

Priory Medical Centre

Quality Report

Cornlands Road
Acomb
York
YO24 3WX
Tel: 01904 411139
Website: www.priorymedical.com

Date of inspection visit: 2 February 2016
Date of publication: 31/05/2016

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Priory Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Priory Medical Centre on 2 February 2016. Overall the practice is rated as good. Priory Medical Centre is part of one large York provider (Priory Medical Group, PMG) who have nine locations. All patients can be seen at any of the locations; however, most attend one for continuity of their care.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, we found that some of the systems to keep patients safe had not been implemented effectively.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver

effective care and treatment. However some staff had not had the appropriate checks undertaken to carry out some specific duties. For example not all chaperones had had a DBS disclosure check.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients had to wait to have an appointment with a named GP and felt there was continuity of care.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by the management team. 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.

We saw an area of outstanding practice:

Summary of findings

- PMG employ a range of health care professionals (for example: registered nurses, care workers, physiotherapist and occupational therapists) to work as York Integrated Care Team (YICT). They also work with local authority social services (specific hours are allocated) and voluntary organisations. Their innovative approach, contacting patients who may be in need of support, assures appropriate support such as 'step down care' can be provided within two hours. This integrated person-centred care had enabled patients more choice with their care and support. The team reviews all hospital admissions and discharges each day. We saw that Non Elective Admissions (NEAs) were 5% lower than the CCG average and Accident

and Emergency attendances (A&E) were 2.4% lower than CCG average. Some patients had become self-caring and had not needed further support from health and social care teams.

The area where the provider should make improvement are:

- To monitor the changes made to the chaperone policy are sustainable and that staff who undertake chaperoning are DBS checked.
- To improve the access to named clinicians for patients.

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 requires improvement for providing safe services.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions taken 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. However some staff had not had the appropriate check undertaken to carry out a specific duty. For example not all chaperones had had a DBS check.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. For example patients who were identified as being at risk of developing diabetes were invited as part of the 'secondary prevention' programme within the group to access support to improve their health lifestyle and mitigate against further disease progression.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. We were shown evidence from

Summary of findings

the York Integrated Team (YICT) pilot how the staff had worked closely with multiple health and social care teams to understand and meet the range and complexity of patients' needs.

- We were provided with evidence to show the reduction in Non Elective Admissions (NEAs) and Accident and Emergency attendances (A&E). NEAs were 5% lower than the rest of the CCG. There was also qualitative data which evidenced increased patient and carer satisfaction. This included thank you cards and letters from patients and/or their relatives.
- Data showed that the practice was performing slightly better when compared to practices nationally and in the Clinical Commissioning Group. The percentage of patients with hypertension whose last blood pressure reading, measured in the preceding 12 months, was 150/90mmHg or less (01/04/2014 to 31/03/2015) was 87.58% compared to the national figure of 83.65%. The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months (01/04/2014 to 31/03/2015) was 75.7% compared to a national figure of 75.35%. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2014 to 31/03/2015) was 97% compared to a national figure of 94%.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and staff said they could access training which was pertinent for their role.

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 some 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 was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. They worked closely with other organisations and with the local community in planning how services were provided to help ensure they met patients' needs. A project for social prescribing was in its infancy and its aim was to improve isolation which could improve patients' health.
- We saw evidence of a CCG funded project York Integrated Care Team (YICT) which had proved to have a positive impact on meeting the needs of vulnerable patients within the practice.
- YICT's innovative approach to providing integrated person-centred care had enabled patients more choice with their care and support. Patients had been able to stay at home with support until packages of care were implemented. Hospital admissions and A&E attendances were lower than any other practice within the CCG. Some patients had become self-caring and had not needed further support. YICTeam were now employed by Priory Medical Group and had expanded their provision to another five GP practices within the CCG.
- 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. Telephone access had been a repeated complaint from patients. Changes had been implemented which improved some patient satisfaction and further changes to the telephone system were to be introduced by June 2016.
- Patients could access appointments and services in a way and at a time that suited them. Patients could attend any of the surgeries within the group, which was particularly helpful to the working population. They could attend closer to their place of employment or at a time more convenient to them. There were telephone appointments available and on the day urgent care clinics.
- The practice had mainly good facilities and was 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.
- The practice supported individuals allocated via the alternative medical scheme from the 'violent patient list' where other practices had removed a patient from their list. This helped to ensure these patients had access to the full range of GP services.

