

# Dr A Wood & Partners (Amersham Health Centre)

## Quality Report

Amersham Health 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr A Wood and Partners, more commonly known as Amersham Health Centre on 7 June 2016. Overall the practice is rated as good.

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 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. For example, the practice had revised their extended hours following patient feedback.
- Amersham Health Centre had good facilities and was well equipped to treat patients and meet their needs.

- Feedback from external stakeholders, notably the local care homes which Amersham Health Centre provided the GP service for was positive.
- Written feedback from patients said they found it easy to make an appointment. Patient satisfaction for the 'express nurse clinics' was highly positive.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, one of the GPs had led a falls prevention pilot. The aim of this pilot project was to utilise existing guidance and best practice in order to develop a comprehensive multidisciplinary community based falls prevention service for older people.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

# Summary of findings

- The practice had clear and visible clinical and managerial leadership and supporting governance arrangements.

We saw several areas of outstanding practice including:

- Amersham Health Centre had reviewed the needs of its local population and was providing a highly responsive service. For example, extended hours for the London commuters within the practice

population, enhanced safeguarding training for nurses, a vulnerable patient nurse for patients with complex needs, weekly ward rounds by a designated GP at the local care homes and daily 'express nurse clinics'.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a variety of completed two cycle clinical audits which demonstrated quality improvement.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Chiltern Clinical Commissioning Group to secure improvements to services where these were identified. For example, an award from the local council in conjunction with the local police recognising Amersham Health Centre as a 'safe place' for vulnerable people.
- Positive feedback was received regarding the convenience of appointments and high levels of satisfaction for the 'express nurse clinics'.
- All appointments with GPs at Amersham Health Centre were scheduled for 12.5 minutes. This was 25% longer than the national average GP appointment length (10 minutes).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to book online appointments and request repeat prescriptions.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

Good



# Summary of findings

- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 and the group had suggested ideas which the practice had implemented, for example, revised extended opening hours and online appointments.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 the older patients in its population.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- The practice provided GP services to four local care homes. A designated GP held a weekly session at each home to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and undertake medication reviews.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than local and national averages. For example, 100% of patients with a stroke or TIA (a transient ischaemic attack also known as a mini stroke, with stroke like symptoms, except that the symptoms last for a short amount of time), diagnosed on or after 1 April 2014, had a referral for further investigation between three months before or one month after the date of the latest recorded stroke or the first TIA. This was higher when compared to the local CCG average (85%) and national average (88%).

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 94% of targets which was similar when compared to the CCG average (93%) and better when compared to the national average (89%).

# Summary of findings

- One of the GPs had a special interest and further qualifications in the management of diabetes. We saw comprehensive and detailed diabetic care plans and the practice provided insulin initiation to all insulin dependent diabetic patients.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## 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 Accident and Emergency 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.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average (84%) and the national average (82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive 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 good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available between 8.30am and 5.40pm daily. Extended opening hours were available every Monday

Good





# Summary of findings

morning when appointments for the 'sunrise clinic' mainly aimed at commuters start at 7.20am. In addition, the practice was open between 8.30am and 12 noon every Saturday morning.

- All appointments with GPs at Amersham Health Centre were scheduled for 12.5 minutes. This was 25% longer than the national average GP appointment length (10 minutes).
- 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.
- Patients who wished to check their own blood pressure and their weight and height were encouraged to do so.
- The practice offered the convenience of a daily phlebotomy service, contraception clinic, minor conditions management, cryotherapy services and travel immunisations.

## People whose circumstances may make them vulnerable

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

- People's individual needs and preferences are central to the planning and delivery of tailored services. Services are flexible, provide choice and ensure continuity of care for example, telephone consultations were available for patients that chose to use this service.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- All Amersham Health Centre nurses had completed additional safeguarding training and Female Genital Mutilation awareness training.
- Amersham Health Centre practice offered longer appointments for patients with a learning disability. It had carried out annual health checks for 93% of people (28 out of 30 patients) with a learning disability and there was evidence that these had been followed up.
- There was a 'Learning Disability Champion' who liaised with patients and their support workers to promote regular and timely access to GP services.
- There was a Vulnerable Patient Nurse who supported vulnerable patients at home and liaised with relevant services

Good



# Summary of findings

to prolong independence. The practice, specifically the Vulnerable Patient Nurse regularly worked with other health care professionals in the case management of vulnerable patients.

