

Alchester Medical Group

Quality Report

Alchester Medical Group
Langford Medical Practice
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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



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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

At our previous inspection in October 2015 the practice had an overall rating as Good.

Following the January 2018 inspection, 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 Alchester Medical Group in Bicester, Oxfordshire on 16 January 2018. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Alchester Medical Group was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen and any notable events either positive or negative were learned from.
- The practice had defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff had received training appropriate to their roles and the population the practice served. Any further training needs had been identified and planned.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Patients ongoing care needs was assessed, monitored and managed, including planned reviews of their needs.
- We received positive feedback from patients regarding staff, care and treatment.
- There had been significant difficulties with the phone and appointment system for several months following

Summary of findings

a merger which formed Alchester Medical Group and the closure of a local practice. However, patient feedback had improved significantly during the course of 2017.

- The practice learned lessons from individual concerns and complaints and also from analysis of trends..
- The practice had clear and visible clinical and managerial leadership and supporting governance arrangements.
- There was an open and supportive culture among the staff group.

There were areas the provider should make improvements:

- Continue to improve and review the system for ensuring medicine reviews are completed within set timescales.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Alchester Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and two CQC pharmacy inspectors.

Background to Alchester Medical Group

Alchester Medical Group provides services to approximately 20,000 patients from two sites:

- Langford Medical Practice, 9 Nightingale Place, Bicester, Oxon, OX26 6XX
- Victoria House Surgery, 119 Buckingham Road, Bicester, Oxon, OX26 3EU

We visited both sites as part of this inspection.

The practice population is younger than the national average, made up of a higher proportion of children and teenagers, the proportion of over 65 year olds is much lower. The 2011 census shows that 7% of the resident population of the local population is from a Black and Minority Ethnic (BME) groups.

The premises are purpose built and accessible for patients including those with limited mobility.

Victoria House Surgery and Langford Medical Practice merged in 2016 to form Alchester Medical Group. The practice's registration with CQC continued with the existing Langford Medical Practice, therefore the partnership is not a new registration. During the same time as the merger another local practice closed at short notice and 2,500 patients required registration at Alchester Medical Group. This put the practice under immense pressure to deliver care to all of its patients. Since this time the practice has successfully recruited GPs and nurse to eliminate the need for locum clinical staff. They have reorganised their appointment system and improved services.

The practice has five GP partners and 10 salaried GPs, including females and males. The practice has six female practice nurses and three health care assistants. The GPs and the nursing staff are supported by a team of administration staff who carry out, reception, and other support roles. There is a practice manager in post. The practice opens between 8.00am and 6.30pm on Monday to Friday. Early and later appointments are available in addition to Saturday appointments.

The practice has opted out of providing out-of-hours (OOHs) services to their own patients and refers them to a GP OOHs provider.

Are services safe?

Our findings

We rated the practice as good for providing safe services.

Safety systems and processes

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

- We saw examples of 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. All staff received up-to-date safeguarding and safety training appropriate to their role in order to identify and respond appropriately to suspected abuse. We also found evidence of additional information and guidance specific to the needs of the local community. This included Female Genital Mutilation (FGM) awareness guidance.
- The practice carried out relevant staff checks. 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). We saw staff had proof of identification, employment histories, references and proof of Hepatitis B immunisation and health information assessed in order to ensure they were able to and safe to carry out their roles.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control including yearly infection prevention control audits. The most recent audit showed high levels of compliance with infection control standards and additional actions to mitigate any minor risks. This included sealing flooring edges to prevent dirt traps occurring. We found the premises to be clean and

tidy at both sites visited. Staff had an awareness of infection control relevant to their role. For example, reception staff had a process to follow for handling samples.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. This included annual calibration of medical equipment and monthly calibration of spirometry equipment (spirometry is used in the assessment of respiratory conditions).

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. Despite losing some staff members over the previous year, the practice had been successful in recruiting GPs and nurses to ensure adequate staffing levels.
- Training records indicated that staff were provided with an understanding of how to manage emergencies on the premises. There were procedures for medical and other emergencies which may occur.
- There were various assessment tools for medical conditions which may require urgent attention. GPs and nurses had attended training on identifying and responding to suspected sepsis cases in March 2017.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example, the practice dispensed medicines over two sites but during 2017 the partners and management team decided to suspend dispensing at one site due to capacity issues prompting potential safety concerns. Once actions had been taken to address these concerns the practice continued dispensing from both sites.

