

Burney Street PMS

Quality Report

Burney Street Practice
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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	

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (At the previous inspection on 26 January 2016 the overall rating was also Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out this announced comprehensive inspection of Burney Street PMS on 9 January 2018 as part of our inspection programme. We visited the main site at 48 Burney Street, Greenwich and the branch surgery at Wallace Health Centre, Deptford.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved patients in decisions about their care and treated them with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.

Summary of findings

- The provider should continue to monitor their performance against the Quality and Outcomes Framework and implement changes to improve outcomes for patients where necessary.

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

Burney Street PMS

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP Specialist Advisor and an Expert by Experience.

Background to Burney Street PMS

Burney Street PMS operates from two sites. The main site, Burney Street Practice is located at 48 Burney Street, Greenwich London SE10 8EX in the Royal Borough of Greenwich and the branch surgery is located at Wallace Health Centre, Clarence Road Deptford London SE10 8EX which is in the London Borough of Lewisham (0.7 miles from the main site). Both sites were visited as part of the inspection.

There are approximately 16,800 patients registered with the practice. Greenwich Clinical Commissioning Group (CCG) are responsible for commissioning services for patients registered with the service.

The provider is registered with the Care Quality Commission (CQC) as a Partnership providing the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Burney Street PMS is one of 37 GP practices providing services in the Greenwich CCG area and holds a personal medical services (PMS) contract with NHS England. The practice is signed up to provide a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The provider is based in an area with a deprivation score of 5 out of 10 (with 1 being the most deprived and 10 being the least deprived). The major ethnic groups of patients registered with the practice are white (66%), black (15%) and Asian (12%).

Burney Street PMS is a training practice offering placements to GP Registrars. (GP Registrars are qualified doctors undergoing specialist GP training). The practice usually provides a placement for one GP Registrar each year.

The medical team includes three GP partners, (one male, two female) and five salaried GPs, collectively providing 68 GP sessions per week. As a training practice the medical team also includes a GP registrar. Clinical services are also provided by two practice nurses (1.6 wte) and two phlebotomists (0.9 wte).

The administration team includes a practice manager, assistant practice manager and 13 reception/administrative staff. All staff work across both sites.

The practice reception is open from 8.30am to 6.30pm Monday to Friday with extended hours from 7am Monday to Thursday (alternating days between the two sites). The practice telephone lines are open from 8am to 6.30pm Monday to Friday.

GP appointments are available across the sites between 7am and 5.30pm Monday to Thursday and between 8.30am and 5.30pm on Friday.

Practice Nurse appointment are available at both sites Monday to Friday. Between 8.30am and 3.45 pm daily with additional hours from 7am on Tuesday and until 5.15pm on Wednesday and Friday.

Daily appointments are also available with the phlebotomist between 7am and 11.45am with additional appointments until 3.45pm on Monday.

Detailed findings

Extended hours appointments are also provided by the local GP Alliance Hub service. These appointments are available between 4pm and 8pm Monday to Friday and from 8am to 8pm Saturday and Sunday. Appointments

must be booked through the surgery. The service is staffed by GPs from the practices who are members of the alliance and full access to GP electronic records is available for all consultations.

Are services safe?

Our findings

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice conducted safety risk assessments and had appropriate safety policies which were regularly reviewed and communicated to staff. Staff received health and safety information and guidance as part of their induction and ongoing training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. A quick reference poster with contact numbers of external agencies was available to all staff.
- The practice worked alone and with other agencies to support patients and protect them from neglect and abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- At recruitment and on an ongoing basis the practice carried out staff checks, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). A practice IPC lead had been identified and there was an IPC policy in place. An annual IPC audit had been undertaken. There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Annual portable appliance testing (PAT) and calibration of equipment was undertaken.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. For example, all new Registrars received a two week plan for their induction programme.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual patient records were written and managed in a way that kept patients safe. The records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice stored prescription stationery securely and monitored its use.
- Staff prescribed, administered medicines and gave advice on medicines in line with legal requirements and current national guidance.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, changes were made to the two week urgent referral (2WW) process following a delay caused by the rejection of a referral due to a missing attachment. The email alerting the practice of this was overlooked as it was assumed it was a confirmation of receipt email. The practice 2WW process now includes a twice daily check of emails received by the 2WW team and all emails are opened to confirm if actions are required and completed.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

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.

- The practice prescribing data showed that the average daily quantity of Hypnotics prescribed per Specific Therapeutic group was comparable with the local and national average.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group was below the local and national average and the percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was comparable to the local and national average.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The percentage of patients experiencing poor physical and/or mental health who had received discussion and advice about smoking cessation was 94% (CCG 94%; national 95%).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- 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.

