Leicester Medical Group

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Thurmaston Health Centre on 18 June 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was good for the all of the population groups.

- The majority of patients we gathered information from on this inspection indicated they were satisfied with the service provided, that they were treated with dignity, respect and care, and that staff were thorough, professional and approachable.
- The practice operated a system whereby all patients were offered either a telephone or face to face consultation with a clinician on the day they telephoned for an appointment.
- The practice provided a good standard of care, led by current best practice guidelines, which clinical staff routinely referred to.
- People with conditions such as diabetes and asthma attended regular clinics to ensure their conditions were appropriately monitored, and they were involved in making decisions about their care.
- The practice shared information appropriately with other providers, such as out of hours care providers, to ensure continuity of care to patients.
- The practice had good facilities which were kept safe, and were well equipped to meet patient need.
- The building was spacious, clean, and the risk of infection was kept to a minimum by systems such as the use of single use disposable instruments.

Areas for improvement.

Action the provider **SHOULD** take to improve

- Whilst serious incidents and complaints were well investigated and action taken as a result of any learning, there were no annual reviews to help identify any trends.
- The practice should ensure that all internal staff meetings and meetings with other healthcare professionals are fully recorded.

Summary of findings

Outstanding Practice

- The practice had implemented a system for patients to access same day clinical consultations. This had reduced the wait for patients to see a GP or other healthcare professional from an average of 5.5 days to one day. All patients who telephoned the practice either got a face to face or telephone consultation on the day they called. Pre-bookable appointments were still available for health reviews and less urgent matters.

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?

Good

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. When things went wrong, reviews and investigations were thorough enough and lessons learned were communicated to support improvement. There was a recruitment policy and procedure in place to ensure patients safety was protected . There were good systems in place to ensure people were protected from unclean or unsafe premises. There were arrangements to keep the service running in the event that the surgery became unusable through power failure, flood, fire or similar disruption.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. Clinicians completed clinical audits. Staff had received training appropriate to their role.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. There was supporting information to help patients understand and access the local services available. We also saw that staff treated patients with kindness and respect. Patients rated the helpfulness of receptionists highly.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The practice had recently formed a Patient Participation Group (PPG).

All patients who contacted the surgery for a clinician consultation either had a face to face or telephone consultation with a clinician

Summary of findings

on the day, if they so wished. Waiting times for patients to see a clinician had been reduced to less than one day, mitigating the risks of patients with a deteriorating condition waiting for several days to see a clinician.

Are services well-led?

Good

The practice is rated as good for being well-led. Staff were clear about the values of the practice being patient centred. However there were effective governance systems in place to monitor, review and drive improvement within the practice. There were no formal clinical meetings, governance meetings or full team

meetings to share best practice or lessons learnt. The practice had recently formed a patient participation group to help enhance the feedback process from patients. Staff had received inductions and undertook training appropriate to their roles.

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

Good

The practice is rated as good for the care of older people. The practice worked with other service providers to meet people's needs and manage complex cases, for instance regular multi-disciplinary meetings were held with district nurses, Macmillan nurses and GPs to identify and discuss the needs of those requiring palliative care, or those who would require it.

The practice offered annual health checks to all patients over 75 years of age that could be carried out in their own home in some circumstances, if they were housebound for example.

Nationally reported data showed the practice had good outcomes for conditions commonly found in older people. The practice had achieved 100% of the points available in QOF for the secondary prevention of fragility fractures. This was 13.3% above the CCG and 16.6% above the England average

The practice made use of the Acute Visiting Service for patients in need of a home visit quickly. This negated the patient needing to wait until the GP had finished morning surgery to receiving care.

People with long term conditions

Good

The practice is rated as good for people with long term conditions. People with long term conditions were monitored and discussed at multi-disciplinary clinical meetings so the practice was able to respond to their changing needs. Care was planned to meet identified needs and was reviewed.

Information was made available to the out- of- hours provider for those on end of life care to ensure appropriate care and support was offered.

People with conditions such as diabetes and asthma attended regular nurse led clinics to ensure their conditions were appropriately monitored, and were involved in making decisions about their care. The practice kept up to date disease registers for patients with long term conditions such as asthma and chronic heart disease which were used to arrange annual, or as required, health reviews. Patients who failed to attend for reviews were telephoned to encourage them to attend.