Information to deliver safe care and treatment

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

- 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 available to relevant staff in an accessible way.
- Patient correspondence was managed and dealt with in a timely way.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Care plans for elderly patients were stored on a system accessible to external services such as paramedics.
- Patient correspondence from external clinicians and services was disseminated to the relevant patients' GPs. We saw that this information was dealt with quickly.
- Referral documentation was dealt with in a timely way.

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, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- 77% of patients on more than four medicines had up to date medicine reviews and 57% of patients on less than four repeat medicines had up to date reviews. The practice had reviewed its patient recall and review system for health condition and medicine reviews. GPs explained this was improving the overall level of patient monitoring in terms of long term medicine. All high risk medicines had limitations on how many prescriptions could be obtained without a GP review. We looked at examples of patient's records where high risk medicines were prescribed and saw these were managed appropriately.
- Medicines were administered by non-prescribing nurses with the appropriate authorisation and monitoring from GPs.
- The practice participated in the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing a high quality dispensing service to patients. There was a named GP responsible for the dispensaries based at both the Victoria House Surgery and the Langford Medical Practice; these served approximately 3500 patients who lived more than a mile from a community pharmacy. Dispensary staff were trained to an appropriate level and followed standard operating procedures (SOPs) for dispensary tasks; these were reviewed annually and had been signed by staff. Dispensing areas were clean, tidy and organised. Staff used a barcode scanner to check that the correct medicine was selected before dispensing. Some

patients received their medicines in a monitored dosage system (dosette box). Staff prepared these in a separate area to avoid any distractions and these were checked by a second member of staff.

- Staff carried out annual medicines management audits and actions identified in 2017 had been completed. Medicines were stored safely and securely. Medicines requiring refrigeration were monitored and stored within a safe temperature range. Staff made regular checks of emergency medicines and oxygen. There were effective processes in place to check and remove expired medicines from stock. Unwanted and expired medicines were disposed of appropriately.
- Staff dealt with Medicine safety alerts (alerts that are issued nationally regarding faulty products) effectively and recorded actions taken.
- Controlled drugs (medicines that require extra checks and special storage because of their potential misuse) were managed safely and in line with legal requirements.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. This included risks related to fire and the safety of the water supply.
- 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.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant / learning events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, there was an incident

Are services safe?

recorded whereby a blood sample was left in reception. The practice re-communicated the standard operating procedure with reception staff to ensure they were aware of the correct process for the receipt of blood samples.

- There was a significant event monitoring log which indicated what action was taken in response to each event. Investigation outcomes were shared with relevant staff. Trends were analysed at learning event meetings.
- We reviewed medicine and other safety alerts and found they were recorded, and shared with relevant staff. We saw alerts were then discussed at meetings.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that GPs and nurses 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.
- 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.

We reviewed prescribing data from the local clinical commissioning group (CCG). We found the practice performed better when compared to local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.32. This was better when compared national average (0.90) and CCG average (0.62). Hypnotics, more commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep and to be used in the treatment of insomnia, or surgical anaesthesia. Hypnotics should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.79. This was better when compared to the national average (0.98) and CCG average (0.83). Furthermore, the number of antibiotic items (Cephalosporins or Quinolones) prescribed was similar (4.1%) when compared to local (4.3%) and national averages (4.7%). The practice demonstrated awareness to help prevent the development of current and future bacterial resistance. Prescribing data evidenced the practice prescribed antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when

they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats) and reviewing the continued need for them.

Victoria House Surgery and Langford Medical Practice merged in October 2016 to form Alchester Medical Group. During the same time as the merger another local practice closed at short notice and 2,500 patients required registration at Alchester Medical Group. This put the practice under immense pressure to deliver care to all of its patients. The local CCG agreed the practice would be exempted from contracting scrutiny under the quality outcomes framework for 2016/17. This was to enable the practice to update their patient records and plan for delivering long term condition care and other QOF requirements without being penalised for low achievement which was beyond their control. Therefore much of the data we have used in the outcomes for patients is within the year 2017/18 and not reflective of a full 12 months performance. The practice is still in the process of ensuring all coding of patient information is correct in order to ensure patients are offered the appropriate reviews and care based on their needs. We saw significant progress in achieving this.

Older people:

- The practice provided GP services to a local nursing home. There were 91% of patients with a care plan who resided in care homes. There were 37 patients on the palliative care register and 89% had a care plan in place.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Admissions avoidance care plans were in place for patients who may be at enhanced risk of requiring hospital treatment. Quarterly meetings were held to review these patients.

