The Street Lane Practice

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?	Outstanding
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Street Lane Practice on 14 July 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice adopted up to date computer systems to improve communication internally and externally which also improved the patient experience by transferring all paper patient notes to a scanned easy access system.
- Patients (currently 21%) were being introduced to an online access system allowing them to view their medical records at home, re-order prescriptions, book or cancel appointments and add data to their medical records such as blood pressure results and asthma monitoring.
- The practice used innovative and proactive methods to improve patient outcomes, working with local nursing homes in a pilot scheme to order prescriptions, share medical records and care plans electronically. The system was especially effective in promoting communication when a patient was discharged from hospital to a participating care home.
- Clinical audits were wide ranging and fully completed with learning shared across the clinical team.
- The practice operated Street Lane Services which provided specialist NHS community clinics, purchased by the CCG. These brought hospital consultants and nurse specialists into the practice. These specialists worked in partnership with lead GP partners in areas of dermatology, cardiology, minor surgery and paediatrics. They were accessed by registered patients as well as the wider community through a referral system and reduced the burden on hospital services.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information

Summary of findings

was provided to help patients understand the care available to them and they were encouraged to adopt text message and online services to increase efficiency around appointments, medication and understanding their diagnosis.
- The practice had an active patient reference group, which had 42 members on its communication list with a core attendance of 10-15 members.
- The practice had a clear vision which had care, quality, efficiency and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- The practice had invested in a 12 week practice improvement programme with an external provider to evaluate the management of the practice across patient delivery and consistency of approach.
- The practice had a very good skill mix which included an advanced nurse practitioner (ANP) practice nurses and a health care assistant (HCA). Two part-time Patient Liaison workers were an integral and valued part of the team. The HCA was undergoing training in enhanced skills to provide extra hours of clinical time to undertake tasks previously assigned to the registered practice nurses following a clinical duties audit.

We saw several areas of outstanding practice including:

- An innovative Patient Liaison Service was launched to support patients to identify local services and opportunities to enhance social well-being and reduce dependency on GP services that may not be as appropriate. Over 200 patients had benefitted since its introduction in 2014 and the CCG is commissioning other local practices to adopt this type of service.
- An Echocardiography machine (which assists in the diagnosis of heart conditions) was available for use within the practice as part of the specialised cardiac service provided by Street Lane Services. The machine was used in 90% of new patient referrals to this clinic.
- Office space, freed up by the removal of paper medical records had been transformed into a multi-disciplinary hub, where doctors, nurses and patient liaison workers worked side by side in an open plan and collaborative way- breaking down professional barriers and improving efficiency and team work.

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 report incidents and near misses. The practice logged and reviewed internal and external incidents, to support improvement and reported findings to the local Clinical Commissioning Group. Clinical audits were complete and learning shared across clinical teams. Safeguarding training and staff awareness was embedded with clear leadership and processes. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. The staff regularly evaluated their workloads and skill-mix, looking for opportunities to improve outcomes for patients and reduce risks to staff wellbeing.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients across all population groups. Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group. The practice used innovative and proactive methods to improve patient outcomes and it linked with other local national providers to share best practice. The practice had initiated positive service improvements for its patients through its patient liaison service. It actively sought opportunities through professional reflection for improvements and changed the way it delivered services in response to data gathering, audit and discussion.

Are services caring?

Good 

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.

Summary of findings

Are services responsive to people's needs?

Good

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

The practice had, over time, developed four specialist diagnostic and management clinics led by senior partners within the practice and visiting hospital consultants and nurses. These clinics in dermatology, cardiology, paediatrics and minor surgery allowed patients to be treated in the convenience of a local setting and with the benefit of a one stop approach in many instances.