Summary of findings

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Systems were in place to identify children who may be at risk. For instance, the practice monitored levels of children's' vaccinations and attendances at A&E.

Immunisation rates were at or above the CCG average for all standard childhood immunisations. There were designated mother and baby clinics, and people could also access midwife services. Full postnatal (24 hour) and 6 week baby checks were offered by the GP partners, and regular 'well baby' clinics could be accessed.

Working age people (including those recently retired and students)

Good

The practice is rated as good for this population group. The needs of the working population had been identified, and services adjusted and reviewed accordingly. Patients could access same day consultations with a clinician either face to face or by telephone. Routine appointments could be booked in advance, or made online. Repeat prescriptions could be ordered online. Electronic prescribing enabled prescriptions to be sent directly to pharmacies to allow the patients to collect their medication at a time that suited them. Extended hours appointments were available on Mondays which would benefit the working population and parents bringing children outside of school hours.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for this population group. The practice had a register of those who may be vulnerable, including those with learning disabilities, who were offered annual health checks. People or their carers were able to request longer appointment in needed.

The practice had achieved 100% of the points available for dealing with people with a learning disability. This was 13.1% above the CCG average and 15.9% above England average.

The practice had a register for looked after or otherwise vulnerable children and discussed any cases where there was potential risk or where people may become vulnerable. The safeguarding lead was a GP who had the appropriate level of training and experience to perform the function.

The practice kept registers of groups who may need extra support, such as those receiving palliative care and their carers, and patients with mental health issues, so extra support could be provided. Staff were aware of their responsibilities in reporting and documenting safeguarding concerns.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for this population group. Nationally returned data showed the practice performed well in carrying out additional health checks and monitoring for those experiencing a mental health problem. It had achieved 99.2%of the total QOF points, 2.8% above the CCG and 8.8% above the national averages. The practice had achieved 100% of the QOF points for dealing with people experiencing dementia, 7.7% above the CCG and 6.6% above the national averages. The practice made referrals to other local mental health services as required. The practice had a register of those with a learning disability and these patients were invited for an annual health check-up. The practice signposted to local services within the area, such as a drug and alcohol intervention services.

Summary of findings

What people who use the service say

Patients we spoke to and all of the CQC comment cards indicated that patients were satisfied with the service provided, that they were treated with dignity, respect and care, and that staff were thorough, professional and approachable. Patients said they were happy with their medical treatment, they received referrals to other services where required, and received test results within a good timescale. Any problems were followed up thoroughly.

There were some adverse comments that concerned the appointment system but all acknowledged that they got to either see or speak to a GP or nurse on the day they called the surgery. Some patients were also dissatisfied as they didn't get to see the same GP on a regular basis.

Areas for improvement

Action the service SHOULD take to improve

- Undertake annual reviews of all serious incidents and complaints to help identify any trends.
- Ensure that all staff meetings and meetings with other healthcare professionals are fully recorded

Outstanding practice

The practice had implemented a system for patients to access same day clinical consultations. This had reduced the wait for patients to see a GP or other healthcare professional from an average of 5.5 days to one day. All patients who telephoned the practice either got a face to face or telephone consultation on the day they called. Pre-bookable appointments were still available for health reviews and less urgent matters.

Leicester 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 specialist advisor GP, a Practice Manager and an additional CQC inspector.

Background to Leicester Medical Group

Thurmaston Health Centre provides primary medical services to approximately 6,600 patients on the edge of the City of Leicester. Services are provided from a single location at 573a Melton Road, Leicester.

There are three GP partners, one advanced nurse practitioner, one practice nurse and two health care assistants. They are supported by a long term locum GP and a team of management, reception and administrative staff. The practice is accredited as a teaching practice and supports one Foundation Year 2 doctor.

The practice is situated within a purpose built modern facility which is accessible to all and has ample on site car parking.

The practice lies within the West Leicestershire Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. Out- of-Hours services are through Leicester, Leicestershire and Rutland Out- of- Hours Service, which is provided by Central Nottinghamshire Clinical Services, which patients' access via the NHS 111 service.