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

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

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

- 97% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better when compared to the CCG average (89%) and national average (88%).
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar when compared to the CCG average (86%) and national average (84%).
- There was a Vulnerable Patient Nurse who supported vulnerable patients at home and liaised with relevant services to prolong independence. The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The Vulnerable Patient Nurse visited dementia patients and their carers at their homes. Between April 2015 and March 2016, the Vulnerable Patient Nurse had completed 329 home visits; 86 of these included a face to face dementia review.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice had better performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. On behalf of NHS England, Ipsos MORI distributed 250 survey forms and 121 forms were returned. This was a 48% response rate and amounts to just less than 1% of the patient population.

- 80% of patients found it easy to get through to this practice by phone (CCG average 76%, national average 73%).
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 91% of patients described the overall experience of this GP practice as good (CCG average 85%, national average 85%).
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. The majority of comments showed that patients

felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Patients considered their privacy and dignity was promoted and they were treated with care and compassion.

We spoke with three of the four local residential care homes which Amersham Health Centre provided the GP service for. They praised the practice and they told us they highly recommend the practice, they were extremely satisfied with the high standards of care their residents experienced and told us the service they received was responsive to their patients complex needs including a weekly ward round by a designated named GP. All the homes we spoke with praised the practice for instigating a designated GP for each home as this brings continuity of care, builds relationships and allows residents families to contact the GP if ever required.

Before the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed.

- The practice achieved a 75% satisfaction rate in the NHS Friends and Family Test in April 2016, 85% in March 2016 and 100% in February 2016.

# Dr A Wood & Partners (Amersham Health 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.

## Background to Dr A Wood & Partners (Amersham Health Centre)

Dr A Wood and Partners is more commonly known as Amersham Health Centre and is a large, purpose built practice in Amersham, Buckinghamshire.

Amersham Health Centre is one of the practices within Chiltern Clinical Commissioning Group (CCG) and provides general medical services to approximately 13,000 registered patients.

All services are provided from:

- Amersham Health Centre, Chiltern Avenue, Amersham, Buckinghamshire HP6 5AY.

According to data from the Office for National Statistics, Buckinghamshire has a high level of affluence and minimal economic deprivation.

The practice population has grown significantly over the last five years and has a higher proportion of patients aged 5-14 and patients aged over 85 compared to the national average.

Amersham is located on the Metropolitan London Underground line and had a high percentage of practice patients commute in and out of London.

Ethnicity based on demographics collected in the 2011 census shows the population of Amersham is predominantly White British and 6% of the population is composed of people with an Asian background.

The practice population has a proportion of patients in five local care homes (approximately 104 registered patients).

The practice comprises of 10 GPs (seven female and three male) five of which are GP Partners (three female and two male). The practice is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine. No GP Registrars were working at the practice at the time of the inspection.

The all-female nursing team consists of two nurse prescribers, four practice nurses, one vulnerable patient nurse and two health care assistants who also provide phlebotomy services.

A practice manager and a team of reception, administrative and secretarial staff undertake the day to day management and running of Amersham Health Centre.

The practice had core opening hours between 8.30am and 6pm (a GP remained on site until 7pm) Monday to Friday with appointments available from 8.30am to 5.40pm daily. In agreement with the clinical commissioning group the out-of-hours service provide a message handling service between the hours of 8am and 8.30am and 6pm and 6.30pm.