People with long-term conditions:

- The number of patients registered at Alchester Medical Group with a long-standing health condition was 40%. This was lower when compared to the local CCG average (49%) and the national average (53%). A high prevalence of long-standing health conditions can increase demand on GP services.

Are services effective?

(for example, treatment is effective)

- The practice was projected to achieve 88% of its clinical QOF points by the end of March 2018 compared with the clinical commissioning group (CCG) 2017 average of 97% and national average of 96%. Patients with long-term conditions had a structured annual review planned and undertaken 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 number of reviews undertaken had increased significantly compared to the previous year. For example, 364 patients had asthma annual reviews by December 2017 compared to 132 in December 2016.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Performance for diabetes related indicators showed the practice was on course to achieve 90% of targets which was similar to the 2017 national average of 91%.

Families, children and young people:

- Childhood immunisation rates for the vaccinations given were better when compared to the national averages. For children under two years of age, four immunisations have performance measured per GP practice; each has a target of 90%. The practice exceeded the 90% target for all indicators. Immunisation data for children age five also showed target achievements were met.
- The practice had arrangements to identify and review the treatment of newly pregnant women.

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

- The practice's uptake for cervical screening was 79%, which was similar when compared to the national average (81%). Patients who did not attend for screening were followed up by the practice. There were annual audits of cervical screening to ensure the quality of screens were maintained.
- 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. There had been 156 assessments in the last year.

People whose circumstances make them vulnerable:

- 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 homeless people, travellers and those with a learning disability.
- There were nine patients on the Learning Disabilities register and 6 had an annual health check within 2017/18 so far.

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

- 64% of patients diagnosed with dementia had a care plan with a physical health check completed, with a practice target of 70% by March 2018. 81% of dementia patients had blood tests completed.
- Patients with mental health conditions were offered a care plan and review of their condition.
- The practice undertook annual dementia reviews to identify new diagnoses. There were two so far in 2017. Out of 93 patients on the register 56 had dementia care plans already in place for the year 2017/18.

Monitoring care and treatment

The practice reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. For example, there were several prescribing initiative audits including those aimed at reducing unnecessary anti-microbial prescribing.

The practice was involved in quality improvement activity. This included a programme of clinical audits. An audit plan was used to ensure that audits were repeated to demonstrate quality improvement. Audits included sepsis recognition and documentation of medicines prescribed in secondary care. An audit on the prescribing of norethisterone (a medicine which may be used to treat or prevent abnormal or unexpected bleeding from the uterus) led to a template being devised and added to the computer system which enabled GPs prescribing to assess potential risks associated with the medicine.

Effective staffing

Are services effective?

(for example, treatment is effective)

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 told us they were encouraged and given opportunities to develop. For example, a nurse had been able to undertake a nurse management course.

The practice provided staff with

- There was a system to monitor the training uptake of staff and ensuring their skills and knowledge were maintained.

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 that all appropriate staff, including those in different 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 palliative 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. There were periodic meetings undertaken to review patients receiving palliative care.

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.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The practice supported national priorities and initiatives to improve the population's health, for example, flu campaigns, healthy eating, stop smoking campaigns and tackling obesity.
- The practice informed us there were 2,279 patients listed as smokers and 1,614 had been offered smoking cessation advice in recent years.
- Data from Public Health England indicated screening among patients for breast and bowel cancer was similar or higher than national averages. For example, 78% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was higher than the CCG average (75%) and the national average (70%).

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Training on the Mental Capacity Act 2005 and Gillick competency (a legal framework for consent in under 16s) were provided to staff.
- There were means of recording consent where necessary.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs and considered these needs in respect of care and treatment planning.
- 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.
- Patient feedback suggested practice staff gave patients timely support and information.
- We received 14 patient Care Quality Commission comment cards with 28 comments overall. There were 20 positive comments with eight negative comments mainly regarding the appointment system.

In the July 2017 annual national GP patient survey the practice was mixed when compared to local and national averages in respect of consultations with GPs and nurses. There had been 264 surveys sent out and 121 were returned. This represented approximately 0.6% of the practice population.

- 91% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average (91%) and the national average (89%).
- 80% of patients who responded said the GP gave them enough time compared with the CCG average (89%) and the national average (86%).
- 97% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average (97%) and the national average (95%).
- 82% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average (89%) and the national average (86%).
- 92% of patients who responded said the nurse was good at listening to them compared with the CCG average (93%) and the national average (91%).