Why we carried out this inspection

We carried out the 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 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?
- 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:

Detailed findings

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

In advance of our inspection we talked with the local clinical commissioning group (CCG) and NHS England about the practice. We also reviewed information we had received from Healthwatch, NHS Choices and other publically accessible information. We reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also spoke with the Chair of the Patient Participation Group.

We carried out an announced visit on 18 June 2015. During our visit we spoke with a range of staff and spoke with six patients who used the service. We talked with patients and their carers and family members. We reviewed 28 comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Overall 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 communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

The practice was able to provide evidence of a good track record for safety;

The practice had systems for reporting, recording and monitoring significant events, incidents and accidents. However there had been no annual review of incidents to help identify any trends. Records showed the practice had managed incidents consistently over time and so could evidence a safe track record

Lessons were learned and improvements were made when things went wrong;

When things went wrong thorough and robust investigations and significant event or incident analysis was carried out. Relevant staff and patients who used the practice were involved in the investigation.

Where patients had been affected by an incident the practice had communicated with those affected to offer a full explanation and apology, and told what actions would be taken as a result. Appropriate investigations of incidents took place, and lessons learned from these were communicated throughout the practice. Written records and analysis of incidents were detailed and had been discussed at practice meetings over the previous year.

There were reliable systems, processes and practices in place to keep people safe and safeguarded from abuse;

Patient safety alerts were received into the practice electronically and distributed to every member of the practice team by email.

Child protection and vulnerable adult policies provided staff with information about identifying, reporting and dealing with suspected abuse that was reported or witnessed. Clinical staff had received safeguarding training at an appropriate level. Staff we spoke with could all name the safeguarding lead at the practice. These staff could describe how they would access information and report abuse. The key aspects of the practice whistleblowing policy were understood by the members of staff we spoke with about it.

The practice had a register for vulnerable children, and systems to monitor children who failed to attend for childhood immunisations, or who had high levels of attendances at A&E. Health visitors attended regular multi-disciplinary meetings at the practice.

Medicines stored in the practice were kept securely. Appropriate checks and procedures were in place to make sure refrigerated medicines were stored at the correct temperature. Arrangements were in place to ensure the efficacy of medicines and equipment required in a medical emergency. There were safeguards to ensure prescriptions were checked, and a process to regularly review patients' repeat prescriptions in accordance with the latest guidelines to ensure they were still appropriate and necessary.

We observed all areas of the practice to be very clean, tidy and well maintained, and staff followed appropriate infection control procedures to maintain this standard. The cleaning schedule for every room was attached to the door and had been completed daily. A nurse was the nominated lead for infection prevention and control. They had undertaken some additional training to assist in this role. The practice had recently reviewed the policy in respect of infection prevention and control and evidenced a planned audit for 30 June 2015.

All equipment used for invasive procedures was disposable, stored correctly and in date. Staff had sufficient access to protective equipment such as gloves and aprons to reduce risk of infection.

Calibration checks for medical equipment and medicine fridges had been completed. Fire extinguishers, fire alarms, and portable appliances had all been recently tested.

Risks to individual patients who used services were assessed and their safety was monitored and maintained for example;

There were sufficient numbers of staff with appropriate skills to keep people safe, and rota systems and forward planning to maintain this. These took into account changes in demand, annual leave and sickness. Records showed

Good

Are services safe?

that appropriate checks were undertaken prior to employing staff, such as identification checks and with the Disclosure and Barring Service to ensure their suitability to work in a GP practice.

The practice had assessed risks to those using or working at the practice and kept these under review. Patients with a change in their condition were reviewed appropriately. Patients with an emergency or sudden deterioration in their condition could be referred to a GP for quick assessment.

Potential risks to the practice were anticipated and planned for in advance for example;

There were emergency procedures and equipment in place to keep people safe. Staff had received training in basic life support, and a defibrillator was available. Staff could describe the roles of accountability in the practice and what actions they needed to take in an emergency. Equipment to be used in the case of emergency was checked and found to be fit for purpose and checked regularly.

A business continuity plan included details of emergency scenarios, such as loss of data or utilities. If required the practice could relocate to other practices within the group to continue operating a basic service.

Good

Are services effective?

(for example, treatment is effective)

Our findings

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. 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.

