# UEA Medical Centre

## Quality Report

Medical Centre
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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 | Outstanding ☆ |
| Are services safe? | Good ● |
| Are services effective? | Good ● |
| Are services caring? | Good ● |
| Are services responsive to people's needs? | Outstanding ☆ |
| Are services well-led? | Outstanding ☆ |

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at University East Anglia medical centre on 1 September 2015. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example patients that had returned from abroad with a potentially infectious disease could be cared for by liaising with local university services to isolate the patient if necessary in order to protect the public.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met peoples' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice had purpose built facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place,

# Summary of findings

which was monitored, regularly reviewed and discussed with all staff. High standards were promoted and owned by all the practice staff. There was evidence of team working across all staff roles.
- The practice had created an electronic process to ensure that patients' test results were dealt with efficiently. This innovative method provided a second check on results and provided enhanced patient safety.

We saw several areas of outstanding practice including:

- The practice had reached out to the local community by working closely with university faculties, Dean of students office, and providing information and talks to student groups. The practice clinicians had attended these organisations and promoted better health. If any underlying health issues were identified the patients (if they belonged to the practice) were offered an appointment at the practice and patients from other practices were advised to attend their own GP.
- The practice had an assessment facility within the building. Patients with health concerns and with a limited support mechanism at home could be cared for at the practice until it was safe for them to return home. GPs made arrangements for patients to be supported when the practice closed at the end of the day.
- The practice had developed a high level of clinical and administrative leadership and practice solutions. These were shared with and utilised by other practices, this was particularly in relation to contraception and by their involvement in caring for patients with eating disorders and mental health.
- The practice population had a high prevalence of patients suffering from eating disorders (approximately 25% of total patients across the whole CCG of 22 practices). The practice had greatly enhanced its response to these patients by utilising a dedicated administrator who made sure all patients were followed up correctly. The practice employed effective inter agency working in order to provide the best on-going support to this patient group. They provided clinical support to the University Dean and worked together in the patients' interests.
- The practice engaged with a programme for the orientation of international patients. With 65% of the practice population being students and 43% of their total patients being born overseas, this programme educated students about NHS services, including managing expectations, immunisations, sexual health and general well-being.
- We saw an innovative method of maintaining confidentiality in reception. The GPs had developed a list of 33 common conditions that patients presented with. These were advertised in reception on the desk and patients read the number out to the receptionist rather than verbally outlining their condition. This assisted the patient to keep their condition confidential if they wished to do so.

However there were areas of practice where the provider should make improvements:

Importantly the provider should;

Review the contents of their emergency drugs kit to ensure that they are appropriate for all anticipated emergencies.

**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?**

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learnt and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

**Are services effective?**

Good

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

**Are services caring?**

Good

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

**Are services responsive to people's needs?**

Outstanding

The practice is rated as outstanding for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified. Patients told us it was easy to get an appointment with a named GP or a GP of choice. There was continuity of care and urgent appointments were

# Summary of findings

available on the same day. The practice had appropriate/ purpose built facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

**Are services well-led?**

**Outstanding** ☆

The practice is rated as outstanding for being well-led. The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders, was regularly reviewed and discussed with staff. High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice carried out proactive succession planning. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice gathered feedback from patients using new technology, and it had an active patient participation group (PPG).

# 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**

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people albeit these were within a very small group due to the demographics for the practice. The practice offered proactive, personalised care to meet the needs of the older people in its population but had only 70 patients that were 65 years of age or older. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.There were systems in place to ensure that care plans and medication lists were accurate for patients when discharged from hospital.

**Not sufficient evidence to rate**

**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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had a full time phlebotomist meaning blood samples could be taken at the practice avoiding travel for patients.

**Good**

**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. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

**Good**

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

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

**Outstanding**

the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. We saw examples of on-going care within the practice for young people with limited support at home. We saw specific enhanced services in terms of sexual health, psychological support and enhanced travel services that were bespoke to the patient group. 89% of the patients at the practice were between the ages of 17 and 35 years and the practice the practice had developed a proactive relationship with a large overseas student organisation, University Dean of students, and student mental health services. The practice showed us how they catered for short term requests for appointments especially around exam times and were able to register 4000 patients in a very short space of time when the student population changed.