# Detailed findings

Extended opening hours were available every Monday morning when appointments for the 'sunrise clinic' mainly aimed at commuters start at 7.20am. In addition, the practice was open between 8.30am and 12 noon every Saturday morning.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

## 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. This included information from Chiltern Clinical Commissioning Group (CCG), Healthwatch Bucks, NHS England and Public Health England.

We carried out an announced visit on 7 June 2016. During our visit we:

- Spoke with a range of staff (three GP's, two nurses and the practice manager) and received 29 CQC comment cards from people who accessed GP services from Amersham Health Centre.
- 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 and members of the public 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

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough and detailed analysis of significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

For example, we saw a significant event analysis following the inappropriate use and possible risk of cross contamination in one of the practices refrigerators, which was also used by a different service in the out of hour's period. The refrigerator was immediately quarantined and the incident reviewed with the other service ensuring this would not happen again. Additional actions included a revised fridge and storage of vaccines policy. All staff we spoke with were aware of this change in policy and procedure.

### Overview of safety systems and processes

The practice had clearly defined and embedded 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and all staff we spoke with knew who this was. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding. For example, all GPs were trained to Safeguarding Children level three and could provide evidence of completed training. Amersham Health Centre had a higher proportion of patients aged 5-14 when compared to the national average. The practice had therefore arranged all nurses to complete additional Safeguarding Children training and were trained to Safeguarding Children level three. Both GPs and nurses had completed adult safeguarding training.

- Following information shared by the local police force there was an increased risk of Female Genital Mutilation (FGM) the Amersham Health Centre had arranged an update to all clinical team members on FGM. (Female Genital Mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK). The update to all clinical team members at Amersham Health Centre included information and revised training on the condition, warning signs and legal obligations for reporting any suspected or identified cases.
- Notices on the TV screen in the waiting room, in consultation and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurses was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. This nurse had, in conjunction with the clinical commissioning group developed the infection control nurse forum. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. We saw the

## Are services safe?

latest audit from April 2016 and subsequent action that was taken to address any improvements identified as a result, for example changing the location of paper couch rolls to reduce the risk of cross contamination.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. During the inspection we observed blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistants was trained to administer influenza vaccines against a patient specific prescription.
- We reviewed three personnel files and found 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.

### 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 staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

equipment was safe to use (May 2016) and clinical equipment was checked to ensure it was working properly (March 2016). The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and had an independent water specialist review the risk of legionella within the premises (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the practice computers which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the reception area. A first aid kit and accident book were available.
- The practice had an automated external defibrillator (AED) available on the premises and oxygen with adult and child face masks. One of the significant events we reviewed included an emergency which required clinicians from Amersham Health Centre who resuscitated a patient using basic life support training and the AED. An AED is a device that gives the heart an electric shock when someone's heart has stopped. The patient was successfully resuscitated by the time the ambulance arrived.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a 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 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 most recent published results were 99% of the total number of points available; this was similar to the local clinical commissioning group (CCG) average (97%) and higher when compared to the national average (95%). The most recent published exception reporting was similar when compared to the CCG and national averages, the practice had 8% exception reporting, the CCG average exception reporting was 8% and the national average was 9%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators showed the practice had achieved 94% of targets which was comparable to the CCG average (93%) and higher than the national average (89%).
- Performance for hypertension (high blood pressure) related indicators were comparable to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%).

- Performance for mental health related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (97%) and higher than the national average (93%).

There was evidence of quality improvement including a comprehensive programme of clinical audits. These included audits for prescribing, cancer referrals, joint injections, practice accident and emergency frequent attenders, IUD fitting (an IUD is an intrauterine contraception device) and breast pain referrals.