- 90% of patients who responded said the nurse gave them enough time compared with the CCG average (94%) and the national average (92%).
- 97% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average (98%) and the national average (97%).
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average (93%) and the national average (91%).
- 76% of patients who responded said they found the receptionists at the practice helpful; compared with the CCG average (88%) and the national average (87%).

Involvement in decisions about care and treatment

Staff facilitated patients' involvement in decisions about their care. Leaders were not fully 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) but there were arrangements to meet the broad range of communication needs within the patient population. For example:

- Translation services were available for patients who did not have English as a first language. There were also multi-lingual staff that might be able to support them, including practice staff speaking South Asian languages.
- Staff communicated with patients in a way that they could understand and information in different languages was available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 293 patients as carers, this equated to approximately 1.5% of the practice list. The low proportion of carers is partially due to a very young patient population.

Staff told us that if families had experienced bereavement, they were supported by the practice wherever possible.

Are services caring?

Results from the national GP patient survey showed patients satisfaction to questions about their involvement in planning and making decisions about their care and treatment was lower when compared to local and national averages:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average (89%) and the national average (86%).
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average (86%) and the national average (82%).
- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average (91%) and the national average (90%).
- 79% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average (87%) and the national average (85%).

The lower than average feedback could be attributed to the practice merger and the additional 2,500 patient who were registered following the closure of a local practice. The change to the appointment system, staffing issues in early

2017 and the forced change of practice for the new patients caused negative feedback and complaints to the practice. The feedback in the last quarter of 2017 had improved dramatically.

The practice used the friends and family test to gather patient feedback. Data provided to us by the practice showed an increase in positive feedback over the 2017, with 79% patients 'extremely likely' or 'likely' to recommend the practice in January 2017 compared to 89% in December 2017.

There were eight reviews from patients left on the NHS Choices website in 2017, seven of which provided a five star rating and one a four rating out of five. Patients reported a supportive staffing team, but also problems in the first six months of 2017 in phoning the practice and getting appointments.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

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 tailored services in response to those needs. For example, extended opening hours were available, including early morning appointments. Evening and weekend appointments were also available via a primary care hub which provided GP and nurse appointments with an external provider.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were accessible to patients with limited mobility.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- All protocols and policies in the practice had an assessment of how their implementation may impact on protected characteristics (as defined in the Equality Act 2010).

Older people:

- Support was provided for patients residing at a local care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- End of life care was carefully coordinated with the involvement of patients and their families. The dispensary provided a medicine delivery service for patients who may have difficulty in attending the practice.
- A hearing loop was available.

The practice had a larger print size for their practice leaflet in case this was needed for visually impaired patients.

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.
- 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 dispensed medicines to its patients providing easy access to prescriptions where patients chose to use the service.

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.
- The practice held a dedicated baby clinic.
- There were same-day emergency morning and evening appointments for children.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered Saturday clinics for specific patient appointments to improve access for those who worked full time.
- Online appointment booking was available and due to input from the patient participation group (PPG) there had been a review of the service and improvements implemented. There were 2,800 patients registered to use the service.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice website was well designed, clear and simple to use featuring regularly updated information.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments and annual health checks for patients with a learning disability.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice was aware of challenges faced by homeless patients and enabled temporary registrations for any patients without fixed addresses.
- A voluntary befriending scheme was supported by PPG members and in partnership with the practice identified patients who may benefit from the service.

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

- The practice had a register of patients who had dementia in order to provide them with reviews and identify any additional needs.
- Patients with dementia or mental health conditions which may affect their vulnerability had a flag on their notes to ensure staff could identify any additional needs.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. A triage system had been implemented following the merger of the practices in October 2016. The practice had also registered an additional 2,500 patients from a local practice which closed at the same time. The change of system and additional pressure caused significant problems for patients for several months. The practice successfully recruited GPs and nurses during the course of 2017. The practice manager informed us the service was now able to staff all GP appointments with salaried GPs or partners and including any cover required for GP leave.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- There were same day urgent appointments, routine bookable appointments via the triage service and routine appointments booked without triage.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Home visits were available to patients.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was worse when

compared to local and national averages. This survey data was collected from January to March 2017 and represents the time prior to improvements in staffing and phone access.