Summary of findings

- The practice provided support to their patients with drug addiction alongside 'Lifeline' drugs support services. This included longer appointments with a named GP.
- One GP partner worked with local forensic psychiatric services on assessments enabling closer liaison with hospital and community psychiatrists.
- There were weekly GP visits provided to local residential and nursing homes which had helped to reduce avoidable hospital admissions and A&E attendances. In addition care and treatment plans were updated in a timely way.

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. Staff were clear about the vision and their responsibilities in relation to this.
- There was a leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held governance meetings.
- There was a governance framework however we found some of the systems and processes required further improvement. For example it was identified during the first day of inspection there was an issue surrounding the DBS checking of some staff regarding chaperoning duties. On the second day of inspection we were shown that the policy had been amended and staff told us that they had been informed of the policy change.
- The practice group were aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 this population group.
- In addition the practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held a register of patients who were at risk of unplanned emergency admission to hospital.
- YICTeam had positively influenced the health of the most vulnerable patients in this population group. There was more choice for care and support to be provided in their own homes and in addition 'carer fatigue' was proven to be reduced.
- YICTeam's pro-active way of working helped to ensure everyone was informed in a timely way. Multi-agency working, which included agreed sharing of care documents across all agencies had meant vulnerable patients did not have to repeat the same information each time a new agency became involved. This had reduced anxiety in patients and their carers and we saw positive feedback about the differences this way of working had, had on individuals and families.
- There were weekly ward rounds provided to local residential and nursing homes which had helped to reduce avoidable hospital admissions and A&E attendances. In addition care and treatment plans were updated in a timely way.

People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice provided 'Patient Pods' (patients could measure their blood pressure in these pods) which helped patients with Long Term Conditions feel able to monitor their health and could feel able to self-manage their condition or work in partnership with their clinician.
- The practice worked hard at secondary prevention by screening for patients who were at risk of developing diabetes, by identifying those at risk. They were then invited into the

Summary of findings

practice to review their lifestyle and to become part of a self-managing group with other patients. Or there was one to one support was available for those who were reluctant to access the group.

- Longer appointments and home visits were available when needed.
- All of these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.
- The practice held weekly meetings with multi-disciplinary teams in the case management of patients who were in need of care and support.

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.
- We saw evidence of structured templates to aid assessment of the 'sick child' with a traffic light (RAG) rated guidance.
- 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.
- All very young patients in this age group were either seen or telephoned by a GP the same day if required.
- Appointments were available outside of school hours (between 4-5.30pm) and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- 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 hosted various services with direct and targeted benefits to their patient population.

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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice supported individuals allocated via the alternative medical scheme from the 'violent patient list' where other practices had removed a patient from their list. This helped to ensure vulnerable patients had access to the full range of GP services.
- The practice ensured appointment flexibility for the most vulnerable patients in this group. This helped to reduce their anxiety and helped to decrease non-attendance of appointments in this group.
- The practice provided support to their patients with drug addiction alongside 'Lifeline' drugs support services.

Good



People experiencing poor mental health (including people with dementia)

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

- 84% of patients diagnosed with dementia had, had their care reviewed in a face to face meeting in the last 12 months, which was the same as the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- All patients who did not attend (DNA) a mental health related appointment were contacted.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations, some of which were hosted within the practice.
- One GP partner worked with local forensic psychiatric services on assessments enabling closer liaison with hospital and community psychiatrists.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing mainly similar to local and national averages. 296 survey forms were distributed and 124 were returned. This represented 0.2% of the group practice's patient list.

- 77% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. They wrote they were treated with respect and were listened to with care and sensitivity. All health professionals were said to explain treatment options thoroughly, and that they identified clearly any side effects from medications. Two patients who completed the cards said it was difficult to get through on the phone.

