

York Medical Group

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

We carried out an announced comprehensive inspection of York Medical Group (YMG) on 16 and 17 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were pro-actively and actively assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. However not all surgeries had a 'how to complain' notice displayed in their waiting rooms.
- Patients said they found it easy to make an appointment with their named GP and that there was good continuity of care, with urgent appointments available the same day.
- On the whole the surgeries had good facilities and were well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice including:

- Patients had the opportunity to attend any surgery, which gave them flexibility to suit their circumstances.
- York Medical Group (YMG) had an access team who specifically looked at 'patient demand mapping' to enable them to try new ideas for providing appointments when patient need was higher. This pro-active approach had shown patients' needs were

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met in a timely manner. Appointment availability could be changed, using the techniques associated with mapping of previous times when demand was high.

- YMG were working to support patients who were at risk of hospital admission, to stay at home with support from health and social care professionals. This had reduced their number of in-patient admissions, in identified at risk groups. This was known as 'Admission avoidance'.

- All patients had a named GP and if an appointment was not available with them, their named GP consulted with them via the telephone. Patients commented favourably to us about how helpful this was when consulting their GP.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Good



Are services effective?

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

Good



Are services caring?

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with their named GP and there was continuity of care, with urgent appointments available on the day. Most of the surgeries had good facilities and were equipped to treat patients and meet their needs. Information about how to complain was available and easy to

Good



Summary of findings

understand and evidence showed how YMG responded to issues raised. However in some of the surgeries visited this information was not displayed in the waiting rooms. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. There was a clear vision and strategy. Some staff we spoke with were not entirely clear about the vision. They were aware that new systems were being embedded but currently they were not familiar with the changes. There was a clear updated leadership structure and staff said they felt supported. YMG had a number of policies and procedures to govern activity and they held regular governance meetings. There were embedded systems in place to monitor and improve quality and identify risk. YMG proactively sought feedback from staff and patients, which was then acted on. There was a quarterly staff and a separate patient newsletter that was available throughout YMG to share news and change updates. The patient participation groups (PPG) were active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for these patients were good for conditions commonly found in older people. This patient group numbers was lower than the CCG and the national average reported for GP practices. However, they offered proactive, personalised care to meet the needs of their older patients and they had a range of enhanced services, for example, in dementia and end of life care. All patients in this age group were made aware of their named GP; who co-ordinated their care and treatment. Named GPs attended the local care homes regularly for routine appointments and reviews, as well as providing care and treatment in emergencies. YMG was responsive to the needs of their older patients and offered care co-ordination. Which included working with relevant health and social care professionals to support the vulnerable to stay at home. This was known as 'Admission Avoidance'. Home visits and rapid access appointments were available for those with enhanced needs. Care reviews were with their named GP and could be in their own home.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions (LTCs). Clinical leads and specialist nursing staff had lead roles in chronic disease management. Patients at risk of hospital admission were identified as a priority. To support uniformity of management decisions. Consistency of approach and high quality record keeping for patients with LTCs the practice used appropriate care plans which were condition specific. Longer appointments and home visits were available when needed. All of these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with the relevant health and social care professionals to deliver individualised multidisciplinary packages of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young patients. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young adults were treated in an age-appropriate way

Good



Summary of findings

and were recognised as individuals, and we saw evidence to confirm this. We were told children and young babies were seen as a priority whenever required. Patients we spoke with confirmed this. YMG provided General Practice services to boarders at Bootham & St Peters Schools', they worked closely with the school's health and welfare team.

Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered a 24 hour hospital delivery, baby discharge examination. We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of their working age population, those recently retired and students had been identified and YMG had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. Extended hours had been operationalised throughout YMG. 32 Clifton and Monkgate had their opening times extended. YMG was proactive in offering online services and used social media to reach this population group. There was a full range of health promotion and screening that reflected the needs of this age group. These included minor operations, and NHS health checks. YMG had improved their influenza immunisations uptake in this patient group, since last year, as they had improved their system to actively identify their 'at risk' patients.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable. A register of patients with a learning disability was held. They all had a named GP who provided continuity of care. YMG was in the process of providing annual health checks for all of these patients and where necessary, these patients were followed up with appropriate health interventions.

Longer appointments were offered for all patients within this population group. YMG worked with service providers to assure appropriate care and treatment was delivered to these patients, such as with Arclight, a homeless persons' charity. They regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients experiencing poor mental health had received an annual physical health check. YMG regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They supported patients with dementia to consider advance care planning for their future, when appropriate.