- There had been 15 clinical audits undertaken in the last year, two of these were completed, two-cycle audits where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation and peer review.
- We reviewed one of the completed clinical audits from February 2016. This audit reviewed patients with atrial fibrillation (atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rates) ensuring they were on the recorded correctly on the computer system and therefore ensuring they received appropriate care and treatment.
- In February 2015, of the 318 patients with atrial fibrillation, 54 (16%) were not on appropriate anticoagulant treatment.
- Following the second cycle of the audit (February 2016), there had been an improvement and of the 313 patients with atrial fibrillation, 14 (4%) were not on appropriate anticoagulant treatment. Therefore an improvement and reduction of 12%.
- Furthermore, we saw an ongoing yearly clinical audit which commenced in March 2008 to review all patients who have had an IUD coil fitted (IUD is a method of contraception, an intrauterine device, is inserted into the womb by a specially trained doctor or nurse). The main outcome of this audit was to improve the inconsistent recording of pre-insertion counselling and low six week follow-up. The latest cycle of audit highlights low failure rate of insertions recorded and low complication rates. The practice continues to use pre-fit and insertion templates and there was a coil recall programme implement to improve patient recall for the recommended six week check.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This 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, in November 2015 two nurses attended a three day paediatric minor illness diagnose and management study session. The nurses commented this was particularly useful with higher than average patients population aged between 5 to 14 years old.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- With consent, the details of all Amersham Health Centre vulnerable patients and care home patients were entered onto Bucks Co-ordinated Care Record. An

electronic care record for streamlined multi-agency communication to provide advance care planning information to other health professionals for example, out of hours GP, hospitals and the local ambulance service.

- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. In March 2016, there was a significant event recorded for a vulnerable patient with suspected lack of capacity who was at risk of potential abuse. As a result the practice disseminated an update to all staff which included guidance on the application of the Mental Capacity Act 2005 and different types of associated abuse.
- 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 nurses assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

# Are services effective?

## (for example, treatment is effective)

- One of the GPs regular attends and facilitates a family planning and sexual health presentation at a local secondary school. This session provided education and information to young people and was an opportunity to promote good safe sexual health within the community.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients who wished to check their own blood pressure and their weight were encouraged to do so, there was an area of the practice which contained equipment to allow patients to manage and record their height, weight and blood pressure.
- Amersham Health Centre ran opportunistic screening to identify patients with a body mass index (BMI) of over 30 or over 27.5 in high risk demographic profiles. BMI is a measure that adults can use to see if they are a healthy weight for their height. Patients with a high BMI were then offered free subscriptions to a healthy eating and exercise programme.

Information from Public Health England showed 97% of patients who are recorded as current smokers had been offered smoking cessation support and treatment. This was similar when compared with the CCG average (96%) and higher than the national average (94%). Smoking cessation advice was available from an external advisor who attended the practice on a weekly basis.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average (84%) and the national average (82%).

The practice supported patients to live healthier lives through a targeted and proactive approach to health

promotion and prevention of ill health. The practice encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening. In addition, one of the GP Partners also works within the breast clinic within the local health trust. This expert knowledge and practice encouragement was successful and was reflected in data from Public Health England:

- 66% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was higher when compared to the CCG average (59%) and national average (58%).
- 79% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (76%) and higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged from 96% to 98% (CCG averages ranged between 95% to 97%) and five year olds from 95% to 98% (CCG averages ranged between 93% to 96%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice was required to invite a minimum of 878 patients for their NHS health check (patients aged 40-74). This was achieved as 945 patients were invited and 435 patients had a full health check. 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 that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. All the cards completed were all positive and complementary about the practice. A number of cards highlighted patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally better when compared to local and national performance for its satisfaction scores on consultations with GPs, nurses and interactions with receptionist staff. For example:

- 91% of patients said the GP was good at listening to them (Clinical commission group [CCG] average 91%, national average 89%).
- 92% of patients said the GP gave them enough time (CCG average 88%, national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 91% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).

- 94% of patients said the last nurse they saw or spoke to gave them enough time (CCG average 92%, national average 92%).
- 87% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Feedback from the local care homes for adults which Amersham Health Centre provided the GP service for was extremely positive. They highlighted the GPs were good at listening and commented the GPs were respectful, supportive, compassionate and caring.

