Pool Medical Centre

Quality Report

Pool Road
Studley
Warwickshire
B80 7QU
Tel: 01527 853671
Website: www.poolmedical.nhs.uk

Date of inspection visit: 14 May 2014
Date of publication: 20/08/2014

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.

Summary of findings

Contents

Summary of findings

Overall summary

Pool Medical Centre provides a range of primary medical services for just over 6,000 patients from a modern purpose built surgery in Pool Road, Studley.

All the patients we spoke with were very complimentary about the service they received at the surgery. The chair of the patient participation group (PPG) believed that the group's views were listened to and respected. The staff told us they felt valued, supported and motivated.

There were appropriate governance measures in place and we saw evidence of collaborative working between the practice and other health care providers.

The practice participated in a local scheme to help protect people vulnerable to hate crimes. The practice had its own initiative to reduce emergency hospital admissions for people with long term conditions.

We found that some medicines and equipment in the practice's emergency response bag were out of date even though there was evidence of regular checks of the bag's contents. This increased the risk that unsafe medicines or equipment could be used to treat patients in an emergency.

We also looked at how services were provided for specific groups within the population. These were, vulnerable older people (over 75), people with long-term conditions, mothers, babies, children and young people, working age population and those recently retired (aged up to 74), people in vulnerable circumstances who may have poor access to primary care, and people experiencing a mental health problem. We found that the practice had adequate arrangements to look after the needs of the patients in these groups.

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 service was safe. There was a good track record on safety. There were effective arrangements in place for reporting safety incidents and an open and transparent culture that encouraged learning whenever things went wrong. There were robust safeguarding procedures in place to protect children and vulnerable adults. Staffing levels were appropriate and there were plans in place to ensure that staff had the necessary skills to care for patients safely.

We found that some medicines and equipment in the practice's emergency response bag were out of date even though there was evidence of regular checks of the bag's contents. This increased the risk that unsafe medicines or equipment could be used to treat patients in an emergency.

Are services effective?

The service provided at Pool Medical Centre was effective. There were procedures in place to ensure that care and treatment was delivered in line with best practice standards and guidelines. We saw a completed clinical audit cycle designed to reduce the number of emergency hospital admissions for people with long term medical conditions. There were effective recruitment procedures in place. Staff told us that they had access to the training they needed to carry out their roles. There were suitable monitoring and appraisal processes for staff in place. The practice had good links with other health care providers.

Are services caring?

The service provided at Pool Medical Centre was caring. All the patients we spoke with during our inspection were very complimentary about the service. The provider's own patient surveys produced consistently positive feedback. We saw staff interacting with patients in a caring and respectful way.

Are services responsive to people's needs?

The service provided at Pool Medical Centre was responsive to people's needs. The service tried to meet the needs of specific patient groups within its local population. There was an open culture within the organisation and a clear complaints policy.

Are services well-led?

The service provided at Pool Medical Centre was well led. There was a strong and visible leadership team with effective governance structures. The partners met to discuss the future of the practice

Summary of findings

separately from clinical meetings. There was a patient participation group (PPG) which was not always used effectively by the practice. There was an open and transparent culture that encouraged to learn and improve.

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
Care was tailored to individual needs and circumstances. There were regular 'patient care reviews', involving patients and their carers where appropriate. Unplanned admissions and readmissions for this group were regularly reviewed and improvements made. There were good links with local care and nursing homes

People with long-term conditions
The practice supported patients and carers to receive coordinated, multi-disciplinary care whilst retaining oversight of their care. The practice specifically reviewed unplanned hospital admissions for this group so that lessons could be learnt

Mothers, babies, children and young people
The practice worked with local health visitors to offer a full health surveillance programme for children under 5. Checks were also made to ensure the maximum uptake of childhood immunisations

The working-age population and those recently retired
The practice offered extended opening hours two evenings a week to cater for patients who were at work during the day. Patients could also make appointments for telephone consultations

People in vulnerable circumstances who may have poor access to primary care
The practice participated in a 'Safe Places' initiative to help keep vulnerable patients safe. Patients of no fixed abode were able to access services without having to register at the practice

People experiencing poor mental health
The practice had close links with community psychiatric nurses and a local psychological therapy service.

Summary of findings

What people who use the service say

All the patients we spoke with during the inspection were very pleased with the service they received. The practice was rated as above average in most categories in the national GP patients survey. The practice's own most recent annual survey revealed that 84% of patients who responded judged the service to be good or above. This was a slight improvement on the previous year.

