

# Wymondham Medical Partnership

## Quality Report

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection November 2014 – Good)

We carried out an announced comprehensive inspection at Wymondham Medical Partnership on 6 November 2014. The practice was rated as good for providing safe, effective, caring and responsive services and requires improvement for providing well led services. Overall the practice was rated as good. The full comprehensive reports on the 6 November 2014 inspection can be found by selecting the 'all reports' link for Wymondham Medical Partnership on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice is now rated as good, and good for providing well led services.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Wymondham Medical Partnership on 15 January 2018.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When they did happen, the practice learned from them and improved their processes. The practice shared outcomes of significant events with staff and other local GP practices.
- There was a strong emphasis on the safety and well-being of all staff, although we noted that some actions from a health and safety risk assessment needed to be addressed. The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.

# Summary of findings

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff were consistent and proactive in helping patients to live healthier lives.
- The facilities and premises were appropriate for the services delivered.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. GP Patient Survey data on access to appointments was positive and above the local and national averages in most cases. Although patients found they could not always get through easily to the practice by phone.
- Staff had the skills, knowledge and experience to carry out their roles and there was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice was in line with, or above, average for its satisfaction scores in the national GP patient survey.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these concerns would be addressed.
- The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

The areas where the provider **should** make improvements are:






- Complete outstanding actions from risk assessments in relation to health and safety.

**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.

<b>Are services safe?</b>	<b>Good</b>	
<b>Are services effective?</b>	<b>Good</b>	
<b>Are services caring?</b>	<b>Good</b>	
<b>Are services responsive to people's needs?</b>	<b>Good</b>	
<b>Are services well-led?</b>	<b>Good</b>	

# Summary of findings

## The six population groups and what we found

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

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# Wymondham Medical Partnership

## 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 manager specialist adviser and a second CQC inspector.

## Background to Wymondham Medical Partnership

The Wymondham Medical Centre provides primary medical services for patients living in Wymondham, Norfolk and the surrounding area. The practice has a registered list of approximately 18,500 patients and operates under a General Medical Services (GMS) contract with the local South Norfolk Clinical Commissioning Group.

The practice has ten GP partners (four male and six female), seven salaried GPs (all female), three nurse practitioners of whom one is nurse manager, five practice nurses, five health care assistants and two phlebotomists. Clinical staff are supported by a practice manager, a prescriptions manager, three office managers, four secretaries, eight members of administrative staff and a team of 15 receptionists.

The practice offers training to medical students, nurses in training and had provided work placements for paramedics.

The practice is open from 8am to 6pm on Monday to Friday and extended hours appointments were available from 8am to 11am on Saturdays and 6.30pm to 8pm on Mondays. Patients can book appointments in person, via the phone and online. When the practice was closed patients were directed to the out of hours service provided by Integrated Care 24 via the NHS 111 service.

The most recent data available from Public Health England showed the practice has a smaller number of patients aged nine and below and 20 to 45 compared with the national average. There is a higher than average number of patients aged 65 and above, with the rest of the practice population in line with the England average.

Income deprivation affecting children is 9%, which is below the CCG average of 12% and below the national average of 20%. Income deprivation affecting older people is 10%, which is also below the CCG average of 12% and below the national average of 20%. Life expectancy for patients at the practice is 80 years for males and 84 years for females; these are slightly above the national expectancy of 79 years and 83 years respectively.

# Are services safe?

## Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

### Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. The practice had a lead for the safeguarding of children and one for vulnerable adults. Safeguarding children and vulnerable adults information was displayed throughout the practice and outlined who to go to for further guidance. GPs and nurses were trained to level three. Staff who acted as chaperones were trained for the role and had received a DBS check. Chaperone notices were displayed throughout the premises.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Safeguarding was a standard agenda item at clinical and practice meetings which allowed for learning to be disseminated to all levels of staff. The practice had prompts set up on the computer system to alert staff of the need to consider if a child was at risk.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. These were recorded staff files. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control. A comprehensive infection control audit had been completed in November 2017 and actions had been identified. For example, the need to change some sinks and tap systems in the premises. These actions had been undertaken and further work

was planned to support infection prevention and control measures. Staff had received training in infection control and guidance and notices were available for staff. The lead for infection prevention and control liaised with local advisors and kept up to date with their knowledge.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Guidance was available to reception staff and staff we spoke with were aware of this. Staff knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, the practice had completed an audit in July to December 2016 and July to December 2017 for when vulnerable adults and children failed to attend a booked appointment, upon which the practice ensured that an appropriate risk assessment would be undertaken within two working days. The audits highlighted that in 2016 a risk assessment was performed within two working days for 25% of cases, on re audit this had risen to 82%. The audit also highlighted that appropriate actions were taken as a result of the risk assessment in 100% of the cases during both audit cycles.