We spoke with nine patients during the inspection. All said they were happy with the care they received and thought staff were approachable, committed and caring. Only two of these patients said it was easy to get an appointment the other six said it was difficult unless it was an emergency. They all said they received enough information to understand their care and treatment options and did not feel rushed.

Areas for improvement

Action the service **SHOULD** take to improve

- To monitor the changes made to the chaperone policy are sustainable and that staff who undertake chaperoning are DBS checked.

- To improve the access to named clinicians for patients.

Outstanding practice

- PMG employ a range of health care professionals (for example: registered nurses, care workers, physiotherapist and occupational therapists) to work as York Integrated Care Team (YICT). They also work with local authority social services (specific hours are allocated) and voluntary organisations. Their innovative approach, contacting patients who may be in need of support, assures appropriate support such as 'step down care' can be provided within two hours. This integrated person-centred care had

enabled patients more choice with their care and support. The team reviews all hospital admissions and discharges each day. We saw that Non Elective Admissions (NEAs) were 5% lower than the CCG average and Accident and Emergency attendances (A&E) were 2.4% lower than CCG average. Some patients had become self-caring and had not needed further support from health and social care teams.

Priory 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 adviser, a Practice Nurse specialist adviser, a Practice Manager specialist adviser and an Expert by Experience.

Background to Priory Medical Centre

- Priory Medical Centre (PMC) provides Personal Medical Services to their practice population. They are also contracted to provide other enhanced services for example: services for violent patients and minor surgery. PMC is part of one large York provider (Priory Medical Group) who have nine locations. All patients can be seen at any of the locations; however, most attend one for continuity of their care. The total practice population is currently 55,920. The practice population lives mainly in a less deprived area than average for England.
- This is a teaching practice for medical students who are studying at Hull & York Medical School (HYMS). It is also a training practice for qualified doctors training to be GPs.
- At this location there are seven GPs, two male and five female. The Practice Management is from a central location. There are Advanced Nurse Practitioners, Practice Nurses and Health Care Assistants (HCAs). They are supported by, team leaders, secretaries, administration and reception teams.
- Priory Medical Centre is open from 8.30am-6pm Monday- Friday. The telephone line are open from 8.00am. until 6pm. There is extended opening and

Saturday morning appointments available Monday to Thursday from 6.30pm until 8pm and on Saturday morning from 8.30am -11.15am by appointment. Also within the group, Heworth Green Surgery has extended hours Monday –Thursday from 6.30pm until 8pm by appointment.

The practice website and leaflet offers information for patients when the surgery is closed. They are directed to the Out of Hours Service provided by Northern Doctors Urgent Care.

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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2016. During our visit we:

- Spoke with a range of staff including GPs, the Management team, members of the nursing, administrative and reception teams.
- We spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked 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)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs 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. all GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. At the time we inspected all chaperones had been trained for this role however, some non clinical staff had not received a Disclosure and Barring Service check (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). The chaperone policy was re-written to assert that only clinicians who held a current DBS check would perform chaperone duties.

- The practice had good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol which was fully embedded. All staff had received training. Annual infection control audits had been undertaken. Any action required to address any improvements would be implemented.
- Arrangements for managing medicines were checked at the practice.
- We checked medicines stored in the treatment rooms, doctors bags, and medicine refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of emergency medicines and a defibrillator which were easily accessible.
- The ordering and storage of vaccines was well managed, and these were administered by nurses using directions that had been produced in line with legal requirements and national guidance. However during the inspection we saw that the key to a vaccine fridge was left in the lock and the fridge was not left securely. This was a potential risk. Although access to this area was via a keypad, and clinicians personally called patients into their consulting rooms, they then exited on their own. We brought this to the attention of the management team. The key was removed from the lock and placed in a safer place.
- Blank prescription forms were securely stored on arrival at the practice. However, we noted that a formal logging system required further improvements. This was implemented immediately.
- We reviewed three personnel files and found that all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

- There were fail safe 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.

Monitoring risks to patients

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 had carried out fire drills recently. 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 risk assessments in place to monitor safety of the premises such as control of substances hazardous to health 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- The practice had formal arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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.
- The practice were pro-actively implementing the NICE guidance for Medicines Optimisation; the safe and effective use of medicines to enable the best possible outcomes for patients. Clinicians had been employed specifically to implement across the group practice.