Patients experiencing poor mental health were supported by clinical practitioners with specific skills. They worked in collaboration with specific teams in local in-patient units where YMG provided an Enhanced Service. Various support groups and voluntary organisations were available to YMG's patient population and leaflets or posters were seen in the surgery waiting rooms. There was a system in place to follow up patients who had attended accident and emergency (A&E) when they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia and further training had recently been organised.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing similar to local and national averages. There were 131 responses and this was a response rate of 36.2% of the surveys distributed.

- 76.2% find it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
- 89.2% find the receptionists at this surgery helpful compared with a CCG average of 89.7% and a national average of 87%.
- 65.3% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 88.4% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 89.5% and a national average of 85.4%.
- 91.6% say the last appointment they got was convenient compared with a CCG average of 93.8% and a national average of 91.8%.

- 71.5% describe their experience of making an appointment as good compared with a CCG average of 78.1% and a national average of 73.8%.
- 70.6% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 69.3% and a national average of 65.2%.
- 58.9% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.1% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Patients felt YMG delivered over and above their expectations and they said they never felt rushed by any clinician. Three patients said it was sometimes difficult maintaining confidentiality in the waiting room in the Acomb medical practice due to the pharmacy access and their use of the private consultation room. On the whole patients' comments were in line with the most recent published patient survey.

Outstanding practice

- Patients had the opportunity to attend any surgery, which gave them flexibility to suit their circumstances.
- York Medical Group(YMG) had an access team who specifically looked at 'patient demand mapping' to enable them to try new ideas for providing appointments when patient need was higher. This pro-active approach had shown patients' needs were met in a timely manner. Appointment availability could be changed, using the techniques associated with mapping of previous times when demand was high.
- YMG were working to support patients who were at risk of hospital admission, to stay at home with support from health and social care professionals. This had reduced their number of in-patient admissions, in identified at risk groups. This was known as 'Admission avoidance'.
- All patients had a named GP and if an appointment was not available with them, their named GP consulted with them via the telephone. Patients commented favourably to us about how helpful this was when consulting their GP.

York Medical Group

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 professional Adviser (SpA), Practice Manager SpA, Practice Nurse SpA.

Background to York Medical Group

The surgeries are located in five locations in the centre and within the boundaries of the City of York. There are 32,464 patients on the practice list and the majority of patients are of white British background.

YMG is a research, teaching and training practice; there are 12 Partners and eight salaried GPs. There is a practice manager, who is supported by a number of managers in very specific roles. There is a clinical manager, 12 practice nurses (four are nurse prescribers) one treatment room nurse, two assistant practitioners and three healthcare assistants. In addition there are 60 ancillary staff who provide a range of administrative activities to support everyday activities. All of the surgeries (Acomb, 32 Clifton, Monkgate, Woodthorpe and York St John, University (YSJ)) are open Monday to Friday from 8am-6pm. There are late evening appointments available each week at all sites (apart from YSJ) until 7.30pm. Saturday morning surgeries are held at Monkgate from 8am-10.30am by appointment only. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Northern Doctors Urgent Care.

YMG have a General Medical Service (GMS) contract and offer enhanced services, for example extended hours, minor surgery, Patient Participant Group (PPG), and they

offer patients with Learning Disabilities to have their physical health pro-actively managed. They have additional contractual service level agreements which include providing care and treatment at: Bootham & St Peters Schools' boarding school. Also at Garrow House, The Retreat and York House. In addition they provide an Enhanced Service to people who use Arclight (a homeless hostel).

Why we carried out this inspection

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

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

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Is it safe?

Is it effective?

Is it caring?

Detailed findings

Is it responsive to people's needs?

Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

Older people

People with long-term conditions

Families, children and young people

Working age people (including those recently retired and students)

People whose circumstances may make them vulnerable

People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 November 2015 to review YMG's policies and their

human resource arrangements. We also inspected 32 Clifton and spoke with some staff. On Tuesday 17 November we visited three surgeries to complete our inspection. We did not visit the surgery at York St John University. During our visits we spoke with a range of staff which included GPs, assistant practice manager, informatics manager, clinical manager, practice nurses, practice administrators, and receptionists. We also spoke with 32 patients who used the service and two members from the Patient Participation Group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients, where appropriate. We reviewed 40 comment cards where patients shared their views and experiences of the service. Patients were very complimentary about all of the practice staff. They were particularly pleased with the continuity of care they received. We were told how helpful all staff members were. They said they were treated with respect and always had plenty of time to discuss treatment options. They felt they were equal partners in their own care.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients affected by significant events received on the whole a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform their line manager or any member of the management team of any incidents and there was also a recording form available on the practice's computer system. All complaints received by YMG were entered onto their system, Intradoc and automatically treated as a significant event. They carried out an analysis of their significant events to look for trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared, to make sure action was taken to improve safety in the practice. However, we did not find these were documented in the minutes of all staff meetings.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who was trained to Level 3. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff that acted as chaperones were trained for the role;

