis of asthma, the patient would receive a notification requesting to make an appointment at the next available asthma clinic. In addition to this, if a patient had identified they were a smoker or consumed excessive amounts of alcohol, the practice would be notified and alerted to send the patient smoking cessation information and alcohol reduction advice. The practice conducted their own patient survey which evidenced 85% of patients were satisfied with the new online registration process.
- The practice completed an in-house survey and analysed the results and comments received. We saw evidence that the survey results are distributed amongst Patient Participation Group (PPG) members requesting any comments on how the practice could improve particular areas. For example, suggestions to improve the website following a reduction in score for the website in the 2018 survey. We saw evidence that an action plan was completed and actions taken in response to the survey results and recommendations made by PPG members. The practice analysed the scores for each clinical member of staff individually and worked with staff to improve satisfaction where required.
- The practice offered an assessment bay for patients who needed to be monitored. Patients with health concerns and with a limited support mechanism at home could be cared for at the practice until it was safe for them to return home. GPs made arrangements for patients to be supported when the practice closed at the end of the day. The assessment bay was overseen by a clinician who would observe the patient throughout the day. The practice believed that this assessment bay resulted in a reduced number of hospital admissions.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice offered urgent appointments for those with enhanced needs.
- There were systems in place to ensure that care plans and medication lists were accurate for patients when discharged from hospital.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

Good

Are services responsive to people's needs?

- Care and treatment for patients with multiple long-term conditions was coordinated with other services. The practice held regular meetings to discuss and manage the needs of patients with complex medical issues.
- If a patient had identified that they had a long-term condition during the registration process, the patient would automatically receive a notification requesting to make an appointment at the next available clinic.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice actively followed up patients not attending for their childhood immunisations.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- The practice had the facility for patients to cancel appointments by text message.
- The practice identified there was a need to focus on sexual health and contraceptive services amongst their patient population. The practice offered testing for sexually transmitted infections on site.
- In addition to this, the practice encouraged eligible patients to register for the "C-Card scheme" which enabled the practice to issue contraception as part of contraceptive advice and conduct contraceptive reviews.
- The practice had four digital blood pressure machines available which patients could loan to record their blood pressure for seven days.
- Following feedback from patients, the practice had installed Wi-Fi throughout the building to enable patients to check their university timetable whilst making appointments.
- The practice offered extra clinics on Wednesday afternoons as they were aware that no student lectures took place during this time and this would facilitate good attendance.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice. They had developed in house protocols and templates to use with the intention of providing consistently high levels of care and placed these patients onto a "patient of concern" register so they can be monitored.
- The practice had a patient population which was 65% students and many were living some considerable distance from family and traditional support. The practice had developed relationships with other stakeholders to provide that support and was mindful of the potential vulnerability of its patients.
- People in vulnerable circumstances were easily able to register with the practice.
- The practice offered Tuberculosis screening and Quantiferon testing for all high risk new registrations from overseas in addition to the UK Boarder Agency screening.

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

- There was a lead GP responsible for mental health.
- The practice offered counselling and well-being appointments on site each week to help with attendance and reduce did not attend rates.
- The practice had identified that due to a high prevalence of mental health diagnosis amongst students, the practice had operated Norfolk and Suffolk Foundation Trust and University of East Anglia Medical Centre pilot for the placement of a mental health specialist nurse providing one session a week at the practice for approximately one year. The GPs could book complex patients into this clinic directly for review and assessment to support their ongoing care. Patients were

Good

Are services responsive to people's needs?

provided with 30 minute appointments and the specialist nurse, as a trust employee, had access to a psychiatrist for advice or care decisions regarding difficult, complex mental health patients.
- Staff interviewed had a good understanding of how to support patients with mental health needs.
- Patients who failed to attend were proactively followed up.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The practice audited each individual GPs waiting times to reflect upon and take actions if the clinician required support to improve waiting times.
- Patients we spoke with and comment cards received were complimentary in relation to accessing the practice and waiting times.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice offered a daily walk-in clinic from 8.30am to 6.30pm where patients were able to be seen by the "urgent doctor" on the same day. In addition to this, a "semi-urgent doctor" worked alongside the urgent doctor to assist with the walk-in clinic and undertake the non-clinical workload such as reviewing out of hours reports, signing of prescription scripts and reviewing urgent tasks and results.
- Patients were invited to book themselves a double appointment if they felt that they required more time during their consultation.
- The practices GP patient survey results were above local and national averages for questions relating to access to care and treatment.
- The practice achieved 96% satisfaction for the percentage of respondents who answered positively to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' in the 2017 National GP Patient Survey.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available, we saw evidence of this in the waiting rooms, on the practice website and in practice literature. Staff we spoke with told us the practice treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- The practice recorded all complaints, including both formal and informal complaints, in order to gather maximum data to analyse trends.