People with long-term conditions:

- Patients with long-term conditions were offered 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 percentage of patients with asthma who had received a review in the previous 12 months was 65% which was below the CCG average of 74% and national average of 76%.
- The percentage of patients with COPD (chronic obstructive pulmonary disease) who had received an assessment in the previous 12 months was 72% which was below the CCG average of 87% and national average of 90%. However, the exception reporting rate for this indicator of 0.9% (one patient) was well below the local average of 7% and national average of 11%.
- The percentage of patients with hypertension whose last blood pressure reading was within target limits was 79% compared with the local average of 80% and national average of 83%.

Families, children and young people:

- Childhood vaccinations were administered in line with the national childhood immunisation programme. The most recent data available to the CQC shows that uptake rates for the vaccines given to under two year olds were slightly below the target percentage of 90%. However, this data relates to 2015/16 immunisation rates. Verified data for 2016/17 was not available. However, the practice patient record system showed that the practice were achieving the 90% target currently.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. All newly identified pregnant women were sent a comprehensive antenatal leaflet developed by the practice.

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

- The practice's uptake for cervical screening was 67% which was in line with the local average of 68% and national average of 72%. This was below the 80% coverage target for the national screening programme. The practice had recently carried out an audit to identify any improvements that needed to be made to the practice cervical screening process.

Are services effective?

(for example, treatment is effective)

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example, an alert was put on the records of patients between 18 and 25 years. The practice worked closely with the University of Greenwich and allowed students to register as temporary patients in order to obtain the vaccination.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There were appropriate follow-ups carried out on the outcome of health assessments where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. This included 25 residents in a young people's hostel for which the surgery provided GP services.

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

- The practice prescribing data showed that 76% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the local average of 84% but below the national average of 90%. The exception reporting rate for this indicator was 3% (3 patients) which was below the local average of 6% and national average of 13%.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. However, the percentage of patients experiencing poor mental health that they had received discussion and advice about alcohol consumption was 65% (CCG 84%; national 91%).
- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the local and national average of 84%.

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.

The most recent published Quality and Outcomes Framework (QOF) results were 89% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 96%. The overall clinical exception reporting rate was 5% compared with a national average of 10%. (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 used information about care and treatment to make improvements. For example, the practice had identified clinical and administrative leads to work together to focus on making improvements on specific areas of performance.
- There was a comprehensive programme of clinical audit in place which was carried out by all members of the clinical team.
- The practice was actively involved in quality improvement activity and where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training. Clinical staff had a contractual arrangement for paid study leave. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities for development.
- The practice provided staff with on-going support. This included a two week induction programme for clinical staff, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of clinical staff by audit of their clinical decision making.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Are services effective?

(for example, treatment is effective)

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

- We saw evidence that all appropriate staff, including those in other services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- Quarterly meetings took place where all patients who were identified as having cancer were discussed (this included cancer and non-cancer palliative care patients). We saw minutes of the most recent meeting where 34 patients were discussed.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice were in the process of installing patient-operated monitoring equipment in the waiting room which patients would be encouraged to use and results would be reviewed by the GP.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

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.
- Written consent was obtained when appropriate, such as, prior to minor surgery.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The practice were aware of the diversity of patients' personal, cultural, social and religious needs. They informed us that it is their aim to ensure they provide a high standard of care to all patients, irrespective of their health status, gender, ethnicity or beliefs. For example, they had responded to verbal comments that questioned the practice's application of these values by investing in training for staff on equality and diversity.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 37 patient Care Quality Commission comment cards we received included positive comments about the service experienced. This is in line with the results of the NHS Friends and Family Test (FFT) feedback received by the practice. For example, in the previous quarter 91% of patients completing the survey had responded to the FFT that they would be likely to recommend the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 368 surveys were sent out and 100 were returned. This represented 0.6% of the practice population. The practice were comparable with the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients who responded said the GP was good at listening to them; CCG average - 86%; national average - 89%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 94%; national average - 96%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average - 81%; national average - 86%.

- 95% of patients who responded said the nurse was good at listening to them; CCG average - 87%; national average - 91%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 86%; national average - 91%.

Involvement in decisions about care and treatment

Staff encouraged patient's involvement in decisions about their care. For example, patients were given a self-directed care plan to complete prior to appointments for annual reviews of long-term conditions. The care plan included an action plan and goal setting for the following 12 months. The practice were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- Interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. This information could be printed off in a number of languages if required. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, providing additional materials as appropriate. For example, the practice had devised a leaflet to send to patients upon notification of a pregnancy. The leaflet was titled 'Congratulations on your pregnancy' and included information on what happens next; the choices available; dietary advice and vaccination information.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers. All new patients were asked at registration to inform the practice if they were a carer. The practice's computer system alerted GPs if a patient was a carer. The practice had identified only 123 patients as carers (0.7% of the practice list). The practice felt the number of identified carers may be low due to the demographics of the patient population, only 3% being over 75 years (CCG average 6%; national average 10%).

Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local clinical commissioning group (CCG) and national averages.

- 78% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average - 83%; national average - 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.

- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 80%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours and telephone consultations were available at both sites. Online services, such as repeat prescription requests and advanced booking of appointments was well utilised (38% of patients were registered for online services.)
- The practice improved services where possible in response to unmet needs. For example, the practice had identified that the very high turnover of their patient population made the undertaking of new patient reviews for all patients unmanageable. Therefore, in order to ensure concerns were not missed, all registration forms for new patients with long-term conditions were reviewed by one of the partners to determine if a new patient check was required.
- The facilities and premises were appropriate for the services delivered. At the Burney Street site arrangements were in place to book appointments in a ground floor room if patients were unable to use the stairs to access the GP consultation rooms on the first floor. The premises would not accommodate the installation of a lift.
- Patients were sent text message reminders for routine appointments. This included which site the appointment was booked which had been added following feedback from the PPG.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- Patients were able to access GP services in whatever setting they lived, whether it was at home or in a care home or supported living scheme. An alert was put on the patient record system to inform staff that the patient required priority access.
- They ensured the accountable GP for patients over 75 years was regularly updated and patients informed if changes were made.
- After taking over responsibility for the GP services in a local care home the provider introduced weekly GP attendance to ensure continuity of care. This included regular medicines reviews (including with pharmacists), advanced medical planning, post discharge reviews for those admitted to hospital and new residents were seen within a few days of moving in.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice, including for mental health reviews.

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment where possible and consultation times were flexible to meet each patient's specific needs.
- Patients were given a self-directed care plan to complete prior to annual reviews which included an action plan and goal setting for the following 12 months.
- The practice held regular meetings with the local multidisciplinary care team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- There were systems to identify and follow up children who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 16 years were offered a same day appointment when necessary.
- The practice met regularly with Health Visitors to share information.
- Feedback from patients showed a preference for appointments for baby checks to take place at the

Are services responsive to people's needs?

(for example, to feedback?)

surgery (scheduled with immunisations to prevent numerous visits) so the practice continued to offer these appointments despite a health visitor clinic being available.

- The practice also continued to offer antenatal appointments and encouraged double appointments at first booking for expectant mothers, to ensure adequate time for information giving and sharing.

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 from 7am on most days.
- GP telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

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

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

- Staff had a good understanding of how to support patients with mental health needs including those with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice provided consultation facilities for the local IAPT service (Improving Access to Psychological Therapies) to improve access for the practice population and to facilitate joint reviews.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- Patients attending for phlebotomy services were supplied with a leaflet giving information on obtaining their results.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to the clinical commissioning group (CCG) and national average. This was supported by observations on the day of inspection and the comment cards we received. 368 surveys were sent out and 100 were returned. This represented 0.6% of the practice population.

- 84% of patients who responded were satisfied with the practice's opening hours; CCG average - 79%; national average - 80%.
- 83% of patients who responded said they could get through easily to the practice by phone; CCG average - 70%; national average - 71%.
- 76% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG average - 69%; national average 76%.
- 75% of patients who describe their experience of making an appointment as good; CCG - 69%; national average - 73%.
- 75% of patients who responded described their experience of making an appointment as good; CCG average - 69%; national average - 73%.

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 and easy to follow. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Thirteen complaints were received in the last 12 months. The complaints we reviewed were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It took action to improve the quality of care where required. As a result of one complaint the parental consent form for

Are services responsive to people's needs?

(for example, to feedback?)

childhood immunisations was altered to reflect the need for parents to give written consent if a parent representative (such as a nanny or relative) would be taking the child for their immunisations).

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

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

Vision and strategy

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

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

Culture

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

- Staff told us they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients and developed services to reflect this.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values of the service.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff told us they found the appraisal process useful and had identified and secured additional training as a result. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff were considered valued members of the practice team. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of staff.
- The practice promoted equality and diversity. It identified and addressed any workforce inequality. Staff had received equality and diversity training and felt they were treated equally.
- There were positive relationships between all members of the practice team.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. The practice ensured an appropriate level of safeguarding training for staff and had identified two safeguarding leads to ensure staff had continued access to support.

Are services well-led?

Good 

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

- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored. The information used to monitor performance and the delivery of quality care was current and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were 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, listened to and acted on to shape services and culture.
- There was a patient participation group (PPG) which had been active since 2011. Currently there were 39 members. Quarterly meetings were held with an average attendance of 10 members. Members we spoke to told us that they felt their views were valued by the practice and that improvements had been made as a result of PPG suggestions.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.