- 60% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 44% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 83% and national average of 71%.
- 85% of patients who responded said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 84%.
- 73% of patients who responded said their last appointment was convenient compared to the CCG national average of 81%.
- 63% of patients who responded described their experience of making an appointment as good compared to the CCG average of – 80% and national average of 73%.
- 47% 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 national average of 58%.

A triage system had been implemented following the merger of the practices in October 2016. The practice had also registered an additional 2,500 patients from a local practice which closed at the same time. The change of system and additional pressure caused significant problems for patients for several months. The practice successfully recruited GPs and nurses during the course of 2017. The practice manager informed us the service was now able to staff all GP appointments with salaried GPs or partners and including any cover required for GP leave. There had been a significant reduction in complaints regarding phone access and appointment availability from January 2017 compared to the last three months of 2017. Due to patient feedback, phone access was monitored and technical problems in the system were identified and acted on. Ongoing monitoring has identified a steady

Are services responsive to people's needs?

(for example, to feedback?)

improvement for patients and reductions in dropped calls. Analysis shows 260 patients were recorded on the phone monitoring system as waiting for more than 10 minutes in December 2016 compared to eight in December 2017.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints with respect.
- The complaint policy and procedures were in line with recognised guidance. We reviewed the practice complaint log and found that they were satisfactorily handled in a timely way.
- The practice had a log of complaints which it used to provide an overall review of complaint type and investigation outcome.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends held every three months.
- Comments and complaints were sought from various sources. For example, the practice invited any patients who left negative comments on a social media page to come and discuss their concerns. From these discussions three new PPG members were recruited to enable broader representation and inclusion on how improvements could be made.

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 as good for providing a well-led service.

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 local and national services. They understood the challenges of a steadily increasing population and had assessed the potential growth of their practice list by 1,000 to 2,000 every year. The merger undertaken in 2016 was a part of the partnership's planning to provide quality community based healthcare services to the local population.

Staff told us leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us they were involved and informed regarding the merger in 2016 and the ongoing implementation of changes since.

- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities. For example, the practice had mapped the various community services available to local people to plan how best to ensure services are as close to, or in Bicester where possible.
- Staff was 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 and enable collaborative working.

Culture

The practice had a culture of inclusiveness and openness.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients. There was a whole team endeavour to improve patient satisfaction.
- Openness, honesty and transparency were demonstrated when responding to safety incidents, complaints and previous Care Quality Commission inspection reports. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be investigated sensitively and that feedback would be provided.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals and was supported to meet the requirements of professional revalidation where necessary.
- All staff, including support and reception staff were considered valued members of the practice team. They were given protected time for professional development and yearly evaluation of work and development.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

- There were clear responsibilities, roles and systems of accountability to support good governance and management. Processes and systems were in place understood by staff and were effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Are services well-led?

Good 

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

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.
- Clinical audit had an impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

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. For example, extensive patient feedback was collected to test improvements to the service.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. This included discussions with the patient participation group (PPG).
- The practice used up to date information technology systems to monitor and improve the quality of care. This had led to improved national data performance in clinical outcomes during 2017.
- There were 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 staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views were encouraged, heard and acted on to shape services and culture.
- The practice had put a promises tree in the reception area in 2017 to gain feedback from patients and enable messages to be provided to staff. Most comments were positive.

- The patient participation group was active and involved in discussions and proposals about improving performance of services.
- The practice used the friends and family test to gather patient feedback. Data provided to us by the practice showed an increase in positive feedback over the 2017, with 79% patients 'extremely likely' or 'likely' to recommend the practice in January 2017 compared to 89% in December 2017.

Continuous improvement and innovation

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

- Leaders were reviewing the means by which policies and procedures were reviewed, updated and accessed by staff. This had led to key information posters being implemented around the practice for safeguarding, whistleblowing and infection control. In addition a new system enabling efficient policy updates was planned.
- The practice had reviewed their referral letters and changed them due as part of monitoring and audit.
- There was a focus on continuous learning and improvement within the practice. For example, a nurse was being trained as a nurse manager due to the planned departure of one nurse.
- The practice was active and worked collaboratively with the CCG and the local GP Federation. (A Federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts). For example, the practice participated in a scheme to provide weekend and extended hours access via the federation.
- The practice invited any patients who left negative comments on a social media page to come and discuss their concerns. From these discussions three new PPG members were recruited to enable broader representation and inclusion on how improvements could be made.