Patients' care and treatment outcomes were monitored and compared with other similar services.

Clinical staff routinely referred to best practice clinical guidance when assessing patient's needs and treatments such as that published by the National Institute for Health and Care Excellence (NICE).The process for ensuring clinical staff were aware of guidance was managed by the GPs.

Practice nurses managed specialist clinical areas such as diabetes, heart disease and asthma, in conjunction with a lead GP. Care was planned to meet identified needs and was reviewed through a system of regular clinical meetings.

Information showed that the intended outcomes for patients' were being achieved. Outcomes for patients in this service compare positively to other similar services. Staff were involved in activities to monitor and improve people's outcomes. For example;

- The percentage of patients with hypertension having regular blood pressure tests was 10.9% better than the national average,
- Performance for mental health related and hypertension QOF indicators was better than the national average, at 8.8% and 10.9% respectively.
- The dementia diagnosis rate was 7.7% above the locality (CCG) average and 13.7% above the national average.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. All GP's we spoke with used national standards for referral, for instance two weeks for patients with suspected cancer to be referred and seen. Screening rates for breast and bowel cancer were in line with the CCG average.

The practice routinely collected information about people's care and outcomes. These included scores from national incentive schemes (the Quality and Outcome Framework, or QOF), regular clinical audits, and comparing its performance against other practices in the CCG area. These showed the practice had outcomes comparable to other services in the area.

The practice carried out clinical audits, for example the use of metformin, non-steroidal anti-inflammatory drugs and antibiotics. The audits were detailed, complete and subject to a second cycle of audit.

Patients were supported to live healthier lives.

The practice offered new patient health checks, and NHS checks for patients aged 40-74. Advice was available on stopping smoking, alcohol consumption and weight management. Patients over the age of 75 were allocated a named GP. Nurses used chronic disease management clinics to promote healthy living and health prevention in relation to the person's condition. The reception area and practice website contained health advice and information on long term conditions, health promotion advice and carers advice with links to support organisations. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice's performance for cervical smear uptake was in line with the England average. Childhood immunisation rates were comparable with the CCG area.

- The practice performance for the cervical screening programme was 1.5% above the locality (CCG) and 2.5% above the national average.
- Flu vaccination rates for the over 65s were 64.33%, and at risk groups 44.53%. These were similar to national averages.
- Childhood immunisation rates for the vaccinations given to under twos ranged from 83.3% to 100% and five year olds from 90.9% to 98.5%. These were comparable to CCG averages.

Good

Are services effective?

(for example, treatment is effective)

In addition to routine immunisations the practice offered travel vaccines, and flu vaccinations. Well woman, ante- and post-natal clinics were available.

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

Staff had received training appropriate to their roles, and were supported in attending external courses where required. GP's had undertaken annual external appraisals and had been revalidated or had a date for revalidation, an assessment to ensure they remain fit to practice. Continuing Professional Development for nurses was monitored through appraisals, and professional qualifications were checked annually to ensure clinical staff remained fit to practice.

Checks were made on qualifications and professional registration as part of the recruitment process. Staff were given an induction and further role specific training when they started.

Staff and services worked together proactively to deliver effective care and treatment.

The practice worked with other services to improve patient outcomes and shared information appropriately.

Regular meetings were held to discuss the needs and treatment strategies of patients with long term conditions, palliative care needs, or those deemed at high risk of unplanned admission. These were attended by other professionals including district nurses.

Staff had all the information they need to deliver effective care and treatment to patients who used services.

There were systems in place to ensure that information such as blood results and discharge letters were passed to the relevant staff in a timely fashion. Information was shared with out- of- hours services, ambulance crews and hospital staff as appropriate to enable continuity of care. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practices patient record system SystemOne and their intranet system. This included care and risk assessments, care plans, case notes and test results. Information such as NHS patient information leaflets were also available.

Practice meetings had taken place and we looked at the records which showed that agenda items included complaints, significant events, staff rotas and clinical matters.

Patients' consent to care and treatment was always sought in line with legislation and guidance.

