

Lyndhurst Surgery

Quality Report

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Lyndhurst

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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 of Lyndhurst Surgery on 21 September 2016. Overall the practice is rated as Good.

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.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider needs to make improvements.

The provider should:

- Review emergency equipment to ensure the most effective equipment is available for children requiring oxygen in emergency situations.

Summary of findings

- Review arrangements for effective communication with those patients who had hearing loss and who used a hearing aid.
- Review information provided following complaints in regard of escalating complaints if complainants are dissatisfied with the practices response.

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 was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. For example, extended hours were offered on two evenings a week.
- The practice offered a range of services to reflect the needs of the population.
- Patients could access appointments and services in a way and at a time that suited them. Urgent appointments were available on the same day and a triage system was used to prioritise appointments and home visits.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients told us they felt involved in decision making about the care and treatment they received.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was clear leadership and staff felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive personalised care to meet the needs of older patients and referred and signposted these patients to relevant local services
- The practice was responsive to the needs of older people by offering home visits and urgent appointments for those with enhanced needs. Doctors visited local nursing and dementia care homes on a weekly basis
- The practice used a 'red flag' alert system on the patients' notes to indicate the most vulnerable patients so that reception staff could allocate an urgent appointment when patients contacted the surgery.
- There were twice monthly meetings with the primary care team to discuss vulnerable older people and share information so care was appropriate.
- The practice worked closely with the Care Navigator to provide support for patients with social needs. Care Navigators are employed by New Forest Healthcare Ltd which is a collaboration between 17 GP practices across the New Forest area. Care Navigators support, signpost and assist the frail elderly over 75 years of age with the aim of preventing hospital admission. The Care Navigator was an integral member of the practice team and GPs were able to directly refer patients to them. An evaluation of the effectiveness of this service and how hospital admissions were avoided was in the process of being undertaken.
- The practice offered a monthly hearing aid battery replacement service.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management including diabetes, asthma, and chronic obstructive pulmonary disease (COPD).
- Performance for the five diabetes related indicators were comparable or better than the local and national averages. For

Summary of findings

example, the percentage of patients with diabetes, on the register, in whom an acceptable blood pressure reading was recorded was 89%, which was higher than the clinical commissioning group (CCG) 77%, and national average of 78%

- Patients had a structured annual or biannual review to check their health and medicines needs were being met.
- There were twice weekly diabetes, asthma and COPD clinics. Patients had access to both face to face reviews and telephone contact.

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 on child protection plans.
- There was positive liaison with the health visitor and school nurse and a baby clinic was offered once a fortnight.
- The practice offered family planning and contraceptive services including implant fitting and coil insertion.

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).

- The needs of the working age population, those recently retired and students had been identified and the surgery had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, students attending university were able to stay registered at the practice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extended hours two evenings a week with appointments available until 8.30pm.
- The practice provided NHS health checks for patients aged 40-74

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.

- The practice had a lead GP for patients with a learning disability and offered an annual review to these patients.

Good



Summary of findings

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

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 living with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Performance for poor mental health indicators was in line with or better than local and national averages. For example, 94% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG and national average of 88%.
- The practice encouraged patients to access local support groups and voluntary organisations, for example the ITalk counselling service (italk is a free service for people suffering from depression and anxiety. It is part of an Improving Access to Psychological Therapies (IAPT) service offered in Hampshire).

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with or better than the national averages. 236 survey forms were distributed and 119 were returned. This was a response rate of 50%. This represented approximately 2% of the practice's patient list. Results from the survey showed;

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were positive about the standard of care received.

We spoke with five patients during the inspection. All said they were satisfied with the care they received and thought the staff were approachable, respectful and caring. They told us the doctors and nurses listened to them and explained everything in detail. The Friends and families Test published on the NHS website indicated that 100% of people would recommend the practice.

We also spoke with two members of the patient participation group (PPG) who said the practice was responsive to suggestions they had made to improve services for patients.

Lyndhurst Surgery

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 advisor, and a practice manager specialist advisor.