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service. The practice was previously rated as outstanding for providing well-led services.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. Staff said the leadership team was visible and approachable and provided encouragement and support. Leaders worked closely with staff and others to make sure the team prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision; "We aim to provide high quality, accessible primary care services to meet the needs of our diverse and dynamic population. We take a holistic approach to health with an emphasis on anticipatory care. Our service is built on dignity and respect for patients. We are a learning organisation, reflect regularly on the care we provide and we constantly seek to improve our service and the patient experience."
- Staff we spoke with were aware of this vision and how the practice intended to achieve it.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Some staff that we spoke with had worked at the practice for a number of years and commented on how well the teams work together.
- There were high levels of staff satisfaction. There were consistently high levels of constructive staff engagement and they were actively encouraged to raise concerns. Staff said they were happy and the organisation was a great place to work.
- The practice focused on the needs of patients. The practice could evidence regular meetings with the university to align care and treatment to meet the needs of the patient population.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw evidence of staff competency checks and patient satisfaction surveys in relation to staff. These were monitored and actions taken to support staff where necessary.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed and gave us examples where this had occurred.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff that we spoke with told us they felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Good

Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- The practice partnership team had developed a list of key responsibilities for each partner. This ensured that staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control and there was clear accountability for each role.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The practice had implemented a suite of policies suitable for their patient population group. For example, the practice held a protocol on managing patients with an eating disorder which was prevalent within the population group.
- From the sample of policies we reviewed, we could see updates and reviews had taken place when appropriate.
- The practice held a list of both internal and external meeting dates pre-planned across the academic year including who was responsible for the meeting and what topics needed to be discussed. This ensured the practice had clear oversight of the meetings that took place and could monitor the effectiveness of them.

Managing risks, issues and performance

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

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of some action to change practice to improve quality; although the practice was aware that this was an area that required further development through their planned quality improvement program.
- The practice had plans in place and had trained staff for major incidents and staff we spoke with were aware of their roles and responsibilities during major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was reviewed in conjunction with feedback from patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. We saw evidence of this through staff meeting minutes, both clinical and non-clinical staff.
- The practice used performance information such as the Quality and Outcomes Framework, which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. The practice offered intuitive online services such as online registration that automatically notified the practice of existing long-term conditions and a website which translated into over 100 different languages to meet the need of the diverse student population.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice worked with the university to respond to patient needs. For example, the practice and university were aware that stress related illnesses were higher

Good

Are services well-led?

than normal at times of examinations and therefore the practice ensured that mental health support, information and guidance was prevalent during these times and offered clinics to support these needs.
- There was an active virtual patient participation group (PPG) with a good membership base which fairly reflected the patient population.
- The PPG were positive about their relationship with the practice. The PPG were able to provide us with specific examples of when their suggestions had been implemented by the practice. We saw evidence that the PPG were regularly engaged by the practice and contacted for their opinions. We also saw evidence that PPG members were welcome to contact the leadership team at any time to share their comments and drive improvements.
- Following feedback from patients, the practice had installed Wi-Fi throughout the building to enable patients to check their university timetable whilst making appointments.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. For example, the nursing team were encouraged to undertake further training in sexual health and contraception.
- The practice was a training practice for GP registrars. (A GP registrar is a qualified doctor who is training to become a GP) The practice believed that this supported the development future of NHS employees, helped to develop their clinical staff in debriefing and education and created more appointments to offer to patients with longer appointment times.
- The practice had recently become a Tier 2 Visa Sponsorship Practice to enable to the practice to sponsor qualified doctors from outside the European Union and allowed the practice to accept overseas applicants for GP posts which were required in order to maintain full staffing levels.
- Following feedback from staff, the practice implemented a 'semi-urgent doctor' who would work alongside the urgent doctor and assist by undertaking the non-patient focussed workload such as reviewing out of hours reports, signing of prescriptions and reviewing urgent tasks and results. This enable the urgent doctor to focus on the walk-in clinic and be patient focussed. Staff reported that this new system worked well and ensured that specific tasks were not missed.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice leadership team completed regular scenarios with staff such as a role play of a patient having a heart attack in reception. The leadership team monitored the staff response to the emergency and complete a debrief and evaluation with staff to see what worked well and where improvements are required. We saw evidence that following these scenarios, actions were taken and improvements made.

Please refer to the evidence tables for further information.