Areas for improvement

Action the service COULD take to improve

The practice could improve the management of its emergency medicines and equipment.

The practice could improve its monitoring of patients whose repeat prescription ordering patterns suggested non-compliance with prescription instructions.

The practice could take a more formal approach to identifying and managing risks in the surgery.

Good practice

Our inspection team highlighted the following areas of good practice:

The practice's participation in an initiative to create safe places for people vulnerable to hate crime.

The practice's initiative to reduce unplanned hospital admissions.

The practice provided a very good service to three local care and nursing homes.

The practice offered extended opening ours two days a week.

Pool Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. Two other CQC inspectors participated in the inspection. The inspection team also included a special adviser GP.

Background to Pool Medical Centre

Pool Medical Centre provides a range of primary medical services for just over 6,000 patients from a modern purpose built surgery in Pool Road, Studley. There are four GPs, two nurses and a health care assistant employed at the practice.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

- 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:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing mental health problems

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We carried out an announced visit on 14 May 2014. During our visit we spoke with a range of staff and spoke with patients who used the service. We observed how people were being cared for and talked with carers and family. We reviewed national patient surveys and the practice's own patient survey.

Are services safe?

Summary of findings

The service provided at Pool Medical Centre was safe. There was a good track record on safety. There were effective arrangements in place for reporting safety incidents and an open and transparent culture that encouraged learning whenever things went wrong. There were robust safeguarding procedures in place to protect children and vulnerable adults. Staffing levels were appropriate and there were plans in place to ensure that staff had the necessary skills to care for patients safely.

We found that some medicines and equipment in the practice's emergency response bag were out of date even though there was evidence of regular checks on the bag's contents. This increased the risk that unsafe medicines or equipment could be used to treat patients in an emergency.

Our findings

Safe Patient Care

The practice had a good track record on safety. Performance was consistent over time and where concerns had arisen they had been addressed in a timely way. The doctors showed us effective arrangements in place for reporting safety incidents which were in line with national and statutory guidance. We saw that the practice had a named clinician responsible for chairing a weekly clinical governance meeting where any significant events were discussed.

There were clear accountabilities for incident reporting, and staff were able to describe their role in the reporting process and were encouraged to report incidents. We saw that the practice had implemented a suggestion by a nurse to improve the safety of patients taking the blood thinning drug warfarin by changing the way blood tests were carried out and monitored.

There was a named clinician with responsibility for receiving official alerts about medical devices and medicines. We saw that there was a robust procedure in place to ensure that this information was shared appropriately within the practice.

Learning from Incidents

Staff told us that there was an open and transparent culture in the practice and that learning from significant incidents was readily shared. There was a regular clinical meeting to review and discuss significant events. Staff told us that learning was shared effectively at the practice where appropriate. We also saw that the practice shared information about significant events and the learning from them with the local clinical commissioning group (CCG). This helped to keep patients safe.

Safeguarding

We saw that there was a robust approach to safeguarding at the practice. There was a named GP lead for safeguarding and we saw that all staff had received training appropriate to their role. Effective safeguarding policies and procedures were in place and were fully understood and consistently implemented by staff. We saw that information about the local authority's safeguarding process was readily available to staff. Staff showed us evidence that they had used the process effectively to report concerns about a child thought to be at risk of

Are services safe?

physical abuse. The practice was a designated 'safe place' for people who might be at risk of hate crime. This was a joint initiative with the police, the local authority and the local learning disability partnership board. Staff had received appropriate training to assist anyone who used the 'safe place' service.

Monitoring Safety & Responding to Risk

The manager was able to explain the patient/staff ratio used to plan safe staffing levels in the practice. There were arrangements in place to ensure emergency cover for both administrative and clinical staff. None of the staff we spoke with could recall a time when they felt that staffing levels were inadequate. Patients also told us that there always seemed to be enough staff working at the practice.

There was no formal record of all risk assessments completed for the surgery but we did see evidence of a fire risk assessment, an electrical safety test and a basic health and safety check list.

Medicines Management

The staff we spoke to were aware of the importance of storing and transporting vaccines at an appropriate temperature and were familiar with the practice's own guidelines. We saw records to show that checks were regularly made on the temperature of the fridge to ensure it remained within acceptable limits.