**People whose circumstances may make them vulnerable**

Outstanding ☆

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

Doctors held talks with foreign students who were encouraged to register at the practice and healthcare information had been translated into 80 different languages. The practice held a “patients of concern register” which contained information about patients that would not necessarily appear on any other register but who needed consistency of care. The practice had a patient population which was 65% students and many were living some considerable distance from family and traditional support. The practice had developed relationships with other stakeholders to provide that support and was mindful of the potential vulnerability of its patients.

# Summary of findings

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

Outstanding 

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). 92% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with poor mental health with special consideration to the fact that students were often isolated from their families.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

A cognitive behavioural therapist (CBT) was employed directly by the practice to meet the needs of patients and doctors met regularly with the dean of students (DOS) who are responsible for the student's welfare. There were comprehensive care packages in place to monitor patients with eating disorders and special procedures to ensure these patients were visited if they missed appointments.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published during July 2015 showed the practice was performing consistently above the local and national averages. There were 45 responses which represents 10% of the surveys sent out.

- 93% found it easy to get through to this surgery by phone compared with a clinical commissioning group (CCG) average of 73% and a national average of 73%.
- 93% found the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 82% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 100% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 94% described their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 78% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 63% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment.

## Areas for improvement

**Action the service SHOULD take to improve**

Importantly the provider should;

- Review the contents of their emergency drugs kit to ensure that they are appropriate for all anticipated emergencies.

## Outstanding practice

- The practice had reached out to the local community by working closely with university faculties, Dean of Students office, student mental health services, a large overseas student organisation, and the Medical Society. The practice clinicians had attended these organisations and promoted better health. If any underlying health issues were identified the patients (if they belonged to the practice) were offered an appointment at the practice and patients from other practices were advised to attend their own GP.
- The practice had an assessment facility within the building. Patients with health concerns and with a limited support mechanism at home could be cared for at the practice until it was safe for them to return home. GPs made arrangements for patients to be supported when the practice closed at the end of the day.
- The practice had developed a high level of clinical and administrative leadership and practice solutions. These were shared with and utilised by other practices, this was particularly in relation to its use of IT to benefit safe care.
- The practice population had a high prevalence of patients suffering from eating disorders (approximately 25% of total patients across the whole CCG of 22 practices). The practice had greatly enhanced its response to these patients by utilising a dedicated administrator who made sure all patients

were followed up correctly. The practice employed effective inter agency working in order to provide the best on-going support to this patient group. They provided clinical support to the University Dean and worked together in the patients' interests.

- The practice engaged with a programme for the orientation of international patients. With 65% of the practice population being students and 43% of their total patients being born overseas, this programme educated students about NHS services, including managing expectations, immunisations, sexual health and general well-being.
- We saw an innovative method of maintaining confidentiality in reception. The GPs had developed a list of 33 common conditions that patients presented with. These were advertised in reception on the desk and patients read the number out to the receptionist rather than verbally outlining their condition. This assisted the patient to keep their condition confidential if they wished to do so.

# UEA Medical Centre

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

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

## Background to UEA Medical Centre

- UEA medical centre is situated in Norwich, Norfolk within the university complex. The practice is accessible by public transport (bus).
- The practice is one of 22 GP practices in NHS Norwich CCG area.
- The practice has a personal medical services (PMS) contract with the NHS and undertakes minor surgical procedures.
- There are approximately 18,000 patients registered at the practice.
- The practice has twelve GPs all of which were part time. All partner GPs have lead responsibilities and management roles. There was a mixture of male and female GPs.
- The GPs were supported by a nurse team consisting of five nurses, a healthcare assistant and a phlebotomist. There is a business manager and a number of support staff who undertake various duties. There is an operations manager and a team of receptionists. All staff at the practice worked a range of different hours including full and part-time.
- The surgery is open Monday to Friday between 8.30 and 6.30pm and there was a surgery between 8.30am and midday on a Saturday. Surgeries run in the mornings and afternoons each day. The surgery also offers extended hours until 8pm on a Tuesday.The practice has opted out of providing 'out of hours' services which is now provided by another healthcare provider. Patients can also contact the emergency 111 service to obtain medical advice if necessary.

There has been no information relayed to us that identified any concerns or performance issues for us to consider an inspection. This is therefore a scheduled inspection in line with our national programme of inspecting GP practices.