Background to Lyndhurst Surgery

Lyndhurst surgery is located in a purpose built, single storey building at 2 Church Lane, Lyndhurst, Hampshire SO43 7EW. It is situated just off the high street close to the town's municipal car park. The practice has approximately 5300 registered patients

Lyndhurst surgery is registered with the Care Quality Commission as a partnership provider. The practice holds a General Medical Services contract with NHS England and is part of the NHS West Hampshire Clinical Commissioning Group. The population distribution shows the practice has 4% of patients over 85 years of age which is higher than the national average of 2% and CCG average of 3%. The practice is in a less deprived area and has lower unemployment when compared to the national average. The male life expectancy for the area is 82 years compared with the CCG average of 81 years and the national average of 79 years. The female life expectancy for the area is 84 years compared with the CCG average of 85 years and the national average of 83 years.

The practice is owned and managed by a team of four GP partners, one of whom is male and three are female. The combined hours worked by the GPs equated to 2.3 whole time equivalent GPs. The partners are assisted by three female practice nurses and one phlebotomist, a practice

manager, a deputy practice manager, two medical secretaries and a team of administration and reception staff. The practice is a recognised GP training practice for doctors training to be GPs (registrars). Three of the GPs at the practice are approved GP trainers and at the time of the inspection were supporting two trainees.

The practice is open from 8.30am until 6.30pm every day except Tuesday when it opens at 9.30am due to staff training. Phone lines are open from 8am until 6.30pm Monday to Friday. It is closed at the weekend and at lunch time between 1pm and 2pm but the phone lines remain open during this lunchtime period. There are appointments available two evenings a week until 8.30pm. These appointments are usually for people who would otherwise find it difficult to see a GP during normal opening hours. Nursing services are not provided during extended opening hours. There is level access to the building and a disabled toilet near the entrance

The practice provides out-of-hours services to their patients from 8am until 8pm each day of the week as part of an agreement with six other local GP practices. Patients requiring care outside of 8am and 8pm are referred to the NHS 111 service. The practice offers online facilities for booking appointments and for requesting prescriptions. The practice also offers an online GP consultation service.

Lyndhurst Surgery has not previously been inspected by the Care Quality Commission. The practice is registered to provide the following regulated activities; diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and family planning.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before the inspection, we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data such as the GP Patient Survey published in January 2016. We carried out an announced inspection on 21 September 2016.

During our visit, we spoke with a range of staff including four GPs, the practice and deputy practice manager, one practice nurse, a receptionist, the Care Navigator and a medical secretary. We also spoke with seven patients including two members of the patient participation group (PPG). PPGs are a way for patients to work in partnership

with a GP practice to encourage the continuous improvement of services. We also reviewed two completed CQC comment cards where patients and members of the public shared their views and experiences of the service. We observed interactions between patients and staff and reviewed records relating to the management of the practice.

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)

Are services safe?

Our findings

Safe track record

There was an effective system in place for reporting recording and monitoring significant events.

- Staff knew how to record and report significant events that occurred within the practice and were able to provide examples of when an incident had been reported. Significant events were recorded using a form that was accessible to all staff on the practice's computer system. This was then reported to the practice manager for investigation.
- The practice had ten significant events in the previous year. All had been fully investigated, actions and learning points identified and these had been reviewed within the specified time frames.
- Staff told us and we saw evidence that significant events were discussed in practice meetings and changes had been implemented through sharing of learning. For example, the alert button on the computer, for staff to respond immediately when requiring assistance, appeared not to be working. When tested it was found staff were not following the correct procedure and updates were provided. A subsequent test was carried out and the correct procedures were seen to have been followed.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

There was a comprehensive system in place to act upon medicines and equipment alerts issued by external agencies; for example, from the Medicines and Healthcare products Regulatory Agency (MHRA). Information was received by the practice manager and distributed to all clinicians who reviewed and actioned where appropriate. We saw examples of alerts where a patient had been contacted in response to a medicines alert to ensure treatment was altered.

Reliable safety systems and processes including safeguarding

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff knew who the lead GP was for safeguarding, understood their individual responsibilities and had received training to the appropriate level.
- All staff we spoke demonstrated an understanding of their responsibilities and had received training in safeguarding adults and children. This was kept up to date with annual refresher training. We saw evidence that all GPs were trained to child protection or child safeguarding level 3. Two of the registered nurses were also trained to level 3. The other registered nurse and the phlebotomist were trained to level 2 which was in line with the practice's children's safeguarding policy, dated June 2016.
- GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- A notice in the waiting room and also on the practice website, advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). A pink lanyard with a badge on indicated that the staff member was undertaking chaperoning duties.

