

Scott Road Medical Centre

Quality Report

Scott Road
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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 Scott Road Medical Centre on 18 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.

- Patients said they found it relatively easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available on the same day.
- 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.

We saw some areas of outstanding practice:

- The practice, as part of SHIELD (The Selby Area Federation of GP Practices), had won an innovation fund to develop social prescribing. This fund was used initially to support the local voluntary service to produce an up to date data base of available voluntary social care organisations. Patients were now referred to the most appropriate services. This service is in its infancy. There was only anecdotal evidence that it was having a positive impact on patients and /or their carers
- The named GP had assessed patients with a geriatrician at the local care and nursing homes to

Summary of findings

assess and meet the needs of their patients. This also prevented long journeys to hospitals for these patients who were mainly frail and elderly. In conjunction with the community matron, they had implemented anticipatory care plans with admission avoidance planning incorporated.

- The practice had a Same Day Care (SDC) service for patients who felt their needs were urgent. The receptionist took a phone number and a brief outline of their symptoms. The patients were telephoned back

within the hour by a clinician and were triaged (assessed); and if necessary they were given an appointment with either the GP or nurse or with the GP they usually see.

- Patients who had Long Term Conditions had appointments in the One Stop Review Clinic. These extended appointments provided allocated time with the nurse prior to seeing the GP. This optimised treatment plans and enabled multiple conditions to be reviewed in one visit.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The practice used every opportunity to learn from internal and external incidents, to support improvement. Information about safety was highly valued and was used to promote learning and improvement. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training was planned to meet their needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of its local population and engaged with the Public Health England, NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services, where these were identified. The practice had initiated positive service improvements for its patients.

Good



Summary of findings

The practice had evolved the Same Day Care clinic (SDC) model over a couple of years. They accommodated a high number of requests for appointments for minor ailments and /or support for social problems. The clinic was staffed by a GP and prescribing nurse who had a minor ailments qualification.

Patients said they found it relatively easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available on the same day. 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. They had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in dementia and end of life care. They were responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of patients with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Patients who had Long Term Conditions had appointments in the One Stop Review Clinic. These structured extended appointments provided allocated time with the nurse prior to their appointment with the GP. This optimised treatment plans and enabled multiple conditions to be reviewed in one visit.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young patients. 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 patients who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (including those recently retired and students). The needs of these patients had been identified and the practice had adjusted the services they offered to ensure they were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable. The practice held a register of patients who were vulnerable. This was known as the Vulnerable Identified Patient (VIP) list. They had carried out annual health checks for patients with a learning disability and all of these patients had received a follow-up. The practice had recently commissioned a disabled access audit and some changes had already been implemented.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. They had told vulnerable patients how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of patients experiencing poor mental health (including those with dementia). 82% of patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. They carried out advance care planning for patients with dementia.

Patients experiencing poor mental health had been told how to access various support groups and voluntary organisations. A counsellor and a mental health worker both held clinics in the practice weekly. The practice had a system in place to follow up patients who had attended accident and emergency (A&E) when they may have been experiencing poor mental health. These patients were added to the VIP list. Staff were receiving training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results for January – March 2015 showed the practice was mainly performing in line with local and national averages. There were 352 surveys sent out and 103 responses received, which represents 0.9% of the practice population.

- 72% find it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
- 82% find the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 49% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89% and a national average of 85%.
- 91% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 62% describe their experience of making an appointment as good compared with a CCG average of 78% and a national average of 73%.
- 57% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 69% and a national average of 65%.
- 56% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. We spoke with eight patients on the day of our inspection, two of these patients were involved with the Patient Participation Group (PPG). Staff, which included reception staff, nurses and GPs all received praise for their professional care. Patients told us they felt listened to and involved in decisions about their treatment. They informed us they were treated with compassion and that GPs exceeded their expectations when patients required extra support.