We found that there was a robust process in place for reviewing and authorising repeat prescriptions. Administrative staff were not able to process repeat prescriptions for patients if their medicine review date had passed. Any request for a repeat prescription made after a review date had passed were individually reviewed by a GP. Patients were invited in for a review as required. If necessary, doctors would prescribe the repeat medication for a shorter period in an effort to persuade patients to book a review appointment. The repeat prescription system automatically alerted staff if a patient was ordering medication too frequently. However, there was no alert if patients were ordering repeat prescriptions at intervals that suggested they were not taking prescribed medicines as directed.

We saw that regular checks were made on medicines carried in the bags taken by doctors on home visits. We found that these checks were up to date and accurate.

Cleanliness & Infection Control

The practice used an external cleaning company to clean the surgery building. There were comprehensive cleaning schedules for the building. The manager told us that they visually checked the building for cleanliness every day. The contractor carried out an audit of its own performance on a monthly basis and the results were reviewed by the manager. There was a safely held stock of appropriate cleaning materials and colour coded mops to avoid cross infection. We saw correctly assembled and labelled containers for sharp waste. There were clinical waste facilities in every consulting and treatment room and a commercial contract for the safe disposal of clinical and sharp waste.

Dealing with Emergencies

The practice had a bag containing medicines and equipment for use in an emergency. Staff were aware of its contents and where it was kept. We saw a completed checklist which showed that the contents of the bag had been regularly checked. However, we found that some medicines and equipment in the bag had passed their expiry date. This created a risk that out of date, and therefore potentially unsafe, medicines or equipment could be used to treat patients in an emergency. The practice took immediate action to remove the out of date items from the bag when the issue was identified.

We saw that there was a business continuity plan in place to ensure that a safe service could continue in the event of a major incident. Following a series of power cuts at the building, the practice had obtained its own generator in order to ensure that some basic power could be quickly restored to the building in an emergency. There were plans in place to temporarily relocate the service to a nearby community hall if the surgery building was not available to use for any reason.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service provided at Pool Medical Centre was effective. There were procedures in place to ensure that care and treatment was delivered in line with best practice standards and guidelines. We saw a completed clinical audit cycle designed to reduce the number of emergency hospital admissions for people with long term medical conditions. There were effective recruitment procedures in place. Staff told us that they had access to the training they needed to carry out their roles. There were suitable monitoring and appraisal processes for staff in place. The practice had good links with other health care providers.

Our findings

Promoting Best Practice

The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF) and local CCG led enhanced service schemes.

We found that care and treatment was delivered in line with recognised best practice standards and guidelines because there was a systematic approach to identifying relevant legislation, current and new best practice and evidence based guidelines and standards. Two staff were registered to receive updated NICE quality standard information. There was a nominated doctor with responsibility for reviewing any new guidance received and sharing it amongst all the clinical staff.

Clinicians we spoke with were confident in describing the processes in place to ensure that written informed consent was obtained from patients whenever necessary. We were told that verbal consent was recorded in patient notes where appropriate. Clinicians were aware of the requirements of the Mental Capacity Act and how to assess the competency of children and young people to make decisions about their own treatment.

Management, monitoring and improving outcomes for people

Prior to the inspection we reviewed information from the general practice outcome standards (GPOS) quality assurance scheme. This suggested that Pool Medical Centre's performance was slightly worse than average in relation to the prescribing of non-steroidal anti-inflammatory drugs (NSAID) and the recording of patients' current smoking status. Neither of these issues was of significant concern but the practice was able to show us how they had addressed both and had been able to bring their performance back in line with the national standards.

We saw that the practice held regular clinical meetings at which they discussed difficult or complex cases. This enabled doctors to obtain other opinions about the care of particular patients and facilitated the sharing of experience and expertise.

The practice was involved in an initiative to reduce the number of emergency admissions to hospital among its patients. In partnership with the Deanery, an NHS body

Are services effective?

(for example, treatment is effective)

which oversees medical education, the practice had employed a GP with emergency medicine training to audit and review every emergency admission among the practice's patients. The GP shared lessons with all the practice's clinicians to ensure that any ways to improve effective clinical practice were implemented. A second audit demonstrated that the initiative was having the desired effect of reducing emergency admissions. The initiative was being extended to include reviews of patients with long term conditions and those receiving palliative care.

Staffing

We noted that all permanent and temporary staff were appropriately qualified and competent to carry out their roles safely and effectively. There were appropriate checks carried out when recruiting new staff, including locums.

Staff told us that there were effective induction programmes in place that were not just focused on mandatory training. We saw a copy of an induction programme template used in the surgery. The learning needs of staff were met by training put in place designed to have a positive impact on patient outcomes. There were opportunities for professional development beyond mandatory training.