The practice offered minor surgery services to patients; consent was recorded and an audit was carried out during October to December 2017.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

## Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way. Templates were in place for acute consultations to ensure that all appropriate areas were considered and checked. In addition to standard system templates, the practice had developed a variety of additional templates to support clinicians in obtaining the correct information from patients and to support them in their assessments. For example, a template on dizziness had been developed to suit various clinical grades, including nurses and a template on eating disorders had been developed following additional training on this subject.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice's computer system generated a reminder for the GP, following a patient not attending a booked appointment, in order for them to review and take action as appropriate.
- Referral letters included all of the necessary information. The practice undertook referral reviews to ensure referrals were made appropriately.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The practice undertook internal monthly 'safer prescribing reviews', these were system searches in response to safety alerts and best practice. The practice shared this approach with local practices with a guide as to what searches would be beneficial in monitoring patients and prescribing. A dedicated member of staff captured the most prominent safety alerts and updates in an internal briefing newsletter which provided in house guidance for clinicians.

### Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. These included for example, fire, health and safety and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was an outstanding item on one risk assessment that needed addressing but had not been done, this was in relation to appropriate closing of fire doors. The practice advised this would be addressed as a priority after the inspection.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, water temperatures were monitored by the cleaners.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- We reviewed the records of patients who were prescribed medicines which required additional monitoring, for example methotrexate and lithium. All the records we looked at showed that patients were appropriately monitored before medicines were re-prescribed. An automated monthly search on the practice's computer system for patients on these medicines ensured continuous monitoring took place.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. Antibiotic prescribing was comparable to the clinical commissioning group and national averages.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Significant events and the associated actions were all recorded on an electronic system. This enabled the practice to record significant events under themes in order that reoccurrence could be identified sooner and action taken to minimise this risk.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Significant events were reviewed on an ongoing basis and formally every month. The practice shared



## Are services safe?

outcomes of significant events with staff and other GP practices during meetings that were attended by representatives from other practices in the South Norfolk Clinical Commissioning Group.

- There was a system for receiving and acting on safety alerts. For example, all Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were

reviewed by the prescriptions manager and shared with GPs. Actions as a result were recorded and a log was kept of historical responses. The most prevalent updates and alerts were also shared in an internal newsletter within the practice. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

We rated the practice, and all of the population groups, as good for providing effective services.

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice's performance for the prescribing of hypnotic medicines, antibacterial prescriptions and antibiotic items was comparable to other local practices and national averages. However, for the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones, 2016/17 data indicated the practice performed at 9% compared to the local average of 6% and the national average of 5%. The practice were aware of this and had been auditing and discussing the use of antibiotics annually since 2015. In a 2017 audit overall use had continued to decrease with the exception of cefalexin use which had increased since 2016, which the practice explained was partly due to reduced use of co-amoxiclav. Going forward the practice planned to re-audit cefalexin use in 2018 to further understand their prescribing of this antibiotic and to re-inforce its use only when appropriate.
- The practice provided electronic prescribing to over 90% of its patients, compared to 55% locally.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Nationally reported Quality and Outcomes Framework (QOF) data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were above local and national averages with the practice achieving 100% performance for these indicators. Exception reporting for heart failure, dementia and rheumatoid arthritis was below local and national averages. (QOF is a system intended to improve the

quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail were reviewed during the multidisciplinary meeting on a monthly basis and also had a review of their prescribed medicines.
- The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice reviewed unplanned and re-admissions for this group on a regular basis. Improvements were made where necessary.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice had an audit plan in place which included automated recurring system searches for people with long-term conditions. Results were reviewed by a dedicated clinician and outcomes ensured patients would receive timely reviews and recalls.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 95% of patients with long term conditions, who were recorded as current smokers had received discussion and advice about smoking cessation. This was in line with the CCG and national averages.
- Performance for diabetes related indicators was 100%; this was above the CCG average of 90% the England average of 91%. The exception reporting for diabetes was 16%, compared to the local and national average of 11%.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%. For example, rates for the vaccines

# Are services effective?

## (for example, treatment is effective)

given to children up to the age of two were in excess of 96% for all four subindicators. Appropriate follow up of children who did not attend for their immunisations was in place and a protocol was in place to support this.

- The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months was 95%, compared to the local average of 91% and the national average of 89%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice monitored for uncollected prescriptions for children and undertook a review if this occurred. For example, if asthma medicines were not collected the practice would follow this up.