Outstanding practice

- The practice, as part of SHIELD (The Selby Area Federation of GP Practices), had won an innovation fund to develop social prescribing. This fund was used initially to support the local voluntary service to produce an up to date data base of available voluntary social care organisations. Patients were now referred to the most appropriate services. This service is in its infancy. There was only anecdotal evidence that it was having a positive impact on patients and /or their carers
- The named GP had assessed patients with a geriatrician at the local care and nursing homes to assess and meet the needs of their patients. This also prevented long journeys to hospitals for these patients who were mainly frail and elderly. In conjunction with the community matron, they had implemented anticipatory care plans with admission avoidance planning incorporated.
- The practice had a Same Day Care (SDC) service for patients who felt their needs were urgent. The receptionist took a phone number and a brief outline of symptoms. The patients were telephoned back within the hour by a clinician and were triaged (assessed); and if necessary they were given an appointment with either the GP or nurse or with the GP they usually see.
- Patients who had Long Term Conditions had appointments in the One Stop Review Clinic. These extended appointments provided allocated time with the nurse prior to seeing the GP. This optimised treatment plans and enabled multiple conditions to be reviewed in one visit.

Scott Road 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 professional Advisor (SpA), a Practice Nurse SpA and a Practice Manager SpA.

Background to Scott Road Medical Centre

Scott Road Medical Centre is located in the town of Selby. There are 10949 patients on the practice list and the majority of patients are of white British background. The practice manager told us there were a higher proportion of younger patients on the practice list compared with the national data available for GP practices.

The practice is a teaching practice, there are five GP partners and five salaried GPs (8 females and 2 males). There is a practice manager, six practice nurses and two healthcare assistants. In addition there are a range of administrative personnel to support everyday activities. The practice is open 8am to 6.00pm on Monday- Friday. Extended hours are available on alternate Monday/ Tuesday mornings and on alternate Tuesday/ Wednesday evenings and Saturday mornings all by pre-bookable appointments. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service 111 provided by Harrogate Foundation Trust.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services for example: minor surgery, a Patient Participant Group (PPG), and timely diagnosis and support for patients who may have dementia.

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. This 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.

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.

How we carried out this inspection

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

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

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

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

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit

on 18 August 2015. During our visit we spoke with a range of staff, which included: GPs, nurses, the practice manager, clerical and administration staff and spoke with eight patients who used the service. We observed how patients were being cared for and we talked with family members and reviewed the personal care or treatment records of patients, where appropriate. We reviewed comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

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

Safety was monitored using information from a range of sources, including National Patient Safety Alerts (NPSA) and National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There

- was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS).

These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessments and regular monitoring was undertaken.
- Prescription pads were securely stored and there were systems in place to monitor their use. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Vaccines were administered by nurses using Patient Group Directions (PGDs) that had been produced in line with national guidance. PGDs were up to date and there were clear processes in place to ensure staff that were named in the PGDs were competent to administer vaccines.
- Recruitment checks were carried out and the three files we sampled showed that 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.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines

available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with National Institute for Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with hypertension (high blood pressure readings). The practice monitored that these guidelines were followed through risk assessments, audits and sample checks of patient records.

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through record audits to ensure they met the practice's responsibilities within legislation and followed relevant national guidance.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These patients were added to the Vulnerable Identified Patient (VIP) list. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring extra help and support. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 78%, which was comparable with the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG/National averages. For example,

childhood immunisation rates for the vaccinations given to under twos was 96% and five year olds 88%. Flu vaccination rates for the over 65s and at risk groups was 78%. These were also above national averages.

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

Coordinating patient care

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 test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. The practice had a process outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was better than the national average.

Are services effective?

(for example, treatment is effective)

- The percentage of patients with hypertension having regular blood pressure tests was better than the national average.
- Performance for mental health related and hypertension indicators were similar to the national average.
- The dementia diagnosis rate was higher than the local CCG and the national average.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. We saw clinical audits completed in the last two years, all of these were completed audits where the improvements made were checked and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result of clinical audits showed an increase in identifying patients whose prescription medicines needed to be reviewed and amendments made. When re-audited fewer patients fitted in to this category, those who did had an alert put on their electronic record to assure their medicines would be reviewed at their next appointment.