The provider had mechanisms in place to ensure appropriate levels of supervision and appraisal of all staff. This included informal conversations, one to one meetings, mentoring where required, and annual appraisals. We saw evidence that the completion of the annual appraisal cycle for staff was reported to practice partners and recorded in the minutes of one of their meetings.

Pool Medical Centre was an accredited teaching practice for recently qualified doctors wishing to become GPs. These are known as registrars but there were none employed at the practice at the time of our inspection.

Working with other services

We saw evidence of multi-disciplinary team working at the practice. A multi-disciplinary palliative care meeting was held quarterly to discuss patients receiving end of life care. The meeting was attended by doctors and nurses from the practice along with community nurses and Macmillan nurses where appropriate. The practice also operated a 'virtual ward' system. This was for patients who had been discharged from hospital but were cared for as if they were still in hospital. Doctors at the practice were consulted about the care of these patients by community nurses, who also delivered much of the care

The practice provided care to three local care homes. The practice had nominated a lead GP for each home. The lead GPs told us that they visited the homes on a proactive basis and held multi-disciplinary meetings with nursing home staff and community nurses as appropriate. This initiative had also contributed to the reduction in the number of emergency admissions to hospital.

Health Promotion & Prevention

The practice proactively identified patients who were also carers and offered them additional support. Staff and clinicians were automatically alerted to patients who were also registered as carers. This ensured that doctors were aware of the wider context of the person's health needs. With their permission, carers were referred to external carer support organisations that could provide additional practical and emotional support.

We were told that new patients were invited into the surgery when they first registered to ascertain details of their past medical and family histories. They were also asked about social factors including occupation and lifestyle, medications and measurements of risk factors.

Health promotion literature was readily available to patients and was up to date. This included information about services to support them in smoking cessation schemes for instance. People were encouraged to take an interest in their health and to take action to improve and maintain it. Doctors told us that they considered it an important part of their role to advise patients on the effects of their life style choices on their health and well-being.

We saw that the practice offered flexible appointments for older people who needed flu vaccinations. This included drop in events that patients could attend without appointment. The practice had also participated in an initiative to offer the shingles vaccine to those most at risk from the condition.

Are services caring?

Summary of findings

The service provided at Pool Medical Centre was caring. All the patients we spoke with during our inspection were very complimentary about the service. The provider's own patient surveys produced consistently positive results. We saw staff interacting with patients in a caring and respectful way.

Our findings

Respect, Dignity, Compassion & Empathy

All the patients we spoke with told us that they had been treated with respect, dignity and compassion by the staff and doctors. We saw staff interacting with patients in a caring and kind way. Patients told us that they did not feel rushed by the doctors and that they were listened to.

The practice had a nominated lead for equality and diversity. There was a practice dignity policy which the nominated lead was responsible for ensuring was understood and implemented by staff. Staff we spoke with told us that dignity, privacy and confidentiality issues were often discussed at team meetings.

There was a well-publicised chaperone policy in place and only healthcare professionals were able to act as chaperones. There were curtains around examination tables, and window blinds to protect patients privacy and dignity.

There was a sign in the reception area instructing patients to wait behind it until called so as to afford some privacy to the patient at the desk. There was also a sign offering patients a more confidential environment if they wished to have a private conversation with staff.

We found that there was a system in place for a doctor to telephone a patient's relative a little while after the patient died. This enabled the doctor to assess the health and wellbeing of the bereaved person. The doctor always offered to visit the relative to offer support and answer any questions they might have. This was confirmed by the practice manager. The practice was also able to refer patients to external bereavement counselling services if required.

Involvement in decisions and consent

There was a lot of health information available in the practice although this was only available in English. Staff had access to a telephone translation service to support patients who did not speak English, but we were told it had never been necessary to use it.

Patients told us they felt that they had been involved in decisions about their own treatment and that the doctor gave them plenty of time to ask questions. They were satisfied with the level of information

Are services caring?

they had been given and said that any next steps in their treatment plan had been explained to them.

Clinicians told us that they were aware of patients who needed support from nominated carers and ensured that carers' views were listened to as appropriate. Clinicians were also aware of the need to record best interest decisions if patients were unable to consent to treatment. This was sometimes necessary in the care and nursing homes visited by the practice doctors.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service provided at Pool Medical Centre was responsive to people's needs. The service tried to meet the needs of specific patient groups within its local population. There was an open culture within the organisation and a clear complaints policy.