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

- 2016/17 data indicated the practice's uptake for the cervical screening programme was 82%, which was in line with the CCG average of 85% and in line with the England average of 82%. Patients who did not attend for their cervical screening test were contacted to encourage attendance. There were 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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. To date the practice had undertaken 287 checks during 2017/2018 and had undertaken 864 in 2016/2017.

People whose circumstances make them vulnerable:

- Annual health assessments for people with a learning disability were undertaken. The practice had 114 patients on the learning disabilities register, of which 65 had received a health review since April 2017. The remaining patients were due to be seen prior to the end of March 2018. All patients were seen by the same nurse for continuity of engagement and care.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the local and national averages of 78%. Exception reporting was 10%, which was equivalent to the local average and 3% above the national average.
- QOF performance for mental health related indicators was 100%. This was above the CCG average of 93% and the England average of 94%. Exception reporting for mental health indicators was 8%, which was below the local average of 13% national average of 11%.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the local and national averages of 82%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 90% of patients with physical and/or mental health conditions had a smoking status recorded on their notes in the preceding 12 months. This was above the local average of 78% and the national average of 81%.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided on an ongoing basis. The practice undertook monthly system searches in response to safety alerts and updates. We reviewed information on audits for 2016/17 which included 20 automated system searches that were done on a regular ongoing basis. There were also a further four multiple cycle audits that had been ongoing in variations from two to four years. This included an audit on pre-diabetic patients which aimed to ensure that all patients with diabetes and pre-diabetes were correctly coded and added to the practice registers. Another clinical audit monitored the use of antipsychotic medication and the need to obtain blood results at mental health reviews. From 2016 to 2017, the

# Are services effective?

## (for example, treatment is effective)

practice had experienced an increase in this occurring, from 66% to 73%. But the practice aimed for further improvement and was planning a formal recall process for these patients.

The most recent published Quality Outcome Framework (QOF) results from 2016/17 were 100% of the total number of points available compared with the local clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 12% compared with a local and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for clinical staff was thorough and staff commented positively on this process.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- The practice provided training to medical students, student nurses and paramedics.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Multidisciplinary case review meetings were held monthly when all patients on the palliative care register were discussed.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway was 44%, which was in line with the local average of 46% but below the national average of 51%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- 82% of females between the ages of 50 and 70 had been screened for breast cancer in the preceding 36 months, compared to the CCG average of 79% and national average of 73%.
- 67% of patients had been screened for bowel cancer in the preceding 30 months, compared to the CCG average of 65% and national average of 57%.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

We rated the practice, and all of the population groups, as good for providing caring services.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 34 of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Four other cards mentioned difficulties in obtaining an appointment or getting to see a GP of choice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 225 surveys were sent out and 121 were returned (a 54% response rate). This represented approximately 0.6% of the practice population. The practice was generally in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 91% of patients who responded said the nurse was good at listening to them; compared to the CCG average of 92% and the national average of 91%.

- 91% of patients who responded said the nurse gave them enough time; compared to the CCG average of 93% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the CCG average of 98% and the national average of 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared to the CCG average of 91% and the national average of 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 87% and the national average of 87%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. The practice had an electronic booking screen which supported a variety of languages.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- All staff were trained on dementia matters and a member of staff was a dementia champion. There were various signs in place to help guide patients to the right rooms. The practice had recently applied to become a dementia friendly practice but this process had not been completed at the time of our inspection.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. There was a dedicated carers coordinator in the practice whose role was to support patients and carers with all carers' matters.

The practice identified patients who were carers and provided elaborate carer packs to those requiring information or at registration. A carers' notice board was in

## Are services caring?

place in the entrance hall of the premises. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 376 patients as carers (2% of the practice list).

Staff told us that if families had experienced 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 provided a bereavement pack with information and advice to guide those suffering a bereavement.

Results from the national GP patient survey, published in July 2017, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally in line with local and national averages:

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared to the CCG average of 83% and the national average of 82%.

- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared to the CCG average of 90% and the national average of 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared to the CCG average of 86% and the national average of 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. In those waiting areas where the practice considered there to be a risk of conversations being overheard, music was playing.
- The practice complied with the Data Protection Act 1998.
- The reception area was arranged so that phonecalls were not usually taken at the front desk and the layout supported confidentiality when patients were in the waiting area. Although it was one open space there was a queuing system to aid confidentiality.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and improved services in response to those needs. For example, the practice had extended hours appointments available from 8am to 11am on Saturdays and 6.30pm to 8pm on Mondays. The practice was proactive in providing online services such as repeat prescription requests and advanced booking of appointments and prided themselves on the above average use of electronic prescribing (in excess of 90% compared to 55% locally). Appointments with GPs or nurses could be booked up to six weeks in advance.
- All patients had a named GP. As the majority of GPs were part time, GPs worked in buddy groups in case of absence so that they could see each other's patients; this approach allowed for the continuity of care whilst providing flexible access. If despite this approach the patient still wanted to see their GP of choice, GPs offered five minute brief appointment slots to contact their patient and ascertain what the patient's concerns were. They would then address the concern, book them in for a normal appointment or refer to a colleague. Each GP had four of these five minute slots per day and ten telephone appointment slots.
- The facilities and premises were appropriate for the services delivered.
- A member of staff in the reception team was articulate in sign language which benefitted those patients requiring this service.
- The practice's receptionists made use of an internal guide which directed them to the appropriate clinician or member of staff depending on what condition a patient presented with so that they could book or refer patients appropriately. We noted this guide was very detailed and staff confirmed its usefulness. They explained it was helpful and avoided patients being seen by an inappropriate clinician or member of staff.

- One of the practice nurses was a domestic abuse champion. They had attended the local council's training for domestic abuse and provided information and support within the the practice.

Older people:

- The practice was responsive to the needs of older patients, and urgent appointments for those with enhanced needs.
- GPs accommodated home visits for those who had difficulties getting to the practice. The practice provided regular visits at four local care homes to respond to address any needs for the patients in the homes. An outreach nurse supported by an individual GP for each care home undertook these visits.
- The practice considered any carer's needs when delivering care to older people, especially if the carer was also elderly.
- The practice worked with, and referred patients to, external support services to assist elderly patients who were lonely. The practice also proactively referred patients to exercise and walking groups.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one double length appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice offered lifestyle advice and blood testing for pre-diabetes patients.

Families, children and young people:

- We found there were systems 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 (A&E) attendances. Records we looked at confirmed this.
- The practice made use of a sepsis assessment tool for children, integrated in a system template, which had highlighted a sepsis risk in a three year old, resulting in immediate transfer to hospital.



# Are services responsive to people's needs?

## (for example, to feedback?)

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Antenatal clinics were provided three times a week.
- The practice provided care to patients at a local boarding school. They worked closely with the nurse on site and provided three clinics a week at the school and a contraception clinic once a fortnight.
- Systems were in place to follow up on children under 16 who did not attend for their appointment.

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, Saturday morning and Monday evening prebookable appointments were available.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and mental health needs.
- The practice offered longer appointments and appointments earlier in the day to minimise waiting times and home visits if necessary for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice took responsibility of overseeing shared care for patients with eating disorders, with designated nurses monitoring these patients. Non attended appointments for these patients were followed up pro-actively and there was a specific focus on the risk of

eating disorders within the boarding school where the practice provided care. One of the GPs was due to undergo specialist training to further support the practice's approach for these patients.

- Patients could self refer or be referred to a Community Connector in the practice, this was a member of staff that saw patients who required social support. The practice informed us that since April 2017, 150 patients across a variety of patient groups had been seen for social prescribing.

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

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

### Timely access to the service

Generally, patients reported that they were able to access care and treatment from the practice within an acceptable timescale for their needs. A daily duty team of clinicians was able to respond to urgent requests.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Three of the CQC patient comments cards advised of dissatisfaction with the length of wait once they had arrived for their appointment, where one of these also alluded to difficulties in getting through on the phone and obtaining an appointment with a clinician of choice. One patient we spoke with also advised this, although they explained that they choose to wait to see their GP of choice. We reviewed the patient appointment system and found that urgent and pre-bookable appointments were available in a timely way. The practice informed patients of individual GP clinics via their website, there was a spreadsheet available which indicated times and days of the week that GPs were normally holding their clinics. This was particularly useful considering the large number of GPs (17) and the fact that most of them worked part time.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had undertaken an audit of non attended appointments and had broken down this down into individual clinician non attendance rates. We saw that this had resulted in a considerable drop in non attended appointments for certain clinicians but the volume of appointments had dropped also. Following review the practice was in the process of recruiting a GP for an additional six sessions a week.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed compared to local and national averages.

- 80% of patients who responded were satisfied with the practice's opening hours; compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 62% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 70% and the national average of 71%.
- 89% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared to the CCG average of 86% and the national average of 84%.
- 88% of patients who responded said their last appointment was convenient; compared to the CCG average of 84% and the national average of 81%.
- 79% of patients who responded described their experience of making an appointment as good; compared to the CCG average of 73% and the national average of 73%.

- 60% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG average of 57% and the national average of 58%.

The practice had reviewed the results from the survey and had discussed these at practice meetings with a view to review the next survey outcome.

