

Wychbury Medical Group

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wychbury on 16 August 2016. Overall the practice is rated as good.

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

- Governance and performance management arrangements were well managed and proactively reviewed to reflect best practice. The practice was proactive in identifying and managing significant events. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed. Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There was a structured programme of continuous clinical and internal audit which were often initiated as a result of national patient safety alerts, significant events and incidents.
- The practice team was forward thinking and was involved in a number of clinical research studies and proactively engaged in local projects and initiatives. In addition to clinical projects the practice was exploring the use of modern technology to streamline administration tasks.
- There was a strong multidisciplinary approach to patient care. The team met frequently and engaged well with other services through a programme of multidisciplinary team (MDT) meetings, admission avoidance meetings and had also formed specific psychiatry and paediatric MDT meetings.
- Patients could access appointments and services in a way and at a time that suited them. Patients were given the option of a preferred practice location and they could also access services across the three sites including cervical screening, minor surgery and phlebotomy.

Summary of findings

- The practice offered a choice of extended hours at two of their practice sites to suit their working age population. Additionally, one of the GPs operated a morning and afternoon telephone triage service and rotated around the three practice sites for patients who needed to be seen urgently.
- We observed the premises for the Wychbury Medical Centre to be visibly clean and tidy. We found that some areas of the Cradley Road branch surgery were moderately run down however there were plans in place to refurbish the premises which were due to start within the next three months
- The practice had a large patient participation group (PPG) consisting of 202 members which influenced practice development and was actively promoting the Pharmacy First Scheme in the local area.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations. There was also a practice library in place for patients to borrow books on a wide range of health topics.
- We saw that staff were friendly and helpful and treated patients with kindness and respect. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff spoken with demonstrated a commitment to providing a high quality service to patients.

We saw an area of outstanding practice:

- The practice operated a number of out-reach services including a consultant led Uro-gynaecology clinic. Practice data highlighted active use of the service which provided convenience for patients and effective referrals to secondary care.

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.

- There were robust systems in place to monitor safety. These included systems for reporting incidents, near misses, positive events and national patient safety alerts, as well as comments and complaints received from patients. There was a strong learning culture throughout the practice and significant events, incidents and complaints were used as opportunities to drive improvements.
- The practice had adequate arrangements in place to respond to emergencies and major incidents. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- We observed the premises for the Wychbury Medical Centre to be visibly clean and tidy. We found that some areas of the Cradley Road branch surgery were moderately run down however there were plans in place to refurbish the premises which were due to start within the next three months.
- There were carpets in some of the consulting rooms at the Cradley Road branch surgery and there were no cleaning schedules in place to support that they were frequently cleaned. Staff confirmed that these carpets had not been deep cleaned for approximately 18 months and that the practice was planning on replacing them with more suitable flooring as part of the refurbishment plans.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvement and staff were actively engaged to monitor and improve patient outcomes. In addition to audits, clinical reviews were completed across a number of areas at the practice.

Good



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members throughout the practice had lead roles across a range of areas. Staff, teams and services were committed to working collaboratively.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice.

Are services caring?

The practice is rated as good for providing caring services.

- Notices in the patient waiting room told patients how to access a number of support groups and organisations. We also noticed that there was a practice library in place for patients to borrow books on a wide range of health topics. Staff we spoke with gave examples of some patients who did not use computers or have access to online information and actively used the library to read up on health information.
- The practice's computer system alerted GPs if a patient was also a carer and 2% of the practices population had been identified as carers. Staff were being encouraged to identify more carers and were in the process of completing an online training course on how to identify and support young carers.
- The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or isolated circumstances.
- We saw that staff were friendly and helpful and treated patients with kindness and respect. The practice also supported patients by referring them to a number of support groups, onsite counselling services and further support organisations.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients could access appointments and services in a way and at a time that suited them. Staff had been trained by the GPs on how to book appointments appropriately with either a GP or the relevant member of the nursing team based on patient needs.
- Patients were given the option of a preferred practice location out of the three practice sites. Additionally, patients could access services across the three sites including cervical screening, minor surgery and phlebotomy.

Good



Summary of findings

- The practices answer phone message informed patients when appointment slots were full and gave alternative options to ensure patients health and care needs were met. Additionally, one of the GPs operated a morning and afternoon telephone triage service and rotated around the three practice sites for patients who needed to be seen urgently.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- The practice operated a number of out-reach services including a consultant led Uro-gynaecology clinic based at Wychbury Medical Centre. Practice data highlighted active use of the service which provided convenience for patients and effective referrals to secondary care.
- Information was made available to patients in a variety of formats, online and also through easy to read paper formats. There were systems in place for patients to make specific information requests such as translation requirements and sign language support.