Medicines management

The practice had well organised procedures, which reflected nationally recognised guidance and legislative requirements, for the storage of medicines.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Processes were in place for the safe handling of repeat prescriptions.

Are services safe?

- The practice carried out medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing
- Patient group directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The use of PGDs was in accordance with current guidelines and these were monitored by the practice manager.
- The practice's vaccines fridges had been maintained, and calibrated in December 2015. We saw that the fridge temperatures were monitored daily and were within safe temperature ranges. All the medicines and vaccines we saw were within date and fit for use. No controlled drugs were kept on the premises.

Cleanliness and infection control

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. Cleaning was done in accordance with written cleaning schedules and checklists. These were monitored and checked regularly.
- A practice nurse was the infection control clinical lead. Discussions held with them demonstrated they had a clear understanding of the role and responsibilities. Infection control processes were implemented but there was limited protected time allocated to undertake the role. This may prevent maintenance of effective infection control processes placing patients and staff at risk through infection control failings.
- There was an infection control protocol in place which was last reviewed in July 2016. Staff had received up-to-date training and it was part of the induction programme.
- We saw hand gel was available in reception and waiting areas and hand washing guidance was seen throughout the premises. Clinical waste, including sharps bins, was appropriately stored and was collected weekly and disposed of by a licensed contractor. The surgery had a sharps injury protocol available on the shared computer system and there were guidance notices advising on procedures relating to sharps injuries posted in the treatment and consultation rooms. Disposable curtains were used in the treatment and consultation rooms. They were clean and in date (disposable curtains should

be changed every six months). The practice had spillage kits and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks. All medical instruments were single-use.

- The lead nurse and the practice manager carried out infection control audits and an annual audit was undertaken in June 2016.

Staffing and recruitment

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body. The appropriate checks had been made through the Disclosure and Barring Service. There was a record of Hepatitis B immunisation status for clinical staff.

Monitoring safety and responding to risk

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, most recently on 20 September 2016.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recognised there was a shortage of nurses and it was sometimes difficult to cover leave. GPs covered sessions in these circumstances. There was a plan in place to increase the number of nurses. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- All staff had received recent annual update training in basic life support.
- The practice had an alert button on all computers to respond immediately if clinical staff needed assistance.
- The practice had emergency equipment which included an automated external defibrillator, (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the

level of oxygen in a patient's bloodstream). Only adult masks were available, which could be used for the majority of children if needed in an emergency situation.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan, which was also available to the practice manager and lead partner off site, included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. This is comparable to the CCG average of 97% and the national average of 95%.

Overall clinical exception reporting was 6.3%, which was in line with the CCG and national averages of 11% and 9% respectively. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients had received the treatment or medicine.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators were similar to national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was acceptable was 84% which was similar to CCG average of 82% and the national average of 81%. Clinical exception reporting was 16% compared to the CCG average of 15% and the national average of 12%
- Performance for mental health related indicators were also similar to national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol

consumption had been recorded in the preceding 12 months was 88%, which was in line with the CCG average of 88% and the national average of 90%. Clinical exception reporting was 0% compared to the CCG average of 12% and the national average of 10%.

- 100% of patients with atrial fibrillation (irregular heart rhythm) were prescribed an appropriate medicine to decrease the risk of blood clots. This was comparable to the CCG and national averages of 98%. Clinical exception reporting was 9% compared to the CCG average of 7% and the national average of 6%.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example staff reviewed the use of inhalers by asthma patients. 14 patients who had higher use of inhalers than would be expected were identified and called for a review. Following this review, 12 patients reduced or stopped their use of the inhaler. The patients were reviewed a year later and results from this review showed patients had maintained their reduced use of the inhaler.

Effective staffing

The practice had a well-trained and motivated clinical, nursing and administrative team.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, health and safety, significant event procedures and confidentiality.
- Nursing staff were actively involved in the management of patients with long-term conditions and received appropriate training to undertake this role.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and support for revalidating GPs. All staff had received an appraisal within the last year.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Training needs were monitored using the computer system which recorded the various mandatory training subjects and flagged when refresher training was due.