Clinical staff we spoke with had a good working knowledge of the requirements of the Mental Capacity Act. GPs explained examples where people had recorded advance decisions about their care or their wish not to be resuscitated and we saw examples of theses. Where those with a learning disability or other mental health problems were supported to make decisions, this was recorded. Staff were able to discuss the carer's role and the decision making process, including how they would deal with a situation if someone did not have capacity to give consent. Verbal consent was recorded as part of a consultation, and written consent forms used for invasive procedures such as ear syringing or coil fitting.

Good

Are services caring?

Our findings

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 involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff help people and those close to them to cope emotionally with their care and treatment.

The staff at the practice treated people with kindness, dignity, respect and compassion when they received care and treatment.

We spoke to six patients during the inspection, and collected 28 CQC comment cards. Patients indicated they were satisfied with the service provided, that they were treated with dignity, respect and care, and that staff were thorough, professional and approachable.

In the GP Patient Survey, the practice scored highly. In the latest practice survey, 89% of patients said their GP was good or very good at giving them enough time during consultations. 86% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care. This compares to a CCG average of 80% and a national average of 81%.Templates on the computer system supported staff in helping to involve people in their care, for instance management options for long term conditions.

87% said the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 84% and national average of 85%.

Patients we spoke to during the inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about their treatment options.

The surgery reception area was spacious with a barrier to separate any queue from the person being dealt with by reception to help maintain confidentiality. Background noise from a radio helped to further mask any conversations. There was ample room for pushchairs, wheelchairs and mobility scooters to safely negotiate through the building.

Consultations and treatments were carried out in private rooms, with disposable curtains around treatment benches to maintain patients' privacy and dignity. Patients could request trained chaperones if they wished and signage was evident in reception and consultation rooms to that effect.

There was a translation service available for those whose first language was not English. Patient information leaflets were available in different languages. One of the GPs spoke a number of Asian languages and other members of staff were multi-lingual. The patient self check-in screen could display information in a number of languages.

People who use services and those who are close to them are involved as partners in their care.

Patients said they were given good emotional support by the doctors, and were supported to access support services to help them manage their treatment and care. GP's referred people to bereavement counselling services where necessary.

The practice kept registers of groups who may need extra support, such as those receiving palliative care and their carers, and patients with mental health issues.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Overall the practice is rated as good for providing responsive services. The needs of different people were taken into account when planning and delivering services. The services provided reflected the needs of the population served and ensured flexibility, choice and continuity of care. Patients could access the right care at the right time. Access to appointments and services were managed to take account of patient's needs, including those with urgent needs.

Services were planned and delivered to meet the needs of people.

For instance the practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions.

Longer appointments could be made available where required. The practice followed up those who did not attend for screening or long term condition clinics.

The building accommodated the needs of people with disabilities, and had automatic doors and level thresholds. All treatment/consulting rooms used by patients of the practice and patient toilets were on the ground floor. Ample parking spaces were available in the car park outside. There was a practice information leaflet available in reception and on the practice website. The facilities and premises were appropriate for the services which were planned and delivered, with sufficient treatment rooms and equipment available.

The practice was open from 8 am to 6.30 pm from Tuesday to Friday with extended opening hours on Mondays when the surgery was open until 7pm. Home visits were available where necessary.

The practice referred some patients requiring a more urgent visit in their home to the Clinical Response Team and Acute Visiting Service to help ensure that they received treatment in a timely fashion without needing to wait until the end of GP consultations at the surgery.

People could access care and treatment in a timely way.

Information about how to arrange appointments, opening times and closures was on the practice website or patient information leaflet. There were arrangements in place to ensure patients received medical assistance when the practice was closed.

The practice operated a system whereby every patient who requested a consultation either saw a GP or other healthcare professional or received a telephone consultation on the day they called. Patients who telephoned for an appointment were assessed by the GP or nurse practitioner who made a clinical decision as to whether they required a face to face consultation or whether they could be dealt with on the telephone. We saw that approximately half of callers were asked to come into the surgery for a face to face consultation. Routine appointments, for example for reviews of long term conditions and blood tests, were pre-booked and not subject to this form of 'clinical first triage'. The GP partner we spoke with told us that he believed that this system had a positive effect, as all patients got some clinical input and assessment on the day they called and were not left waiting with a deteriorating medical condition while they waited for an appointment. In addition they felt it safer as no pressure was put upon reception staff to act as gatekeepers and make decisions about who and when a patient should get an appointment as was the case with pre-booked appointments.