Are services well-led?

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

- The practice had a regular programme of practice meetings and there was an overarching governance framework which supported the delivery of the practice's strategy and good quality care. Staff spoken with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the practice team and were passionate and proud to be a part of the practice.
- Governance and performance management arrangements were well managed and proactively reviewed to reflect best practice. Practice specific policies, communication boards and how to guides had been implemented; they were regularly reviewed and thoroughly embedded. There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice took a strong multidisciplinary approach to patient care. The team met frequently and engaged well with other services through a programme of multidisciplinary team (MDT) meetings, admission avoidance meetings and had formed specific psychiatry and paediatric MDT meetings which were due to start in September and October 2016.

Good



Summary of findings

- There was a structured programme of continuous clinical and internal audit which were often initiated as a result of national patient safety alerts, significant events and incidents; we also saw that some of the outcomes led to more focussed audits across specific areas to ensure opportunities for improvements were never missed.
- The practice team was forward thinking and was heavily involved in a number of clinical research studies and proactively engaged in local projects and initiative. In addition to clinical projects the practice was exploring the use of modern technology to streamline day to day processes such as secretarial duties and transcribing of practice correspondence.
- The practice had a large patient participation group (PPG) consisting of 202 members which influenced practice development and was actively promoting the Pharmacy First Scheme in the local area.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were at risk of admission to hospital and patients who had been discharged from hospital were reviewed on a monthly basis as part of the practices monthly admissions avoidance meetings involving regular representation from other health and social care services.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for overall diabetes related indicators was 99%, compared to the CCG average of 89% and the national average of 90%.
- We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 4%.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for under two year olds ranged from 83% to 98% compared to the CCG averages which ranged from 83% to 98%. Immunisation rates for five year olds were ranged from 95% to 100% compared to the CCG average of 93% to 98%.
- The practice offered urgent access appointments were available for children, as well as those with serious medical conditions.
- We saw minutes of meetings to support that the practice worked closely with the Health Visitors and Midwife.

Good



Working age people (including those recently retired and students)

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

- Patients could access appointments and services in a way and at a time that suited them.

Appointments could be booked over the telephone, face to face and online.

- The practice offered a choice of extended hours to suit their working age population, with early appointments available at Wychbury Medical Centre two days a week and later appointments available one day a week at Cradley Road Surgery.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- Practice data highlighted that 1034 patients had been identified as needing smoking cessation advice and support; all of these patients had been given advice within the last 12 months and 40% of these patients had successfully stopped smoking.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- There were 85 patients on the practices learning disability register, 97% of these patients had received a medication review in a 12 month period.
- The practice regularly worked with other health and social care organisations in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had 167 patients on their palliative care register. We saw that the practices palliative care was regularly reviewed and discussed as part of the MDT, GSF and admission avoidance meetings to support the needs of patients and their families.
- The practice had identified 158 patients with drug and alcohol dependencies, these were included in the practice register for vulnerable patients. Practice data highlighted that 85% of these patients received medication reviews within a 12 month period.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- Performance for mental health related indicators was 100%, with an exception rate of 11%. These patients were regularly reviewed and further reviews were planned.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There were 183 patients on the practices register for dementia. Data showed that appropriate diagnosis rates for patients identified with dementia were at 100%.

Good



Summary of findings

What people who use the service say

The practice received 110 responses from the national GP patient survey published in July 2016, 242 surveys were sent out; this was a response rate of 45%. The results showed the practice received mixed responses across areas of the survey. For example:

- 70% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 88% described the overall experience of the practice as good compared to the CCG and national average of 85%.

- 82% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We found that no comment cards had been completed; staff explained that patients rarely gave written feedback at the practice most patients preferred to give feedback verbally or through the practice text message survey. We spoke with nine patients during our inspection; patients gave positive feedback with regards to the service provided.

Outstanding practice

We saw an area of outstanding practice:

- The practice operated a number of out-reach services including a consultant led Uro-gynaecology clinic. Practice data highlighted active use of the service which provided convenience for patients and effective referrals to secondary care.

Wychbury Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Wychbury Medical Group

Wychbury medical Group is a long established practice located in the area of Dudley, in the West Midlands. There are three practice locations that form the practice; these consist of the main practice at Wychbury Medical Centre in Stourbridge and two branch practices at Cradley Road surgery in Cradley Heath and Chapel House surgery in Halesowen. During the inspection we visited Wychbury Medical Centre and the branch practice at Cradley Road surgery.