Our findings

Responding to and meeting people's needs

Although there was no coordinated approach to proactively identify and provide services for specific groups of patients, we did find some examples of good practice. For instance, the practice met increased demand for children's appointments during school holidays by increasing the number of nurse appointments available and allowing patients to book flexibly up to a month in advance.

We saw that the practice held asthma and chronic obstructive pulmonary disease (COPD) clinics on Monday and Wednesday evenings so as to be accessible to working people, although other times were available by arrangement.

Staff told us that doctors enabled patients from a traveller community that had been briefly in the area to be seen without an appointment if their need was urgent, and without registering at the practice even if they did not have another GP.

The practice kept a register of patients who were housebound. These patients had individualised care plans that contained a schedule of home visits. We saw that the plans had been drawn up in consultation with community nurses.

The practice was aware of patients who had special medical needs because of their religion. These patients had been asked to complete forms to indicate which treatments and procedures they were willing to receive. This information was immediately available to any clinician seeing the patient and saved the patients being asked about their beliefs in detail on every occasion.

The surgery was based in a modern purpose built building with access for people with mobility problems. There was an accessible toilet, baby changing facilities and a children's waiting area.

Access to the service

Appointments at the surgery could be made by telephone or in person. Some patients told us that they would find it more convenient to be able to make appointments online. Patients could book appointments with a doctor of their choice up to one month in advance. The practice operated a duty doctor system to deal with patients who needed an

Are services responsive to people's needs?

(for example, to feedback?)

urgent same day appointment. The practice was open for extended surgery hours on a Monday evening and a Wednesday morning. These extended surgery hours were intended for people who had difficulty attending during usual opening hours. Patients were able to book telephone appointments with doctors and the doctor would call the patient back in the allotted time slot. Patients who needed to be seen in person following a telephone consultation were often able to get an appointment the same day.

Patients could order repeat prescriptions online, by post or fax, or in person. Patients told us that they were satisfied with the service.

The practice had a clear and up to date patient leaflet and web site. The website was capable of being translated into other languages and was accessible to people who had difficulty using a mouse. There was also a facility for people with eyesight problems to access a speech version of key parts of the site.

Concerns & Complaints

There was an accessible complaints process publicised in the waiting room, on the practice web site and in the practice leaflet. The practice web site included details of how patients could take a complaint further if they were not satisfied with the response. Patients we spoke with had not had any cause to complain but they believed any complaint they had would be taken seriously. There was a robust process for dealing with complaints and an annual review of all complaints received to look for patterns and frequently complained about issues. We saw that learning from individual complaints was shared among all staff where appropriate.

Are services well-led?

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

Summary of findings

The service provided at Pool Medical Centre was well led. There was a strong and visible leadership team with effective governance structures. The partners met to discuss the future of the practice separately from clinical meetings. There was a patient participation group (PPG) which was not always used effectively by the practice. There was an open and transparent culture that encouraged staff to lean and improve.

Our findings

Leadership & Culture

The practice had agreed a mission statement with its patient participation group although this was not widely publicised. Staff we spoke with told us that their key value was to put patients first.

The partners did not feel it was necessary to have formal long term strategic plans as the practice was situated in a mature suburban environment with a stable population group. The partners told us that they regularly considered if there needed to be any significant strategic review of the way in which they delivered services but had concluded that there was currently no such need.

The partners met as a group to consider partnership related matters separately from clinical meetings. Partners discussed succession planning at these meetings and considered whether to employ salaried doctors or offer new partnerships.

Partners were visible within the practice and staff told us that they were approachable and receptive to their ideas. Staff described an open and transparent culture in which they felt supported, motivated and valued. We saw that there were whole practice meetings held every month and staff told us that they felt able to express their views at the meetings.

Governance Arrangements

We saw that there were governance arrangements in place at the practice. Individual clinicians had been given lead responsibility for a range of clinical and practice matters. There was a published schedule of meetings for each lead clinician to chair and other members of their groups were clearly identified. This helped to create clarity of responsibility and authority within the practice.

Systems to monitor and improve quality & improvement

There was no formal register of corporate risks at the practice but we saw evidence that some risks had been identified and action taken to minimise their potential impact. For example, the process to recruit a replacement for a key member of staff going on maternity leave had started in plenty of time to avoid a lack of key skills in the practice.

Are services well-led?