## Why we carried out this inspection

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time which had been validated by the health and social care information centre.

# Detailed findings

## 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)

Before carrying out our inspection, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew.

We carried out an announced inspection on 1 September 2015 at UEA Medical Centre. During our inspection we spoke with a number of GPs, nursing and reception staff. In addition we spoke with patients and we observed how patients were cared for in the reception area. We reviewed three comment cards where patients and members of the public shared their views and experiences of the service.

Good

# Are services safe?

## Our findings

**Safe track record and learning**

- There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example we saw clinicians were reminded to prescribe appropriate medication and organise tests in line with guidelines. This was following a review of a patient's care plan.
- Safety was monitored using information from a range of sources, including national patient safety alerts (NPSA) and national institute for health and care excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

**Overview of safety systems and processes**

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements, policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room and within treatment rooms advising patients that nurses or administrative staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be extremely clean and tidy and the practice employed two cleaners. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the five files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- Arrangements were in place for planning and monitoring the numbers 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.
- Staff contracts only allowed staff to take holiday during university breaks, this maximised the staff available at peak times.

**Arrangements to deal with emergencies and major incidents**

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice also carried out scenario based training for all staff to familiarise themselves with medical emergencies, this was carried out each year.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment and consent**

- The practice carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, a review of the management of patients presenting with asthma and overuse of reliever medication which is a drug used to relieve the acute symptoms of asthma.
- NICE guidelines were followed during assessment, diagnosis, referral to other services and the management of long-term conditions, including for patients in the last 12 months of their life. Processes were monitored through risk assessments, audits and random sample checks of patient records.
- Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patients' mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patients' capacity and, where appropriate, recorded the outcome of the assessment.
- Consent forms for surgical procedures were used. The process for seeking consent was monitored and improved through the audit of records to ensure that the practice was meeting its legal responsibilities and was following relevant national guidance.

**Protecting and improving patient health**

- Patients who might be in need of extra support were identified by the practice. This included patients who were in the last 12 months of their lives; those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with eating disorders. Patients were then signposted to the relevant service. Smoking cessation was available in the pharmacy in the same building which patient were signposted to Patients who might be in need of extra support were identified by the practice and given appropriate assistance.
- The practice's uptake for the cervical screening programme was 82.5%, which was comparable with the national average of 81.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and there had been an audit of these patients to ensure procedures were fit for purpose. The practice emailed all relevant patients prior to them receiving official notification for a cervical screening test; this explained the methodology and reasons for a check and was particularly useful for foreign students.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 95.8% to 100% and five year olds from 72.2% to 94.3%. Flu vaccination rates for the over 65s were 67.8%, and at risk groups 51.9%. These were also comparable to national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice was a yellow fever registered centre and had trained nurses to run travel clinics for remote and multiple destination travellers.
- The practice provided facilities for additional services in terms of counsellors, mental health specialists, a midwife and retinal screening for diabetic patients. All of these specialists held clinics within the practice.

**Coordinating patient care**

- Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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

Good

# Are services effective?

## (for example, treatment is effective)

record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs. They assessed and planned on-going 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 bi-monthly basis and that care plans were routinely reviewed and updated.
- Emergency hospital admission rates for the practice were relatively low at 3.7% compared to the national average of 14.4%.
- The practice provided an enhanced service for unplanned admissions and had a process in place to follow up patients discharged from hospital.
- Each summer the practice completed an audit from its records concerning patients that had been registered for four years and not seen a clinician in the last 18 months. This ensured that its patient list was accurate and this was important due to the transient nature of its practice population.

**Management, monitoring and improving outcomes for people**

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Current results were 87.7% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed:

- Performance for diabetes related indicators was better than the national average.
- Performance for mental health related and hypertension indicators were similar to the national average.
- The dementia diagnosis rate was comparable to the national average.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and patient outcomes. There had been seven clinical audits completed in the last two years, five of these were completed audits where the improvements made were checked and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included treatments for patients suffering from an eating disorder.

Information about patients' outcomes was used to make improvements such as; the treatment of asthma and the potential over use of a reliever medication. This was monitored in a specific patient group and education was provided to patients by the GPs' and nursing staff.

**Effective staffing**

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in- house training.