There are approximately 21,500 patients of various ages registered and cared for across the practice and as the practice has one patient list. Patients can be seen by staff at all surgery sites and systems and processes are shared across the three sites. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes eight GP partners (four male and four female), five salaried GPs, four advanced nurse practitioners including a clinical nurse manager, six

practice nurses and two health care assistants. The GP partners, clinical nurse manager and the practice manager form the senior management team and they are supported by an assistant practice manager, three reception managers and a personal assistant. There is a team of 60 support staff who cover reception, secretarial and administration roles. The practice is also an approved training practice and provides training to medical and nurse students from the Birmingham University.

Wychbury Medical Centre and Cradley Road branch surgery are open between 8am and 6:30pm during weekdays. Appointments are available at these sites from 8:30am to 6:30pm. Extended hours are available from 7am on Tuesdays and Thursdays at Wychbury Medical Centre and until 8pm on Wednesdays at Cradley Road branch surgery.

Chapel House branch surgery is open between 8am and 6pm on Mondays, Wednesdays and Fridays; on Tuesdays and Thursdays this surgery closed at 1pm. Appointments are available from 8:30am to 5:30pm on Mondays, Wednesdays and Fridays and from 8:30am and 12:30pm on Tuesdays and Thursdays.

On Tuesday and Thursday afternoons when Chapel House branch surgery is closed, patients can be seen at either Wychbury Medical Centre or Cradley Road branch surgery. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 16 August 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- As part of our inspection we visited Wychbury Medical Centre and the branch practice at Cradley Road surgery.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. There were processes in place for reporting incidents, patient safety alerts, comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.

The practice had records of 50 significant events that had occurred since 2015; 24 of these had occurred during the last 12 months and some of these included near misses and positive events. Significant event records were well organised, clearly documented and continually monitored. We also noticed that in many cases, new processes were implemented and training needs were acted on to avoid repeated incidents. For example, through reflecting on a significant event relating to a medical emergency, reception staff were provided with stroke awareness training which incorporated FAST principles so that they were aware of how to detect and enhance responsiveness in specific medical emergencies.

The practice held a monthly meeting where staff talked through and reflected on significant events and complaints. Staff told us how learning was shared during these meetings. We saw in the meeting minutes that learning was shared to ensure action was taken to improve safety in the practice.

Safety alerts were disseminated by the practice manager and records were kept to demonstrate action taken. We discussed examples of recent patient safety alerts we saw how a recent alert relating to a medical device for testing diabetes was acted on effectively in the practice. We also saw that discussions relating to safety alerts were discussed with staff and documented in minutes of monthly practice meetings.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare
- Staff demonstrated they understood their responsibilities and all had received the appropriate level of safeguarding training relevant to their role including level three training for GPs. One of the GPs was the lead member of staff for safeguarding and there was also a GP deputy safeguarding lead in place. The GPs attended regular safeguarding meetings and provided reports where necessary for other agencies.
- Notices were displayed to advise patients that a chaperone service was available if required. The nursing staff and members of the reception team would usually act as chaperones. We saw that disclosure and barring checks were in place for members of staff who chaperoned and all of them had received chaperone training.
- We saw weekly cleaning records and completed cleaning specifications within the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly.
- We observed the premises for the Wychbury Medical Centre to be visibly clean and tidy. During our visit to the Cradley road surgery we observed the premises to be visibly clean and tidy; however some parts of the practice were moderately run down and would benefit from refurbishment in areas. For instance in some areas the skirting boards were cracked, carpets were ripped and there were potential trip hazards where they had lifted from the floor. We also noticed that there were carpets in some of the consulting rooms and there were no cleaning schedules in place to support that they were frequently cleaned. The practice manager confirmed that these carpets had not been deep cleaned for approximately 18 months and that the practice was planning on replacing them with more suitable flooring within the next few months.
- The practice manager explained that a risk assessment had been conducted with regards to the premises at Cradley road surgery; we saw records of a

Are services safe?

comprehensive risk assessment to support this. The practice manager explained that they were planning a complete refurb of each of the three premises and during our inspection we noticed that this had started to take place in the office areas at the Wychbury Medical Group practice. As part of the refurbishment plans, the carpets at Cradley road surgery were due to be disposed of and replaced with suitable flooring. The practice manager confirmed that the next phase of the refurb plans were due to start within the next three months at Cradley road surgery. In the meantime, carpets were taped down as best as possible and frequent checks were carried out and documented to monitor and mitigate trip hazards.

- The practice nurse manager was the infection control lead who regularly liaised with the local infection prevention team to keep up to date with best practice. A member of the nursing team was also the appointed deputy lead for infection control. There was a protocol in place and we saw records of completed audits and actions taken to address any improvements identified as a result. For example, fabric chairs at Cradley road surgery had been recovered in line with best practice infection control standards.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury. Staff had received up to date infection control training and the training was also incorporated in to the induction programme for new staff members.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient.