Information about patients outcomes was used to make improvements such as working more inclusively with an integrated, locality specific framework to support vulnerable patients. The practice held a Vulnerable Identified Patients (VIP) list. This ensured these patients were never turned away; as the needs of this group were a priority. The monthly pro-active multi-disciplinary

meetings had shown they (all professionals supporting these vulnerable patients) had effective up to date knowledge about what was provided by whom and when. This improved efficiency of working and health outcomes for this vulnerable group.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff this covered such topics as fire safety, health and safety and confidentiality.
- 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 on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. The nursing team were looking at ways to support each other and ensure they were ready for their new re-validation process.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the five patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the PPG on the day of our inspection. 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.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

The practice's computer system alerted GPs if a patient was also a carer. There was a carer's register and patients identified as carers were being supported, for example, by offering them health checks. Written information was available for carers to ensure they understood the various avenues of support available to them. Some had been referred to the social prescribing initiative.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 88% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff. They said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%
- Staff told us that translation services were available for patients who did not have English as a first language. We saw printed information for the few patients whose first language was Polish. However, the practice population was mainly white English speaking.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were well understood and systems were in place to address identified needs in the way services were delivered.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where these had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population. This included the six federated GP practices who had looked at the service provision of voluntary support in this semi-rural area and had won funding to ensure an up-to-date information about these services was available. The local volunteer service would take referrals and support patients in need to access the most appropriate service for them.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example the changes to the appointment system was in response to feedback from patients.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients who would benefit from these.
- Urgent access appointments, were available for children and those with serious medical conditions at the Same Day Care (SDC) clinic. The practice had evolved the SDC clinic model over a couple of years. They accommodated a high number of requests for appointments for minor ailments and /or support for social problems. The clinic was staffed by a GP and prescribing nurse who had a minor ailments qualification. Triage by reception was limited to ascertaining the kind of problem, since both nurse and GP took patients off one list to phone back. They had

achieved a good turn around of call back so that most calls were within 30 minutes . Patients waited in a separate part of reception to planned care patients , and although they had appointments they understood that because they were being seen acutely they would have to wait. There was evidence that the service worked well and patient liked it, moreover it addressed local need.

- There were disabled facilities and translation services available.
- Patients with complex needs were seen by the same GP wherever possible. Continuity of care was the hallmark of this practice.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. There were surgeries in the morning, from 8.30am-11.00am and in the afternoon from 3pm-5.30pm . In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent on the day appointments were also available. On alternate Monday/ Tuesday mornings there were pre-booked appointments with a GP 07.15am-07.45am. In addition there were pre-bookable appointments with either a GP or nurse on alternate Tuesday and Wednesday evenings from 6.30pm-7.30pm. There was a Saturday morning surgery from 8.30am-9.30am with appointments for a GP or nurse available.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 72% patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 62% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73 %.
- 57% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. There was a poster

displayed in the waiting room and a summary leaflet was available on-line and in reception. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the two complaints received in the last 12 months and found that they had been dealt with in a timely way as detailed in the practice's policy.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement and staff knew and understood the values. Details of the vision and practice values were part of the practice's strategy and five year business plan.

Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and all staff had awareness of their own roles and responsibilities.
- Practice specific policies which were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of any incident actively took place.

- A system of continuous audit cycles which demonstrated an improvement to patients' welfare.
- Clear methods of communication involving the whole staff team and other healthcare professionals to disseminate best practice guidelines and other pertinent information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff were in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. These included:

- Same day care working in highly developed teams of GPs and nurses.
- Working with the North Yorkshire Public Health team to improve services and enhance the lives of the patient population in this relatively deprived area within a relatively affluent area. This work is in its infancy.