Coordinating patient care and information sharing

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

- There was positive multidisciplinary working. The practice worked closely with the local pharmacist, health visitors, school nurses and community psychiatric nurses to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.
- There was a process for clinical staff to review blood test results and communications from hospitals and other care providers via the electronic system.
- We saw evidence of monthly clinical meetings including a wide range of community based healthcare professionals. Safeguarding concerns were raised and discussed along with patients receiving end of life care and those with enduring mental health concerns.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment

Health promotion and prevention

The practice provided a range of services to improve health outcomes for patients. Staff encouraged and promoted healthy living and lifestyles. For example :

- The practice offered NHS Health Checks for patients aged 40 to 74 years of age to detect emerging health issues such as diabetes and hypertension. All new patients were offered a health check.
- Patients with long-term conditions were reviewed at appropriate intervals to ensure their condition was stable.
- The practice offered a comprehensive range of travel vaccinations.
- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions
- Childhood immunisation rates were comparable to the CCG average in all indicators. For example these ranged from 72% to 100% (CCG ranged from 80% to 99%) for under two year olds; and from 94% to 100% (CCG ranged from 93% to 99%) for five year olds.
- Patients were encouraged to attend local exercise programmes and staff at the practice were active members of the local NHS Health Walking Scheme.
- The practice's uptake for the cervical screening programme was 88%, which was higher than the CCG and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results

Are services effective?

(for example, treatment is effective)

Data from the National Cancer Intelligence Network published in March 2015 showed that the number of patients who engaged with national screening programmes was in line with local and national averages:

- 74% of eligible females aged 50-70 had attended screening to detect breast cancer. This was in line with the CCG average of 74% and the national average of 72%

- 66% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was in line with the CCG average of 66% and the national average of 59%

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All five patients we spoke to told us they felt they were treated with dignity and respect by staff.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 95% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 94% of patients said the last nurse they spoke to gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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 and national averages. For example:

- 89% of patients said the last GP they spoke to was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 92% of patients said the last nurse they spoke to was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We observed a poster for staff which detailed how to access this service.
- There was no hearing loop available as this had broken within the last year and had not been repaired. Staff told us it had not been needed in the last six months.
- An action plan had recently been developed to support visually impaired patients to access standard information. Until all of the actions were completed, patients were assisted to read relevant information or staff would print large print copies of information when requested.
- Information leaflets were available in easy read format.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We

Are services caring?

heard a number of positive experiences about the support and compassion they received. For example, one older patient told us about the high level of support they received during a period of poor health.

There was a comprehensive range of information leaflets available in the entrance hall to the practice. Patients had access to information about support groups and organisations including bereavement services and accessing mental health services. Information was also displayed on the television screen located in the waiting area.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 80 patients as carers which represents about 1.5% of the practice list. Staff from the practice attended the monthly carers café meeting in an effort to improve links with the practice

Staff told us that if families had suffered bereavement their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We observed information about recent births and deaths displayed in the admin office.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was part of a collaboration with six other local practices to offer a seven day GP service to patients. Patients registered at one of these practices could access urgent and routine appointments and other primary care services at a local community hospital every day from 8am until 8pm. The practices shared the same computer system with the hospital and could easily share care plans and urgent communication. Two of the Patient Participation Group members told us that patients valued the additional choice and availability of appointments of this service.

Through transformation funds (money made available to the NHS to enhance the provision of new and innovative models of care), the practice had secured 15 hours a week of a Care Navigator and one session a week of a frailty doctor. Care Navigators are employed by New Forest Healthcare Ltd which is a collaboration between 17 GP practices across the New Forest area. Care Navigators support, signpost and assist the frail elderly over 75 years of age with the aim of preventing hospital admission. The Frailty doctor is also employed by New Forest Healthcare and they work to provide proactive management and care of the frail elderly within the practice.

- There were longer appointments available for patients with a learning disability. There were 50 patients with a learning disability registered with the practice and 88% had received an annual health check in 2014-2015. Home visits were offered when patients were unable to attend the premises and reminder phone calls were offered to ensure attendance.
- To improve patient confidentiality, the practice had a separate office away from reception,
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Online services for booking appointments and ordering repeat prescriptions were available.
- The practice recognised the difficulty in engaging with working age patients and had introduced an on line

consultation service. Using a link on the practice website, patients were able to ask questions about their concern. The details were then emailed to the GP who responded by the end of the next working day

- On site services included phlebotomy, long term condition clinics, minor surgery, psychological therapies, immunisations and joint injections.
- Patients could choose to receive text reminders to attend their appointment.