Prescription stationery was securely stored and there was a system in place to track and monitor the use of the prescription stationary, including prescription pads used for home visits.

- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. The practice also had a system for production of Patient Specific Directions to enable the healthcare assistants to administer vaccinations.
- We viewed seven staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body. The practice used regular locum GPs to cover if ever the GPs were on leave. Staff explained that they tried to use the same locums for continuity of care and that they could also use locums through a locum agency that they regularly used. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their regular locum GPs and for any locum GPs sourced through the locum agency.

Monitoring risks to patients

There were a number of procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises across the three practice sites. Risk assessments covered fire risk and risks associated with infection control such as the control of substances hazardous to health and legionella. We saw records to show that regular fire alarm tests and fire drills had taken place. 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

Are services safe?

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was a system on the computers and in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had an emergency trolley at each of the three sites which included emergency medicines, a defibrillator and oxygen with adult and children's masks. We observed the emergency trolley and its contents at the Wychbury Medical Centre and at the Cradley Road surgery sites. We found that they were easily accessible to staff in a secure areas of the practices and staff we spoke with knew of their location. The medicines we

checked at both sites were all in date and records were kept to demonstrate that the emergency equipment and the emergency medicines were regularly monitored.

- There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support.
- 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 and staff were aware of how to access the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Additionally, staff we spoke with highlighted how they often accessed the green book online for latest information on vaccines and vaccination procedures as well as the National Travel Health Network and Centre for guidance of travel medicine. The Health Care Assistant also spoke of example where they had followed NICE guidelines and used this information to develop how care and treatment was delivered in relation to flu vaccinations.

The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included a daily check and review of discharge summaries following hospital admission to establish the reason for admission. The practice also conducted a daily check of their patient's attendances at the local Accident and Emergency departments. Patients who were at risk of admission to hospital, patients who had been discharged from hospital, patient deaths and patients on the practices palliative care register were also discussed and reviewed on a monthly basis as part of the practices monthly admissions avoidance meetings. These meetings were governed by agendas, there was regular representation from other health and social care services and we saw minutes of meetings in place to support this.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (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. Current results from 2014/15 showed that the practice had achieved 96% of the total number of points available, with 11% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 4%.
- Performance for mental health related indicators was 100%, with an exception rate of 11%.

There were 199 patients on the mental health register, 61% had care plans in place and 89% had received a medication review. These patients were regularly reviewed and further reviews were planned.

- Data showed that appropriate diagnosis rates for patients identified with dementia were at 100%. There were 183 patients on the practices register for dementia, 69% had care plans in place and 94% had received a medication review. These patients were regularly reviewed and further reviews were planned.
- Performance for overall diabetes related indicators was 99%, compared to the CCG average of 89% and the national average of 90%.

Audits were discussed during regular staff meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes. The practice shared records of 10 clinical audits; most of these were completed audits and we saw how they had been initiated as a result of significant events, patient safety alerts and adherence to best practice guidelines.

For example, we saw that an antibiotic prescribing audit was conducted in October 2015 and repeated in January 2016 to complete the audit cycle. The first audit involved a sample review of 50 patients who were prescribed with antibiotic medication, and audit records indicated that adherence to local prescribing formulary was 44%. An action plan was developed which outlined areas for improvement and a target was set as 80% with regards to formulary adherence. The repeated audit demonstrated improvement as the practice had reached their target of 80% to ensure prescribing was in line with local and national guidelines. The audit also highlighted non-adherence to first line therapy in some cases for patients diagnosed with a urinary tract infection (UTI) and therefore the practice had completed a baseline audit to specifically focus on antibiotic prescribing for patients with a UTI. The first audit was conducted in December 2015 and was repeated in July 2016. The first audit highlighted a good diagnostic compliance rate of 84% however formulary adherence rates were appropriate in only 10 out

Are services effective?

(for example, treatment is effective)

of 25 cases reviewed (40%). To improve this, an action plan was developed which included actions such as ensuring locum GPs had access to formulary guidelines. The repeated audit demonstrated improvement as the formulary compliance rate had increased to 62%; this highlighted appropriate prescribing in 18 out of 29 cases reviewed.

The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice on a regular basis. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills and were trained to lead on areas such as asthma, diabetes, chronic obstructive pulmonary disease (COPD), mental health and prescribing. The practice manager had completed a degree in leadership and management and the assistant practice manager had been supported in completing an NVQ in business administration.

- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality.
- Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.
- The practice had supported staff members through many training courses. For example, nurses were supported to attend studies days, such as updates on immunisations and cervical screening. Members of the administration team had been supported in completing NVQs in business and administration, customer service training and attending courses on medical terminology to support them in their daily duties. In addition to in-house training staff made use of e-learning training modules.