We saw that an audit, independent of the practice, had been carried out by analysing patient data over an 18 month period, covering the period prior and post change to the system. Results showed that the average waiting time to receive a face to face consultation dropped from 5.5 days to one day. Patient telephone contacts increased by 30% but were spread evenly throughout the day. This had the effect of reducing the peaks in demand normally experienced soon after the surgery opened. Most return calls to patients were within 30 minutes except where the patient had requested a call back at a later time.

The number of missed appointments reduced by 75% to an average of three per week. Four out of five patients who were offered a same day appointment accepted the offer and the remainder chose to make an appointment on another day.

We saw no evidence that clinical outcomes had experienced any detrimental effect as a result of the system in operation. For example we reviewed an audit that had

Good

Are services responsive to people's needs?

(for example, to feedback?)

looked at 1,806 instances where patients had received a telephone consultation. Of those 71 subsequently attended the GP surgery, emergency department at a hospital, or out-of-hours with the same complaint.

Patients we spoke with told us their appointments generally ran to time. The practice had made it a written aim to see all patients with a routine appointment within ten minutes of their appointment time.

Waiting times, delays and cancellations were minimal and managed appropriately. For example 77% of patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 74%. Appointments ran on time, and patients were kept informed about any disruption. For example, 66% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

Patients could view their summary care record and order repeat prescriptions online.

People's concerns and complaints were listened and responded to and used to improve the quality of care.

The practice had a system in place for handling complaints and concerns. There was a designated person who handled all complaints in the practice. Information on how to complain was in the patient information leaflet and on the practice website. Information was also displayed in the patient waiting area.

We looked at a summary of complaints made during 2014 and 2015, and could see that these had been responded to with a full explanation and apology.

The practice summarised and discussed complaints with staff at practice meetings, and we saw the minutes of the meetings where they had been discussed.

Are services well-led?

Good

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

Our findings

The practice is rated as good for being well-led. The practice had a clear mission statement and published values to improve the health and well-being of patients and provide good quality care. The statement and practice values, including what the practice expected from patients was included in the practice information booklet. This was available in the surgery or on-line. We found the GP partner we spoke with on the day of our inspection to be dynamic, dedicated and committed to providing the best possible service and clinical outcomes to patients. Their enthusiasm was shared by other members of staff we spoke with.

The practice had an overarching governance policy which outlined structures and procedures in place which incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of roles and responsibilities. Staff were clear on their roles and responsibilities, and felt supported by doctors and managers in these. There was a whistleblowing policy which was available to all staff and staff we spoke with were aware of it.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place. Staff said they felt happy to work at the surgery, and that they were supported to deliver a good service and good standard of care. Staff described the culture at the practice as open and honest and said they felt confident giving feedback. Staff told us they generally felt involved and engaged in the practice to improve outcomes for both staff and patients.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team to disseminate best practice guidelines and other information.
- Proactively gaining patients feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff. There was a Patient Participation Group (PPG), which had recently been formed. We spoke with the Chair of the group who told us there were six active committee members on the group and that the practice manager had been helpful in setting it up and had attended their meetings. They told us that their first action was to put together a patient survey which was in the process of being distributed. We saw that the current practice monthly newsletter included an invitation for patients to join the group.
- The GPs were all involved in revalidation, appraisal schemes and continuing professional development. One member of staff told us how they were being supported to gain additional qualifications at the University to enhance their skills in dealing with diabetic patients.
- The GPs had learnt from incidents and complaints and recognised the need to address future challenges. This included succession planning and future developments working with the local commissioning group.
- The practice was a teaching practice and one GP partner was a GP Trainer. The practice supported one Foundation Year 2 doctor.
- There were systems in place to monitor quality and identify risk. Data from the Quality and Outcomes Framework (QOF) showed the practice was performing at or above national standards. The practice regularly reviewed its results and how to improve. Total QOF points for the last year for which they were available showed the practice achieved 97.5%, 0.7% above the CCG average and 4% above the national average.
- From our discussions with staff we found that they looked to continuously improve the service being offered, and valued the learning culture.

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. Appraisals took place where staff could identify learning objectives and training needs.