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

Written feedback on the comment cards we received and results from the national GP patient survey were positive. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 90% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 94% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 90%, national average 90%).
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. In June 2016, the practice patient population

## Are services caring?

list was 13,002. The practice had identified 206 patients, who were also a carer; this amounted to 1.5% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

The practice worked closely with the local social care team and Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire) to support carers including the promotion of completing a regular carers risk assessments.

The practice had recognised that carer's health often takes second best, or neglected and in April 2016, Amersham Health Centre was offering designated clinics every Friday for carers. Different carers were invited to the weekly carers

clinic and each clinic consists of a 30 minute physical examination including various checks (blood pressure, cholesterol, alcohol, smoking, depression screening) followed by a 30 minute session with Carers Bucks who signpost carers to suitable support services. Of the 206 carers, 34 (16%) had attended a carers clinic since the project commenced in April 2016.

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.

# 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 Chiltern Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered weekly pre-bookable Saturday morning clinics between 8.30am and 12 noon for working patients who could not attend during normal opening hours. Originally implemented for working patients who could not attend during normal opening hours but there was no restrictions on who could book these appointments.
- There was a 'sunrise clinic' each Monday morning, with appointments starting at 7.20am, mainly aimed at commuters.
- Patients could access daily 'express nurse clinics'. The express nurse clinics were minor illness nurse led, each appointment was 10 minutes long and available for all age groups. The practice had recently reviewed patient satisfaction for all patients booked for the 'express nurse clinic', 100% of patients were either satisfied (10%) or very satisfied (90%) in the clinic. All 100% of patients were likely (14%) or very likely (86%) to recommend the express clinic to family or friends.
- The practice was proactive in monitoring and managing appointments for patients every month. The practice had been able to identify trends and demands for specific services such as minor illness appointments.
- People's individual needs and preferences are central to the planning and delivery of tailored services. Services are flexible, provide choice and ensure continuity of care for example, telephone consultations were available for patients that chose to use this service.
- All appointments with GPs at Amersham Health Centre were scheduled for 12.5 minutes. This was 25% longer than the national average GP appointment length (10 minutes).
- In partnership with Bucks County Council, the practice was awarded a 'Safe Place' status in March 2016. This scheme provides reassurance to vulnerable people, and to their families and carers, so that they have a means to alert someone of any potential risk or emergency if they are out alone. Having access to a 'Safe Place' within the village helps vulnerable people lead independent lives and feel safe.
- The practice employed a vulnerable patient nurse who had been systematically visited dementia patients at home and supporting their carers by producing advanced care plans. Between April 2015 and March 2016, the Vulnerable Patient Nurse had completed 329 home visits; 86 of these included a face to face dementia review. For the same period, the Vulnerable Patient Nurse had also conducted 49 telephone consultations.
- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The learning disability champion from the practice arranged longer appointments for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided GP services to four local care homes with a lead GP designated to each of the homes. The designated GPs held regular weekly sessions at the homes to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and undertake medication reviews.
- Amersham Health Centre was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting area and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The practice had step free access, an automatic door entrance to help those with mobility difficulties and a portable hearing loop to help those with hearing difficulties.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to book online appointments and request repeat prescriptions.
- Female patients of child bearing age benefitted from a flexible and accessible contraceptive service. Appointments, where coils and implant devices could be fitted were available and appointments outside of school hours.



# Are services responsive to people's needs?

(for example, to feedback?)

## Access to the service

The practice had core opening hours between 8.30am and 6pm (a GP remained on site until 7pm) Monday to Friday with appointments available from 8.30am to 5.40pm daily. In agreement with the CCG the out-of-hours service provide a message handling service between the hours of 8am and 8.30am and 6pm and 6.30pm. Extended opening hours were available every Monday morning when appointments for the 'sunrise clinic' mainly aimed at commuters started at 7.20am. In addition, the practice was open between 8.30am and 12 noon every Saturday morning.