- Staff received regular reviews, annual appraisals and regular supervision. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.

Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. The practice followed the principles of the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. Monthly GSF meetings took place to discuss the care and support needs of patients and their families and we saw minutes in place to support this.

- The practice had 167 patients on their palliative care register. The data provided by the practice highlighted that 79% of these patients had a care plan in place and 92% of the eligible patients had received a medication review in a 12 month period. We saw that the practices palliative care was regularly reviewed and discussed as part of the MDT, GSF and admission avoidance meetings to support the needs of patients and their families.
- There were 85 patients on the practices learning disability register, 52% of these patients had care plans

Are services effective?

(for example, treatment is effective)

in place and 97% of the eligible patients had received a medication review in a 12 month period. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

- The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. The practice had identified 158 patients with drug and alcohol dependencies, these were included in the practice register for vulnerable patients. Practice data highlighted that 85% of these patients received medication reviews within a 12 month period. These patients were regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families.

The practice took an active approach to joint working and engaged well with other health and social care services. Staff we spoke with explained how they were in the early stages of developing paediatric and psychiatry multidisciplinary team meetings. Staff highlighted how the practice wanted to develop a more structured approach to working with other health and social care services specific to children and also for mental health; to ensure that clinicians became more involved in the care of children with complex needs as well as patients who were experiencing poor mental health. The practice manager confirmed that their first psychiatry MDT meeting was planned for September 2016 and their first paediatric MDT meeting was planned for October 2016.

Consent to care and treatment

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

- Patients' consent to care and treatment was sought in line with legislation and guidance. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- We saw examples of the consent forms used for different types of minor surgery and for joint injections; each form detailed surgery information and side effects.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

- Practice data highlighted that 1034 patients had been identified as needing smoking cessation advice and support; all of these patients had been given advice within the last 12 months. Between April 2015 and March 2016, practice data highlighted that 112 patients were seen and supported by a smoking cessation advisor and 40% of these patients had successfully stopped smoking.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 83% to 98% compared to the CCG averages which ranged from 83% to 98%. Immunisation rates for five year olds were ranged from 95% to 100% compared to the CCG average of 93% to 98%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast cancer screening rates were at 76% compared to the CCG and national averages of 72% and bowel cancer screening rates were at 57% compared to the CCG and national averages of 58%.

Are services effective? (for example, treatment is effective)

- During our inspection we discussed the practice's uptake for the cervical screening programme which was 68%, compared to the CCG average of 73% and national average of 74%. Staff explained that this was an area where uptake was generally low however they were continuing to work on trying to improve this by writing to patients in addition to the letters patients receive from Public Health England. Clinicians confirmed that they opportunistically offered cervical screening where appropriate and that they raised awareness in the practice through consultations with patients and through use of promotional material which we saw in place on the day of our inspection. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice.
- Each year the practice's Patient Participation Group (PPG) organised a health care event for patients and for the local community. Past events included offering health checks and talks from local experts on areas such as Dementia Awareness. We spoke with two PPG members during our inspection who gave examples of where several patients had been referred to secondary and specialist care through attending a prostate awareness and testing event.
- We noticed that during our inspection members of the reception team wore flu sashes; staff explained that they proactively offering and promoting this service ahead of flu season.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

- During our inspection we noticed that members of staff were friendly, respectful and helpful to patients both attending at the reception desk and on the telephone.
- We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Results from the national GP patient's survey (published in July 2016) highlighted that patients were mostly happy with how they were treated:

- 86% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 86% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 85% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

Although we saw that CQC comment cards had been displayed and made available for patients to complete, no comment cards had been completed. On discussing this with the practice, staff explained that that they noticed that over time participation in patient feedback was low and

that although patients could give feedback through other sources such as comment slips and the NHS Friends and Family Test, for the year so far patients rarely provided written feedback. The practice found that patients did however prefer to provide feedback via text message for the NHS Friends and Family Test.

We spoke with nine patients on the day of our inspection including two members of the patient participation group (PPG). Patients told us that they were generally satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, helpful and caring.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that that the GPs often took the time to explain information and treatment options during consultations. Results from the national GP patient survey showed that responses were slightly below the local and national averages with regards to questions about patients involvement in planning and making decisions about their care and treatment:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There were 333 patients on the practice's register for carers; this was 2% of the practice list.

Members of the management team explained that they were also encouraging staff to identify more carers and to ensure that carers were appropriately coded. Staff explained how as a result of an incident, it was identified that they needed to ensure that specific support was provided to carers such as flexibility around appointment times and offering longer appointments; the practice had started to embed this approach when booking

Are services caring?

appointments for carers to ensure adequate support was provided. Additionally, practice staff were in the process of completing an online training course on how to identify and support young carers.