## **Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately. It improved the quality of care in response to complaints and concerns.

- Information about how to make a complaint or raise concerns was available on the practice's website and in the practice waiting room. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 40 complaints were received during 2017. We reviewed three of these complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, clinicians had undertaken a clinical governance discussion to ensure an awareness of medicine interactions; as a result they had undertaken a system review and had provided individual learning.

# Are services well-led?

Good 

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

## Our findings

We rated the practice, and all of the population groups, as good for providing well led services.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, the practice had supported one nurse and was currently supporting a further two nurses to become nurse practitioners. The practice had identified the risks with the imminent retirement of GPs and had used this as an opportunity to identify and implement alternative options. At the time of the inspection an additional GP was being recruited.
- The practice worked with the local governing bodies of healthcare, with various members of the management team (clinicians and non-clinicians) holding senior positions in the local Clinical Commission Group and the Local Medical Committee.

### Vision and strategy

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

- There was a clear vision to 'provide high quality, personalised care to all patients' and a set of values. It had a realistic strategy and supporting business plans to achieve priorities.
- The practice management team developed its vision, values and strategy at practice meetings and incorporated the views of patients, staff and external partners. Patients were proactively invited to share their views through the patient participation group.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients. All patients had a named GP. As the majority of GPs were part time, GPs worked in buddy groups in case of absence so that they could see each other's patients; this approach allowed for the continuity of care whilst providing flexible access.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The practice had examples where complaints were raised as significant events and outcomes of these were shared with patients and other stakeholders. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Learning from events was shared with local practices on a regular basis.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. Staff were able to speak openly and had confidence that any issues raised would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses and nurse practitioners, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff, although we noted that some actions from a health and safety risk assessment needed to be addressed.

# Are services well-led?

Good 

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

- The practice actively promoted equality and diversity and all staff had received training in this area. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- A number of staff had lead roles, with deputies allocated, and all staff were clear on their roles and accountabilities.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were reviewed regularly.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had undertaken a review of their significant events for 2017. This contained a trend analysis and highlighted themes where improvements could be made. For example, eight significant events were related to systems or individual learning, this included vaccination procedures and ambulance transport request procedures. We saw that the incidents and learning points were discussed at relevant meetings in the practice.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through review of their consultations, prescribing and referral decisions. Practice leaders had oversight of safety alerts, incidents and complaints.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- Risk assessments for the control of substances hazardous to health (COSHH), premises related risks and legionella were in place. Although the latter had raised some actions that needed addressing, the practice had already planned to address this.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information in the form of minutes or clinical notes.
- The practice used performance information which was reported and monitored and management and staff held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example, the practice had its own internal intranet database which provided access to a wide variety of information for staff, including evidence based guidance. All staff were able to access this.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

# Are services well-led?

Good 

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice held regular meetings internally to discuss matters with staff and various numbers of staff held champion and lead roles, including admin and reception staff.
- There was an active patient participation group (PPG), with members from various patient groups, including families and older people. The group had nine active members that attended meetings with the practice every quarter and over 200 virtual members. The PPG operated working groups for a variety of work streams, such as communication strategy and promoting self care. The PPG hosted students from local high school sixth forms during meetings who were interested in training in medicine. The practice had included the PPG in their away day to develop their vision, and had been invited to participate in follow up afternoons. The PPG hosted events with external speakers, for example HealthWatch, and were looking to develop a cooperation with another local surgery's PPG. They also attended stakeholder meetings with the local CCG and supported the practice during flu clinics to talk to patients about their experiences.
- The service was transparent, collaborative and open with stakeholders about performance. The practice kept a record of patient suggestions and identified repeated suggestions in order to make improvements to the service provided.
- The practice had reviewed the National GP Patient survey results published in July 2017 and results from the Friends and Family test (FFT) and had identified priority areas; actions were in progress and had been taken to improve these areas. The FFT indicated that

since April 2017, 448 responses had been received of which 409 were likely or extremely likely to recommend the practice. 30 were unlikely or extremely unlikely to recommend the practice and nine were neutral.

- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice was a training practice for medical students, student nurses and paramedics. They were in the process of becoming a teaching practice for medical students who were training to become doctors.
- The practice prioritised the development of staff and their skills. For example, the practice had supported one nurse and was currently supporting a further two nurses to become nurse practitioners.
- The practice made use of an internal navigation document to ensure patients were signposted to the correct member of staff.
- There were various champion roles within the practice with a variety of information packs available; for example, for carers and for bereavement.
- The practice employed a prescribing team who supported and monitored prescribing within the practice and were able to oversee updates and alerts and perform system searches and management to ensure patients would receive timely reviews and accurate care.