all had received a Disclosure and Barring check (DBS). (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 were procedures in place for monitoring and managing risks to patient and staff safety. There was a very clear, detailed specification health and safety policy available. They had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There was a variety of other substantial risk assessments in place (at all surgeries) to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were noted. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead (this was a new responsibility) who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff were in the process of having their required updates. A full Infection control audit was undertaken in 2013. Since then only very specific areas had been audited. We saw evidence that action was to be taken to address the most recent required improvements. We were also told annual infection control audits were actioned for starting in December 2015 at each surgery.
- Arrangements for managing medicines were checked at the practice. Emergency medicines were held at each surgery, for GPs to take with them on appropriate visits. There was a system in place for checking that these medicines were in date, however, we found some medicines which were out of date. We were shown the immediate action taken.
- Recruitment checks were carried out and the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we noted in one file we reviewed that references had not been recorded. Changes were agreed to assure that all references when taken were recorded appropriately.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups in each surgery to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room.

The surgeries had defibrillators available on the premises and oxygen with adult and children's masks. There were first aid kits and accident books. However, we were told the surgeries did not have any first aiders, clinicians took on this role as there was always one available at each surgery. Emergency medicines were easily accessible to staff in secure areas of the practices and all staff knew of their location.

YMG had comprehensive business continuity plans in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

YMG carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They had systems in place to ensure all clinical staff were kept up to date. All clinical staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The application of these guidelines were monitored through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was between 71%-93.78% and this was comparable to the national average of 77%-93%.
- The percentage of patients with hypertension having regular blood pressure tests was 83.99% and this was slightly higher than the national average of 83%.
- Performance for mental health related indicators where patients had an agreed comprehensive care plan was 93.33% and this was higher than the national average of 86.04%.
- The dementia diagnosis rate of 98.33% was higher than the national average of 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. There had been a number of clinical audits completed in the last two years; these were seen and were completed audits where the improvements made were implemented and monitored. YMG had an up to date membership of the National Institute for Health Research and they were the research 'hub' for the CCG; as they had a suitably trained

research-active team of clinicians. They had participated in applicable local audits, national benchmarking, accreditation and peer reviews. Findings were used by them to improve care and treatment and at times services.

Effective staffing

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

- There was an induction programme for all newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. We found that all staff groups were being measured for their competency to assure consistency of approach and delivery. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors and nurses. All staff had either had an appraisal within the last 12 months, or were due and had been given a date and time for their review.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training provided by suitably qualified staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system and their intranet system, Intradoc. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to them for care and treatment.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan on-going care and treatment. We were told of the 'Admission avoidance' scheme and how this was improving patient outcomes. We saw evidence (of when patients moved between services,

Are services effective?

(for example, treatment is effective)

including when they were referred, or after they were discharged from hospital), of information being shared appropriately. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. However, not all staff had completed appropriate training in relation to the MCA 2005, we were told that this would be completed before April 2016, for all staff groups. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure they met the practices responsibilities within legislation and followed relevant national guidance. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified. This included patients in the last 12 months of their lives. Patients who were carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant services. Many of these were provided within the surgery buildings.

YMG were participating in the CCG initiative Pharmacy First Pilot Scheme. This meant patients in receipt of benefits could seek advice and treatment from pharmacists, who were participating in the scheme, for certain conditions without incurring any cost. This scheme had been trialled in other CCGs with success, supporting patients to self help and also reducing demand for appointments with clinical staff when appropriate

YMG had a comprehensive screening programme. The uptake for the cervical screening programme was 79.6% which was lower than the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. They also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. They encouraged female patients over the age of 74 to self-refer for breast screening.

Childhood immunisation rates for the vaccinations given were higher than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.8% to 99.2% and five year olds from 87.5% to 96.4%. Flu vaccination rates for the over 65s were 69.3% was comparable to the national averages and the at risk groups was improving from the latest information available to the CQC.

Patients had access to appropriate health assessments and checks. All new patients had a health assessment with a GP and there were NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 40 patient CQC comment cards we received were positive about the service and care they experienced. The 32 patients we spoke with (across all surgeries visited) said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation groups (PPG) as part of this inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards were overwhelmingly positive about all of the practice staff. We were told how everyone responded with compassion when patients needed help and how they provided support when required. However, two comment cards and one patient spoken with expressed concern about the lack of privacy in the Acomb surgery waiting room now that the pharmacist from the in-house pharmacy used the private room to see certain groups of patients.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable to local averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89.6% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 86.6% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.