We saw that the practice had a comprehensive carers' pack in place which contained supportive advice for carers and signpost information to other services. The practice also offered annual reviews for anyone who was a carer and flu vaccines for carer.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis in the practice.

The practice worked with the local Dudley Council for Voluntary Service (CVS) team to help to provide social support to their patients who were living in vulnerable or

isolated circumstances. The practice shared some examples of how patients had experienced positive outcomes by being referred to the Integrated Plus scheme, which was facilitated by the local Dudley CVS. Discussions highlighted that patients were being offered social, mental health, wellbeing and bereavement support through the scheme and were signposted to other organisations such as the local Salvation Army.

In addition to notices and resources in the waiting room we noticed that there was a practice library in place for patients to borrow books on a wide range of health topics. Some of the examples we saw available included books on family planning, carer support, mental health and healthy lifestyle. The practice kept records to monitor patients use of the library, we saw how some patients regularly used the library and that it been utilised by patients 29 times since February 2015. Staff we spoke with gave examples of some patients who did not use computers or have access to online information and actively used the library to read up on health information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
 - Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
 - All telephone calls for appointment bookings were handled by staff at the Cradley Road branch. Staff had been trained by the GPs on how best to book the appointments based on information provided by the caller, so that appointments were effectively booked with either a GP or the relevant member of the nursing team based on patient needs. We also saw that there was a comprehensive support pack in place to guide staff through various appointment requests. Outcomes included appointments with the advanced nurse practitioner, general nurse appointments, home visit bookings and GP appointments.
 - There were also flow charts in place to direct appointments to specialist clinics such as sexual health and family planning clinics and there were also plans in place to ensure that registered patients from care homes were effectively directed to their allocated GP. Additionally, the practice also offered telephone consultations with a GP at times to suit patients. The practice audited these systems to ensure that appointments were booked appropriately based on patient's needs.
 - The practice offered text messaging reminders for appointments to remind patients of their appointments. When all appointment slots were full, the practices answer phone message informed patients of this and gave alternative options to ensure patients health and care needs were met.
 - There were urgent access appointments available for children and those with serious medical conditions.
- Additionally, one of the GPs operated a morning and afternoon telephone triage service and rotated around the three practice sites for patients who needed to be seen urgently when all appointments were booked.
- When patients booked appointments, they were given the option of a preferred practice location out of the three practice sites.
 - Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as flu and shingles vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
 - The practice offered extended hours across two of their sites with early appointments available at Wychbury Medical Centre two days a week and later appointments available one day a week at Cradley Road Surgery.
 - There was an efficient referral process, with referral letters often completed with the patient and the GP during consultation. The practice also took this approach when using the electronic referral system (Choose and Book).
 - There were disabled facilities, hearing loop and translation services available. We noticed that some of the corridors at Wychbury Medical Centre were narrow; staff explained that patients with wide prams or double pushchairs, as well as wheelchair users were booked in to see a clinician in one of the rooms based next to the waiting room area. We observed that this area was more spacious and suitable for patients with prams, pushchairs and wheelchairs to move around without hindrance.
 - Information was made available to patients in a variety of formats, online and also through easy to read paper formats. Additionally, the practice developed an accessible information and communication format request form so that patients were able to make specific requests such as information in a particular format or specific support such as translation requirements and sign language support.
 - We also noticed that consultation rooms were signposted in brail at Wychbury Medical Centre for patients who were blind or visually impaired.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice offered a variety of services across the three sites such as cervical screening, minor surgery and phlebotomy which were available at Wychbury Medical Centre and Cradley road surgery.
- The practice operated a number of out-reach services including a consultant led Uro-gynaecology clinic based at Whychbury Medical Centre. The service was introduced in 2012 and was available to all patients in the Dudley CCG area; referrals could be made through the Choose and Book system and the clinic ran on a monthly basis. Staff talked us through the process whereby any new referrals were seen in the clinic by one of the practice nurse who was trained in Uro-gynaecology, patients were then directed accordingly to one of the practices GP who specialised in Uro-gynaecology or the Consultant Gynaecologist. Practice data demonstrated that between August 2015 and July 2016 138 referrals to the service had been made, 102 (74%) of these were for the practices own registered patients. Additionally, 280 follow up appointments were offered to patients and 103 patients were referred to secondary care for specialist surgical procedures. Members of the management team explained that there had been a reduction in cost of service delivery, along with providing convenience for patients.