The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 PMG was proactive with their exception reporting however it was difficult for the inspection team to extrapolate this information accurately as it was reported on collectively for all nine practices within the PMG. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). PMG as a whole had exception reportings from 2.7% for Dementia (lower than the CCG and national averages) to 16.9% for Diabetes Mellitus (higher than both the CCG and national averages).
- The practice worked hard at screening and therefore providing secondary prevention programmes for patients who were at risk of developing diabetes. They

also provided 'Patient Pods' to help patients with Long Term Conditions feel able to monitor their health and to feel able to self-manage or work in partnership with their clinician. Data from 2015 showed:

- Performance for diabetes related indicators was 96% and this was higher than the national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was 88% and this was higher than the national average of 83%.
- Performance for mental health related indicators was 97% and this was higher than the national average of 88%.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months (01/04/2014 to 31/03/2015) was 75.7% compared to a national figure of 75.35%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2014 to 31/03/2015) was 97% compared to a national figure of 94%.
- Clinical audits demonstrated quality improvement.
- We saw three clinical audits completed in the last two year. They were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. For example, recent action taken included ensuring patients' with specific conditions were coded correctly and any rescue medications required were available in their homes.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had

Are services effective?

(for example, treatment is effective)

received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, such as the Green Book and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had an appointment for their appraisal within the next few months, this was part of the group's annual programme.
- 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 via a primary care training company and in-house training.
- The YICTeam assured that staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. When patients moved between services, including when they were referred, or after they were discharged from hospital, the practice worked closely with other agencies. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and care plans were routinely reviewed and updated.
- We were provided with evidence to show the reduction in Non Elective Admissions(NEAs) and Accident and Emergency attendances(A&E). These were NEAs were 5% lower than the rest of the CCG and the A&E attendances were 2.4% lower than the rest of the CCG. There was also qualitative data which evidenced increased patient and carer satisfaction.

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.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The YICTeam assured that staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. When patients moved between services, including when they were referred, or after they were discharged from hospital, the practice worked closely with other agencies. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and care plans were routinely reviewed and updated.

We were provided with evidence to show the reduction in Non Elective Admissions(NEAs) and Accident and Emergency attendances(A&E). NEAs were 5% lower than the rest of the CCG and the A&E attendances were 2.4% lower than the rest of the CCG. There was also qualitative data which evidenced increased patient and carer satisfaction.

Consent to care and treatment

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

- Clinicians had received training in MCA and staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 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.

The process for seeking consent was monitored through audits of records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term

Are services effective?

(for example, treatment is effective)

condition and those requiring advice on their diet, smoking and alcohol cessation and travel health clinics. Patients were then signposted to the most relevant service.

- The practice's uptake for the cervical screening programme was 82% which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 95% and five year olds from 92% to 98%.
- 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-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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 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 of the 14 patient Care Quality Commission comment cards we received were positive about their experiences. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine patients. They also told us they were more than satisfied with the care provided by the practice. They said their dignity and privacy was respected. Comment cards highlighted staff responded compassionately when patients needed help and they (the staff) provided support when required.

Results from the national GP patient survey (published January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for some of its satisfaction scores on consultations with GPs and nurses.

For example:

- 93% said the GP was good at listening to them compared to the CCG average of 91 % and national average of 89%.
- 90% said the GP gave them enough time (CCG average 89%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)

- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 92%).
- 90% said they found the receptionists at the practice helpful (CCG average 89%, national average 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 broadly similar to local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 89%, national average 86%)
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 90%, national average 90%)
- Patients who had registered for on-line services were able to book appointments, ask for repeat prescriptions and read their GP records on-line. They could obtain results from any screening tests they had had.

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 patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. However it was difficult for the inspection team to extrapolate this information accurately as it was reported on collectively for all nine practices within the PMG . We saw information which said carers were 2.2% of the practice population. Written information was available to direct carers to the various avenues of support available to them.

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

The practice had pro-actively adapted their services to meet the needs of all of their patients.