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

- We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone.
- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- All three patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We saw an innovative method of maintaining confidentiality in reception. The GPs had developed a list of 33 common conditions that patients present with. These were advertised in reception on the desk and patients read the number out to the receptionist rather than verbally outlining their condition. This assisted the patient to keep their condition confidential if they wished to do so.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations. When asked as part of a national GP survey in July 2015, 93% patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.
- The practice's computer system alerted GPs if a patient was also a carer. Due to the very low numbers of elderly patients or those suffering from long term conditions there were very few carers monitored by 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.

Data sources showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.

**Care planning and involvement in decisions about care and treatment**

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

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example;

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%

Good

# Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available and there was information available in 80 languages through the website.

Outstanding ☆

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

- The practice worked with the local CCG to improve outcomes for patients in the area. For example the practice had identified that a large percentage of its patients travelled extensively and they provided specialist training for staff e.g. identification and treatment of tropical diseases.
- There was an active PPG which was managed on line, carried out patient surveys and submitted proposals for improvements to the practice management team. We saw an example of the PPG suggesting improved privacy in the reception area. The practice had erected a glass wall to provide separation between the waiting area and the reception.

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

- The practice offered a clinic on a Tuesday evening until 8pm for working patients who could not attend during normal opening hours. In addition there was a clinic on Saturday mornings.
- There were longer appointments available for people with a learning disability or limited English.
- Home visits were available for patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had a lift installed to ensure all patients could gain access to the upper floor.

We saw examples of outstanding practice;

- The practice had two rooms set aside as observation/ assessment areas in addition to two minor surgical rooms. These were used by patients who the GP considered did not warrant a hospital admission but may not have an adequate support mechanism at home. The patients remained until the end of practice hours if necessary whilst the GP considered appropriate arrangements to deal with their discharge from the practice. Whilst in the assessment room they were allocated a nurse that performed clinical observations and maintained care, a named GP that conducted a review and a referral to support agencies if required. We saw evidence that in excess of 500 patients benefited from this service in the last year..
- The practice population had a high prevalence of patients suffering from eating disorders (approximately 25% of total patients across the whole CCG of 22 practices). The practice responded by providing training for the clinical and reception team. They engaged with the University Dean and had signed a memorandum of understanding with them regarding sharing of patient information. They engaged with the university, other healthcare professionals and the CCG. The practice held eating disorders meetings to discuss trends and treatments. They had developed in house protocols and templates to use with the intention of providing consistently high levels of care and placed these patients onto a "patient of concern" register so they can be monitored. We saw evidence in a report from the Norfolk community eating disorder service (NCEDS) of high levels of referrals and joint work between NCEDS and the practice. We saw a procedure in place that would alert GPs to a patient in this group should they cancel an appointment.
- The practice engaged with a programme for the orientation of international students with 65% of the practice population being students and 43% of their total patients being born overseas. This programme educated students about NHS services including managing expectations, immunisations, sexual health and general well-being.

**Access to the service**

- The practice was open between 8:30am and 6:30pm Monday to Friday. Extended hours surgeries were offered between 6:30pm and 8pm on Tuesdays and every Saturday between 8:30am and 12pm. The appointments on Saturday were for pre-booked appointments only.
- In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available with every patient being seen the day they needed urgent treatment.
- The GPs were on a rota and an urgent care doctor was allocated each day to see these patients with triage being completed by a clinician.
- The practice had identified that sexual health was of especially high importance to its patients, many of

which were vulnerable in terms of their exposure to the risks involved in terms of unwanted pregnancy and sexually transmitted diseases. They responded by training three nursing staff in specialist areas of treatment and developing a comprehensive guide for its staff. They held 3-5 clinics each week dedicated to sexual health and they varied the frequency according to term times. Some patients felt vulnerable as they were medical students at the university and were reluctant to visit local hospital sexual health services or had difficulty accessing them over the weekend. The practice was able to provide the majority of appropriate care to these patients where they would normally have been signposted elsewhere. The practice had trained four doctors in the insertion of implants and intra uterine coil devices (IUCD) and three nurses were trained in family planning.

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with how they could access care and treatment was high when compared to local and national averages. For example:

- 85% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone compared to the CCG and national average of 73%.
- 94% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 78% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG and national average of 65%.