Access to the service

Whychbury Medical Centre and Cradley Road branch surgery were open between 8am and 6:30pm during weekdays. Appointments were available at these sites from 8:30am to 6:30pm. Extended hours were available from 7am on Tuesdays and Thursdays at Whychbury Medical Centre and until 8pm on Wednesdays at Cradley Road branch surgery.

Chapel House branch surgery was open between 8am and 6pm on Mondays, Wednesdays and Fridays; on Tuesdays and Thursdays this surgery closed at 1pm. Appointments were available from 8:30am to 5:30pm on Mondays, Wednesdays and Fridays and from 8:30am and 12:30pm on Tuesdays and Thursdays. On Tuesday and Thursday afternoons when Chapel House branch surgery was closed, patients could be seen at either Whychbury Medical Centre or Cradley Road branch surgery.

Pre-bookable appointments could be booked up to four weeks in advance for all three sites.

Results from the national GP patient survey published in July 2016 showed mostly positive responses regarding access:

- 70% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 68% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

However, the practice performance was below local and national averages for appointment waiting times:

- 53% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 44% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

The practice informed us that the daily GP triage service would likely to have impacted on their survey results, where patients were guaranteed an appointment on the same day through the GP triage service where they would attend one of the three practices and wait to be seen. The patients we spoke with during our inspection commented that if appointment times were occasionally long, this was often because the clinical staff took the time to listen to patients and ensure that thorough discussions took place during consultations. Patients gave positive feedback with regards to appointment access however some patients commented that it was sometimes difficult to get an appointment with a GP of their choice.

Listening and learning from concerns and complaints

There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Patients were informed that the practice had a complaints policy which was in line with NHS requirements. The

Are services responsive to people's needs? (for example, to feedback?)

practice website and leaflet also guided patients to contact the practice manager to discuss complaints; the practice also had verbal complaint forms in place for patients who wished to record a verbal complaint.

We saw a summary of 24 complaints which were received between April 2015 and April 2016. This included verbal and written complaints; all complaints had been investigated, responded to and closed in a timely manner. We also looked at complaint records and found that they had been satisfactorily handled and responses demonstrated openness and transparency.

The practice held a monthly meeting where staff reflected on complaints. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety in the practice. Examples included reviewing consent forms specific procedures, facilitating customer service training for staff and coaching staff on communication and confidentiality.

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 provide the highest level of primary health care to patients. There was a documented business plan which incorporated the values, objectives and overall vision of the practice; this was also discussed and monitored through partner and management meetings. We spoke with 10 members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. Staff commented that as it was a busy practice, at times work load was heavy across the three sites. Although staff we spoke with said they felt supported and that they worked well as a team, some staff members commented that they didn't always feel valued for managing a heavy work load. Discussions with the practice manager highlighted that the management team were aware of this and held a workload and planning meeting in July 2016. The practice manager explained that to improve workload and boost staff morale, a further meeting was being planned on a Saturday as an idea by the practice team to give all staff the opportunity to attend and take part in a positive feedback event. We saw that this was minuted as an action point as part of the workload and planning meeting. The aim of the planned meeting was for staff to share ideas and suggestions to improve work load during a more relaxed time with an informal positive approach to ensure staff were comfortable to share ideas.

Governance arrangements

- Governance and performance management arrangements were proactively reviewed and reflected best practice. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.
- There was a clear staffing structure with supporting organisation charts in place. Staff had lead roles across a number of areas. For example, leads were in place for maintenance of different disease registers, there were lead role across secretarial staff and lead roles for IT Information Governance.
- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For

instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to with a confidentiality query and who to go to for infection control guidance.

- Practice specific policies were implemented, regularly reviewed and well embedded. Policies and documented protocols were well organised and available as hard copies and also on the practices intranet. Staff we spoke with were able to easily access policies and demonstrated that they understood key policies on areas such as whistleblowing and safeguarding.
- In addition to practice policies staff had access to 'how to' guides which contained summarised key processes that staff could refer to on a daily basis if needed. The practice also developed a nurse notice board which was available on the nurse's desktops. We saw that the nurse noticeboard included key updates to policies and guidelines on a range of areas including travel and immunisation updates and alerts.
- The team took a proactive approach to audit and there was a well embedded, effective and well-structured programme of continuous clinical and internal audit. Audits were initiated as a result of national patient safety alerts, significant events and incidents; we also saw that some of the outcomes led to more focussed audits across specific areas to ensure opportunities for improvements were never missed. These audits were used to monitor quality and to make improvements. Results were circulated and discussed in the practice and there was a strong theme of shared learning and emphasis on continuous quality and improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw a range of comprehensive risk assessments in place where risk was monitored and mitigated.
- There was a strong focus placed on the importance of joint working with other health and social care organisations at the practice. We found that the practice had embedded a multidisciplinary approach to patient care. The team met frequently and engaged well with other services through a programme of multidisciplinary

Are services well-led?