With the exception of practice opening hours, all results from the national GP patient survey showed that patient's satisfaction regarding access and appointments was similar or better when compared to local and national averages. For example:

- 69% of patients were satisfied with the practice's opening hours (CCG average 72%, national average 75%).
- 80% of patients said they could get through easily to the practice by telephone (CCG average 76%, national average 73%).
- 95% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 91% of patients said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 79% of patients who usually wait 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).

## Listening and learning from concerns and complaints

The practice had an effective 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. The complaints procedure was also available on the practice website. Staff we spoke with were aware of their role in supporting patients to raise concerns. All reception staff had received informal resolution training.

The practice had received 14 complaints (11 verbal and three written, seven clinical and seven operational) in the last 12 months, we looked at a random sample of four complaints and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. An analysis of trends and action was taken to as a result to improve the quality of care. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the practice manager or one of the GPs.

One of the complaints we reviewed highlighted attitude of reception staff. Although not upheld the practice arranged for all reception staff to complete customer care refresher training.

The practice manager had reviewed and responded to all feedback on NHS Choices website, sought patients' feedback and engaged patients in the delivery of the service. This included sharing compliments and patient testimonials that had been received to all practice staff.

# 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 the highest standard of patient centred care whilst investing in the development of a multi-disciplinary skill mixed team to best meet the changing needs of Amersham Health Centre patients.

- The practice had a documented 23 point strategy and a business plan which addressed business needs, staff training needs and staff succession planning. We saw the supporting business plans reflected the vision and values of the practice and were regularly reviewed, updated and monitored. For example, with an expanding patient list size, an aging population and increasing demands on general practice, the GP Partners had a proactive recruitment strategy which successfully led to the recruitment of three additional GPs in the last 18 months.
- The practice had a strategic approach to future planning including succession arrangements to identify and address future risks to personnel leaving or retiring.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Leadership of the nursing team was strong and there was senior nursing representation at strategic management meetings and policy development.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The management team fully engaged with the Care Quality Commission inspection process. We were presented with extensive documents during the inspection. On the day of inspection the management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear, open leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- We found all staff in the practice understood their role in leading the organisation and enabling staff to provide good quality care.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, all staff were involved in producing “What has Amersham Health Centre achieved in 2015” document. This document clearly identifies 58 individual successes which was shared and celebrated with all practice staff.



# Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, the public 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 and supportive PPG which carried out patient surveys and submitted proposals for improvements to the practice management team. The practice had implemented PPG proposals, for example, revised extended opening hours and online appointments.
- The practice had gathered feedback from staff through social events, informal coffee mornings, staff meetings, appraisals and other discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

At the start of the inspection the management team highlighted three challenges which the practice had recently faced and how they had worked together to overcome them. Each challenge had been reviewed and action to address the challenges implemented.

- Throughout the inspection, we saw a practice wide focus on continuous learning and improvement at all levels. For example, in the past 12 months two senior receptionists had been trained to become prescription clerks. This designated role included close liaison with patients and their relatives, promotion of

multi-compartment compliance aids (medicine organisers with separate compartments for different days of the week and/or times of the day) and assistance with synchronisation of repeat prescribing.

- We also saw the full staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning time and access to online training materials.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- In March 2016, Amersham Health Centre was awarded 'safe place' status. This scheme provides reassurance to vulnerable people, and to their families and carers, so that they have a means to alert someone of any potential risk or emergency if they are out alone. Having access to a 'Safe Place' within the town helps vulnerable people lead independent lives and feel safe.
- Amersham Health Centre had recently registered as a 'Dementia Friendly' practice and was working towards increased staff awareness of the issues providing care for patients with dementia and supporting their families. We saw staff education and practical steps to enhance the support provided to these patients and their carers.
- In July 2016, Amersham Health Centre commences the Year of Care programme for diabetes. The Year of Care (YoC) is about improving care for people with long-term conditions. The aim is supporting people with long term conditions such as diabetes to self-manage their condition. We saw training had been completed and plans were in place for constructive diabetes annual reviews between practice staff and the person with diabetes.