- 98.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 84.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.7% and national average of 85%.
- 87.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 89% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.7% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff. They said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. They also said as they always saw the GP who knew them best which meant they didn't have to go through their medical history again. Patient feedback on the comment cards we received was also extremely positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 83.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 78.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%
- Staff told us that translation services were available for patients who did not have English as a first language. We saw a comprehensive list of many different languages, telephone numbers which were available for staff to use when appropriate

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The patients' computer system alerted clinicians if a patient was also a carer. There was a register of all people who were carers and these patients were being

supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that when families had suffered bereavement, their 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

YMG worked with the local CCG and the City and Vale Alliance (CAVA) to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- There was flexibility within the appointments system. There was an extra duty doctor every Monday to cope with the needs of their patients.
- There were 30 minute appointments available for patients with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Urgent access appointments were always available for children and those with serious medical conditions.
- There were telephone appointments available daily.
- There were early morning and late night appointments and Saturday surgeries with reserved appointments for York St John University students who were away on placement during the week.
- There were disabled facilities and translation services available.

Access to the service

All of the surgeries (Acomb, 32 Clifton, Monkgate, Woodthorpe and York St John, University) were open Monday to Friday from 8am-6pm. There were late evening appointments available each week at all surgeries, with the exception of YSJ, until 7.30pm. Saturday morning surgeries were held at Monkgate from 8am-10.30am by appointment only. Patients requiring a GP outside of normal working hours were advised to contact the GP out of hours service provided by Northern Doctors Urgent Care.

Appointments were available to be booked every day, on the day. In addition appointments could be booked up to two weeks in advance.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than local and national averages and patients we spoke with on the day were able to get appointments when they needed them. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.6% and national average of 75%.
- 76.2% patients said they could get through easily to the surgery by phone compared to the CCG average of 78.2% and national average of 73.3%.
- 71.5% patients described their experience of making an appointment as good compared to the CCG average of 78.1% and national average of 73.3%.
- 70.6% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69.3% and national average of 64.8%.

Listening and learning from concerns and complaints

YMG had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints.

We saw that information was available to help patients understand the complaints system e.g. a complaints poster was displayed in some of the waiting rooms across the group. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the complaints received in the last 12 months and found they were mostly dealt with in a timely way, as outlined in the practice policy.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the service. For example patients said they wanted to return to the old telephone system, when each surgery had their own telephone lines rather than being dealt with by the 'hub'. This had now been implemented and patients provided extremely positive feedback regarding this.

Are services well-led?

Good 

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

Our findings

Vision and strategy

YMG had a clear vision to deliver high quality care and promote good outcomes for patients. Some staff we spoke with were not entirely clear about the vision. They were aware that new systems were being embedded but currently they were not familiar with all of the changes. There was a clear updated leadership structure and staff felt supported. YMG had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

Governance arrangements

YMG had an overarching governance framework which supported the delivery of the strategy and good quality care:

- The management structures and systems had changed with the mergers with Minster Health (Monkgate) in April 2014 and 32 Clifton in November 2014. Staff were aware of their own roles and responsibilities.
- Clear methods of communication involved the whole staff team. There were quarterly newsletters to update all staff. There was also a quarterly newsletter to update patients across YMG.
- There were regular multi-disciplinary meetings to disseminate best practice guidelines and other pertinent information.
- YMG specific policies were implemented and were available to all staff on the computer's Intradoc system.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

Staff told us that regular team meetings were held. They said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They told us they were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners and the new management structure. All staff were involved in discussions about how to run and develop the services across all sites. The partners encouraged all staff to identify opportunities to improve the service delivered by the practice. They had made changes to their work place organisation which had helped to improve working practices, especially communication within the reception teams and across sites. This was as a result of participating in the General Practice Improvement Programme (GPIP) which was in collaboration with the CAVA alliance.

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

YMG encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. They had listened to what the patients said and had introduced GPs working at specific surgeries to improve continuity of care.

YMG had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and any member of the management team. Staff told us they felt involved and engaged to improve how the service was delivered.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This included:

- YMG were working to support patients who were at risk of hospital admission, to stay at home with support from health and social care professionals. This had reduced their number of un-planned in-patient admissions, in identified at risk groups. This was known as 'Admission avoidance'.
- Patients had the opportunity to attend any surgery, which gave them flexibility when away from home for instance when at work.

Are services well-led?

Good 

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

- York Medical Group(YMG) had an access team who specifically looked at 'patient demand mapping' to enable them to try new ideas for providing appointments when patient need was higher. This pro-active approach had shown patients' needs were met in a timely manner. Appointment availability could be changed, using the techniques associated with mapping of previous times when demand was high.
- All patients had a named GP and if an appointment was not available with them, their named GP consulted with them via the telephone which helped to assure continuity of care.