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

Patient Experience & Involvement

There was an active patient participation group (PPG) at the practice. A PPG is made up of practice staff and patients that are representative of the practice population. The main aim of the PPG is to ensure that patients are involved in decisions about the range and quality of services provided by the practice. The PPG at Pool Medical Centre met quarterly on a Thursday lunchtime. There was an average of five patient members at each meeting and all were of, or approaching, retirement age. We met the chair of the group who told us that there were some members who did not attend the meetings but received all the relevant papers. Posters inviting patients to join the group were displayed in the practice waiting room. The chair of the group told us that they thought the group was generally effective. However, we saw that the practice had been slow to react to patient demand for text or email appointment reminders. The practice had responded positively to other suggestions by the group, including rearranging the seating and making a folder of all practice services available in the waiting room.

The practice used an external agency to conduct an annual survey of its patients. The headline results were displayed on a poster in the waiting room. In the most recent survey, 84% of patients who responded rated their overall experience of the practice as good or better. This was slightly higher than when the survey had been conducted a year earlier.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

Care was tailored to individual needs and circumstances. There were regular 'patient care reviews', involving patients and their carers where appropriate. Unplanned admissions and readmissions for this group were regularly reviewed and improvements made. There were good links with local care and nursing homes.

Our findings

The practice provided care to three local care homes. The practice had nominated a lead GP for each home. The lead GPs visited the homes on a proactive basis and held multi-disciplinary meetings with nursing home staff and community nurses as appropriate.

The practice offered flexible appointments for older people who needed flu vaccinations. This included drop in events that patients could attend without appointment. The practice had also participated in an initiative to offer the shingles vaccine to older people who were most at risk from the condition.

All patients over the age of 75 had a named accountable GP.

Unplanned hospital admissions and readmissions for older people were reviewed and demonstrable improvements were made.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

The practice supported patient and carers to receive coordinated, multi-disciplinary care whilst retaining oversight of their care. The practice specifically reviewed unplanned hospital admissions for this group so that lessons could be learnt.

Our findings

The practice supported patients with long term conditions and their carers to receive coordinated, multi-disciplinary care whilst retaining oversight of their care, acting as a coordinator and navigator of care where appropriate. There were good links with community nurses and Macmillan nurses.

Unplanned hospital admissions and readmissions for people with long term conditions were regularly reviewed and demonstrable improvements were made.

The practice offered regular nurse led clinics for patients with diabetes, chronic obstructive pulmonary disease (COPD) and coronary heart disease. Patients were identified by the clinical team and received personal invitations to attend.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The practice worked with local health visitors to offer a full health surveillance programme for children under five. Checks were also made to ensure the maximum uptake of childhood immunisations.

Our findings

The practice offered a twice weekly baby clinic with no appointment or booking required. There was a comprehensive range of health care information available in the practice for new and expectant mothers.

Children and young people were treated in an age appropriate way and were recognised as individuals, with their preferences considered. There were effective safeguarding measures in place to help protect vulnerable children and clinicians were aware how to assess the competency of children and young people to make decisions about their own treatment.

The practice met increased demand for children's appointments during school holidays by increasing the number of nurse appointments available and allowing patients to book flexibly up to a month in advance.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The practice offered extended opening hours two days a week to cater for patients who were at work during the day. Patients could also make appointments for telephone consultations.

Our findings

The practice had sought to meet the needs of patients who worked during the day by introducing early morning appointments one day a week and late evening appointments one day a week. The practice website indicated that these appointments were aimed at patients who might find it difficult to attend the surgery during the working day.

Asthma clinics were also run in an evening to allow patients to attend after work.

Patients were able to book telephone appointments if they wanted to speak to a doctor without having to attend the surgery.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

The practice participated in a 'Safe Places' initiative to help keep vulnerable patients safe. Patients of no fixed abode were able to access services without having to register at the practice.

Our findings

The practice was a designated 'safe place' for people who might be at risk of hate crime. This was a joint initiative with the police, the local authority and the local learning disability partnership board. Staff had received appropriate training to assist anyone who used the 'safe place' service.

Staff told us that doctors enabled patients from a traveller community that had been briefly in the area to be seen without an appointment and without registering at the practice even if they did not have another GP.

There were no proactive approaches to reaching out to vulnerable groups but staff were confident that patients could feel able to access the practice's services without fear of stigma or prejudice.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

The practice had close links with community psychiatric nurses and a local psychological therapy service.

Our findings

Care was tailored to the individual needs and circumstances of patients with poor mental health, including their physical health needs. Annual health checks were offered to people with serious mental illnesses.

There was access available to a variety of treatments such as listening and advice and cognitive behavioural therapy (CBT). Doctors were equipped to recognise and manage referrals of more complex mental health problems to the appropriate specialist services