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 used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. They worked closely with other organisations and with the local community in planning how services were provided to help ensure they met patient's needs. A project for social prescribing was in its infancy and its aim was to improve isolation which could improve patients' health.
- We saw evidence of a CCG funded project York Integrated Care Team (YICT) which had proved to have a positive impact on meeting the needs of vulnerable patients within the practice.
- YICT's innovative approach to providing integrated person-centred care had enabled patients more choice with their care and support. Patients had been able to stay at home with support until packages of care were implemented. Hospital admissions and A&E attendances were lower than any other practice within the CCG. Some patients had become self-caring and had not needed further support. YICTeam were now employed by Priory Medical Group and had expanded their provision to another five practices within the CCG.
- 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. Telephone access had been a repeated complaint from patients. Changes had been implemented which improved some patient satisfaction and further changes to the telephone system were to be introduced by June 2016.
- Patients could access appointments and services in a way and at a time that suited them. Patients could attend any of the surgeries within the group, which was particularly helpful to the working population. They could attend closer to their place of employment or at a time more convenient to them. There were telephone appointments available and 'on the day' urgent care clinics.
- Same day appointments were available for children and those with serious medical conditions.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice had good facilities and was 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.
- The practice supported individuals allocated via the alternative medical scheme from the 'violent patient list' where other practices had removed a patient from their list. This helped to ensure vulnerable patients had access to the full range of GP services.
- The practice provided support to patients with drug addiction alongside 'Lifeline' drugs support services. This included longer appointments with a named GP.
- One GP partner worked with local forensic psychiatric services on assessments enabling closer liaison with hospital and community psychiatrists.
- There were weekly ward rounds provided to local residential and nursing homes which had helped to reduce avoidable hospital admissions and A&E attendances. In addition care and treatment plans were updated in a timely way.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- **Access to the service**
- Priory Medical Centre was open Monday–Friday from 8.30 am – 6pm. Telephone lines were open from 8.00am until 6pm. Extended hours and Saturday morning pre-bookable appointments were available at Priory Medical Centre Monday – Thursday from 6.30pm until



Are services responsive to people's needs?

(for example, to feedback?)

8pm and on Saturday from 8.30am until 11.15am. Heworth Green Surgery had pre-bookable extended hours appointments available Monday –Thursday from 6.30pm until 8pm.

- In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were available for patients who needed them.
- Telephone appointments were also offered.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. However, speaking to a GP of choice was considerably lower than the CCG and national average.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 77% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 26% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 37%)

Patients told us on the day of the inspection they were able to get appointments when they needed them. We also saw there were urgent appointments available to book on the day.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Their 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 e.g. posters were displayed, and a summary leaflet was available.
- We looked at five complaints received in the last 12 months and found these were satisfactorily handled. They were dealt with in a timely, open and transparent way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

There was a governance framework however we found some systems and processes required improvement to monitor and assess the whole service in relation to risk. We found that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- There were practice specific policies available to all staff via the practice's intranet.
- There was an understanding of the performance of the practice and how this was a dynamic process for improvement in-line with current guidance.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by the management team.
- Staff told us the practice held regular team meetings.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by their team leaders, visible management teams and the partners in the practice. All staff were involved in discussions about how to run and develop the practice. The partners encouraged all staff to identify opportunities to improve the service delivered by the practice.
- We saw evidence from the staff survey updates that there was a thorough analysis and action plan implemented and revisited in a timely manner.

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

- The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys including with hard to reach groups, such as those patients who lived in residential and nursing homes. When the information was collated the PPG submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through anonymous surveys, staff meetings, appraisals and discussions. Staff told us they would not hesitate to give

Are services well-led?

Good 

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

feedback and discuss any concerns or issues with colleagues and the management team. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had pro-actively engaged

with their patient groups to improve their health. This included actively identifying patients who were 'at risk' of developing conditions such as diabetes to improve their health status. The appointment systems were flexible and adaptable to meet the needs of their most vulnerable patients. In addition the success of the YICT had proven to meet the needs of the most vulnerable patients and was now being extended to other GP practices within the CCG.