**Listening and learning from concerns and complaints**

- The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, in the waiting room and on a patient leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.
- We looked at five complaints received in the last 12 months and found they had been satisfactorily handled and dealt within a timely way. Staff we spoke with told us of an open and transparent culture which was promoted when dealing with complaints.
- Minutes of team meetings showed that complaints were discussed with all staff to ensure they were able to learn and contribute, determining any improvement action that might be required. We saw that the result from the practice investigation of complaints was fed back to the complainant and an apology issued when appropriate.

# Are services well-led?

Outstanding ☆

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

## Our findings

**Vision and strategy**

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Details of the vision and practice values were part of the practice's strategy and 3 year business plan.
- In 2008 in a survey of 97 universities, UEA Medical Centre voted top in patient satisfaction for good healthcare (2008). Although this was a historic award we saw that the practice was still working towards the same standards that enabled them to win. For example taking an active role in the planning and commissioning of health care within the local area; championing the care of people with mental health; improved access to health promotion and sexual health services for the student population. The strategic and practice wide objectives were regularly reviewed to ensure they were stretching, relevant and remained achievable. Some of the contributing factors included: an on-going programme of continuous improvement driven by the leadership; shared accountability by staff for delivering change and patient centred care; and embedded systems for assessing and monitoring the quality of service provision. Records reviewed showed succession planning and areas of development were regularly discussed.
- We saw that all staff were supported and encouraged to contribute to practice ideas and development. There was an active patient participation group that suggested developments that the GPs' acted upon. For example they included a free wi-fi in the waiting room as the PPG had identified that students needed this to access their electronic diaries and this avoided missed appointments due to diary clashes.

We saw evidence of outstanding practice:

- The practice is based within a university which is constantly growing. We saw a business development plan that attempted to match the demand from the growing practice population with practice capacity. This included staffing, building space and funding arrangements. This plan had incorporated in its vision an awareness of the continual increase in student numbers and the capacity to ensure on-going appointment availability and service flexibility.
- The practice had identified the high use of technology amongst its patients and the need to keep pace with these requirements. They had employed three staff members specifically as IT technicians to develop IT solutions. These staff members had developed an internet page that was interactive and contained a large amount of data to assist in patient treatment and internal communication. This system had been shared with other practices within the CCG.

**Governance arrangements**

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

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- The practice proactively gained patients' feedback and engaged patients in the delivery of the service. We saw concerns raised by both patients and staff were acted on.
- The GPs were all supported to address their professional development needs for revalidation. Staff were supported through appraisals and continued professional development. The GPs had learnt from incidents and complaints and there was a thorough system in place to learn from incidents.
- There was a comprehensive schedule of internal meetings that involved all staff both in a formal and

# Are services well-led?

Outstanding ☆

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

informal setting. Patients and procedures were discussed to improve outcomes and these were then shared with an equally comprehensive list of meetings with external stakeholders.

- There were comprehensive and complete policies and procedures for every aspect of practice business. These included both clinical and administrative areas. We saw evidence that staff had read them and when we spoke with staff they clearly had a working knowledge of them.
- We saw a significant event review where events had been analysed and action points addressed. This was completed year on year with action points from over a year ago assessed to ensure learning had been continued. For example clearer labelling of patient specimens received by the practice to avoid the loss of samples during testing and immunisation errors.
- We saw an audit of hospital admissions where GPs' had examined admissions as a percentage of GP sessions. These were compared across the clinical teams so direct comparisons could be made and individual working practices explored. We saw evidence of discussions of these comparisons within management meetings.
- We saw the GPs' had areas of specialist interest in terms of mental health, sexual health, contraception, minor surgery and sports injuries. All of these specialist areas had clinics that ran at the practice when need arose.

**Innovation**

- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example in terms of sexual health and emotional support for students, some who were many miles from their families for the first time.
- We saw the practice ran an IT application where they had created two "dummy" staff members called Miss Results and Mr Follow up. These were on the practice IT system and were used to send receive tasks from the GPs' when actions were needed to provide a second check that patient's results were sent when appropriate and follow up appointments were needed. The tasks for these two areas were checked daily by the duty doctor and they ensured the results and follow ups had been actioned.
- We saw the practice ran a test on its systems each year to remove patients that were no longer in the practice area. This system removed approximately 500 patients per year and in this way the practice was able to demonstrate they had a current patient list.