Good 

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

team (MDT) meetings, admission avoidance meetings and had formed specific psychiatry and paediatric MDT meetings which were due to start in September and October 2016.

Leadership, openness and transparency

The GP partners, clinical nurse manager and the practice manager formed the management team at the practice; they were also supported by senior members of staff including an assistant practice manager, three reception managers and a personal assistant. The management team worked closely together and encouraged a culture of openness and honesty throughout the practice. Staff we spoke with confirmed that they were actively encouraged to raise concerns. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

The practice held many meetings; these were structured through a monthly programme of management meetings including GP partners and other managers, monthly admission avoidance meetings, monthly significant event and complaint meetings, monthly multidisciplinary (MDT) meetings and monthly clinical meetings with attendance from all clinicians and opportunities for locum GPs to attend. All of these meetings were governed by agendas which staff could contribute to, meetings were clearly minuted and action plans were produced to reflect actions at each meeting. In addition to formal meetings, the advanced nurse practitioners met informally on a weekly basis to ensure they regularly engaged and communicated as a team.

The practice also engaged with other practices through attending external meetings and educational events. For example, GPs attended monthly education events, members of the management team attended monthly CCG locality meetings and the practice manager and assistant practice manager engaged with local practices by attending monthly Dudley Practice Manager Alliance (DPMA) meetings. Practice nurses were able to network with local nurses by attending quarterly nurse education and training updates facilitated by the CCG.

Seeking and acting on feedback from patients, the public and staff

The practice had an active patient participation group (PPG) which influenced practice development. The PPG consisted of 202 members, 192 of these were virtual members and four to 10 of these members met each quarter and meetings rotated across the three practice sites. We spoke with two members of the PPG as part of our inspection.

PPG meeting minutes were circulated to virtual members and members who could not always attend the meetings; minutes were also available on the practice's PPG webpage. Minutes of meetings demonstrated that members of the management team often attended the PPG meetings, including GPs, practice management and nurse management.

The PPG were actively promoting the Pharmacy First Scheme in the local area. We saw that the PPG had facilitated and analysed results from two sets of patient surveys they had developed to gather patient feedback on the scheme. We saw that the results analysed by the PPG in November 2015 highlighted that out of 61 respondents only 11% were aware of the Pharmacy First Scheme. To improve this the PPG were exploring ways to improve awareness of the scheme and we saw that they had developed Pharmacy First pocket cards for patients and leaflets containing contact numbers and address details for local pharmacies as part of the scheme.

Continuous improvement

The practice team was forward thinking and was heavily involved in a number of clinical research studies including studies on anticoagulation, gout and medication studies.

- The practice shared a summary of each clinical study which highlighted that 11 patients with Atrial Fibrillation (AF) were participating in the anticoagulation research; this was described as an observational study where patient outcomes were to be followed and assessed over a two year period. The outcomes of this study were yet to be determined as this was an ongoing project.
- Records highlighted that 400 patients were being invited to participate in the medication study on aspirin; this was a new study which was due to start once patients responded to their invites; the aim of the study was to review specific side effects associated with this medication.

Are services well-led?

Good 

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

- Ten patients were taking part in an ongoing clinical study on gout whereby a comparison of two specific medication treatments were being analysed for the treatment of gout prophylaxis. The study required no specific follow up for patients on this randomised trial, although the practice was also responsible for informing the research team about any untoward events they experienced in relation to the medication treatment.
- The practice were in the early stages with a fourth clinical research project which involved a time comparison for patients taking antihypertensive medication to determine if morning or evening medication was better for blood pressure control. The practice had started to search for eligible patients to see if they wished to take part in the study.

In addition to clinical projects the practice was exploring the use of modern technology to streamline day to day processes such as secretarial duties and transcribing of practice correspondence. This work involved piloting voice recognition software to support GPs and secretarial staff

with referral letters and other patient correspondence. The practice was one month in to piloting the software with plans to fully embed and integrate systems once full dictation accuracy was achieved.

The practice had participated in a local Productive General Practice Programme which was an improvement programme initiated and facilitated through the Midlands and Lancashire Commissioning Support Unit (CSU). The project involved an extensive evaluation across various aspects of the practice including staff and patient feedback, the development of focus groups and a range of quality assessments designed to assess the quality of the service and identify areas to improve on. Many improvements were made within the practice through participating in the programme. For instance, staff engagement improved through focus groups, staff roles were defined to suit specific areas such as prescription management, and a number of protocols were newly developed to reflect specific tasks such as protocols for urgent prescription requests and prescription enquiries.