Access to the service

The practice was open from 8.30am until 6.30 pm Monday to Friday except on a Tuesday morning when it opened at 9.30am. Patients could ring for an appointment from 8am until 1pm and 2pm until 6.30pm Monday to Friday. During the lunchtime closure a message directs patients to call NHS 111 or 999 if it was an emergency, or to call back after 2pm.

Pre-bookable extended hours appointments were available one evening a week until 8.30pm, either Wednesday or Thursday. Patients were able to see which day was available on the practice website, on the television screen in the surgery and via the receptionist.

A range of GP appointments were offered including, book in advance, book on the day, triage slots for call back and follow up appointments. If all appointments were booked there was an urgent list that was shared amongst the GPs on duty. The practice used a triage nurse and the duty doctor to triage requests for house calls.

At the time of our inspection there was good availability of 'on the day' appointments and bookable telephone appointments were available the next day. Bookable planned appointments were available with all clinicians within two weeks. Patients could book routine appointments six weeks ahead.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 82% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 90% of patients said the last appointment they made was convenient compared to the CCG and national average of 92%
- 72% of patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 80% of patients said they were able to get an appointment with the GP or nurse the last time they tried compared to the CCG average of 84% and national average of 76%.

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

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy is in line with

recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw information was available to help patients understand the complaints system, on the practice website and via a practice leaflet.

The practice had received seven written complaints in the last 12 months. We reviewed two complaints and saw that the practice had acknowledged, investigated and responded to the complaints in an appropriate timeframe. However, the written responses did not include the actions the complainant could take if they remained unsatisfied although this information was available in the practice leaflet and on the website. All complaints were shared, discussed and analysed for themes.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver good quality care and promote good outcomes for patients. They demonstrated an awareness of their strengths and the areas for improvement. Practice staff told us their vision was to stay at the forefront of local health services and to work as part of a wider group of practices to provide proactive and responsive care for patients.

Governance arrangements

Governance was a shared responsibility between the partners and the practice manager. The practice had an overarching governance framework which supported the delivery of quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice-specific policies were implemented, had been recently reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by monitoring the quality outcomes framework.
- The practice monitored the results of the GP patients' survey, together with the Friends and Family Test, and checked and responded to reviews left by patients on the NHS Choices website.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. Audits had been initiated by both the practice and the local CCG; for example, relating to prescribing and reviews of patients with particular health conditions.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GP partners demonstrated they had the experience, capacity and capability to run the practice and ensure the delivery of good quality care. They told us they were committed to provide safe, effective and compassionate care.

Staff told us that the GPs gave positive leadership and were approachable and visible within the practice. Staff felt supported by managers and told us they felt confident to raise any issues and that they would be listened to.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty and the practice had systems in place to ensure that when things went wrong with care and treatment affected patients were given reasonable support, truthful information and a verbal and written apology.

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

- There were regular team meetings which involved a representative from each staff group.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social events were held regularly and staff met each lunch time and Tuesday mornings for an hour to discuss clinical cases and issues that needed to be addressed.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.

We observed positive interactions between all staff groups and the team were supportive of each other.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback in the delivery of the service. There were comments and suggestion forms available in the waiting area.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke to two members of the PPG which was also known as the 'Friends of Lyndhurst Surgery' and they told us they

Are services well-led?

Good 

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

worked closely with the practice to improve the environment and services to patients. For example, the TV information screen was suggested by the PPG and installed within six months and the hearing aid battery replacement service was offered monthly. The reception and waiting area had also recently been refurbished and was now light and bright and the seating was more appropriate.

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

Management lead through learning and improvement

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

- The practice had participated in an initiative to pilot the provision of a Care Navigator. Care Navigators are

funded by New Forest Healthcare Ltd which is a collaboration between 17 GP practices across the New Forest area. Care Navigators support, signpost and assist the frail elderly over 75 years of age with the aim of preventing hospital admission. GPs were able to directly refer patients to them. An evaluation of the effectiveness of this service and how hospital admissions were avoided, was in the process of being undertaken.

- In addition, the practice offered one session a week of a frailty Doctor who provided proactive management and care for some of the most frail and elderly patients registered at the practice.
- The practice is one of seven practices within the New Forest area that have worked together to provide increased access to primary care services. Doctors and other healthcare professionals work at Lymington Hospital to provide an 8am to 8pm seven day a week service. This is known as The Practice and patients of Lyndhurst Surgery could phone for an appointment via Lyndhurst Surgery or directly to The Practice.