Patients told us there was continuity of care and urgent appointments available on the same day. A duty clinician (doctor or nurse) was available in reception during opening hours and assisted in signposting urgent queries and triaged cases to the most appropriate place. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision with care, quality, efficiency and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice carried out proactive succession planning. There was constructive engagement with staff and a high level of staff satisfaction. The practice had two elected members on the local CCG board. The practice gathered feedback from patients using new technology, and it had an active patient participation group (PPG) which was consulted about practice development.

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 had more than 200 elderly patients in nursing home care, and there was excellent liaison between the practice and these external providers. A nurse visited each home on a weekly basis and the practice participated in an innovative scheme initiated by a local nursing home. This scheme allowed patient records, their medical and social needs to be easily shared across the clinical teams.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice carried out reviews of long term and complex conditions as part of a 'one-stop' approach, when possible. This reduces the number of attendances required by patients. Careful planning and audit ensures that patients are directed to the most appropriate health professional within the team. Referrals are also made to innovative patient liaison service which supports patients in smoking cessation, carer stress, pre-diabetes lifestyle support, bereavement and other types of social prescribing. This service is managed under clearly defined clinical directives and audited to demonstrate marked improvement in patients' well-being.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. 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 people who had a high number of A&E attendances. Immunisation rates were high (100%) for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. The practice operated a paediatric specialist clinic and has seen continued growth in patient referrals to this service with 318 patients seen in the last contract year, a 16% increase on the previous year.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Appointments were available from 8.00am (Monday-Friday) and up to 9.00pm (Wednesday and Thursday) to assist patients in work. The practice was proactive in offering online services, telephone consultations as well as a full range of health promotion and screening that reflects the needs for this age group, including smoking cessation through the patient liaison service. Patients who were carers were recorded on a practice register and were also supported through the patient liaison service and the practice invited the Royal Voluntary Service into the practice on a regular basis to offer befriending report.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including carers and people with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in children and vulnerable adults. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). According to the latest QOF data 92.2% of people experiencing poor mental health had received an annual review of their care plan. This was higher than the CCG and national average. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. An advanced practice nurse visited nursing homes where one in five of the patients had advanced dementia on a weekly basis.

Summary of findings

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It reviewed patients regularly at clinical meetings.	

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 117 responses, from 294 surveys sent out and a response rate of 40%.

- 81 % find it easy to get through to this surgery by phone compared with a CCG average of 79% and a national average of 73%.
- 92% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of %.
- 53% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 92% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 77% describe their experience of making an appointment as good compared with a CCG average of 77% and a national average of 73%.
- 60% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 72% and a national average of 65%.
- 49% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which, with one exception, were all positive about the standard of care received. Patients said that the practice was clean, welcoming with helpful reception staff and caring, supportive clinicians with 'excellent' being a frequent comment.

The Street Lane Practice

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 second inspector, a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to The Street Lane Practice

The Street Lane Practice provides primary medical services to approximately 12,810 patients. The practice is based in a modern building in a prosperous North Leeds suburb. The practice has a general medical services (GMS) contract with NHS England. Patients are rated as being on the second least deprived centile and this reflected in the very low scores for child and older person deprivation levels for the patient population. The practice scores at 0% unemployment against practice average across England of 6.2% and it has a slightly higher than average nursing home population of 1.9% compared to a national practice average of 0.5%. The ethnicity of patients is predominantly White British.

There are four partners (three male and one female) and three female salaried GPs. The practice is a training practice for doctors who are training to become GPs and there are three registrars.

There is one advanced nurse practitioner who works as part of the GP team and skilled nursing team of seven nurses, three of whom are independent prescribers. There are four health care assistants (two of whom have completed training as an apprentice). The practice employs its own pharmacist and there is a large reception and admin team. The practice manager is also supported by a deputy, who focuses on information technology across the practice.

The practice is open between 8.30am and 6.00pm Monday to Friday. Appointments are from 8.00am to 6.00pm daily. Extended hours surgeries are offered Wednesday until 8.30pm and Thursday until 9pm.

From 6.00pm phone lines transfer to the out of hours service which is covered by Local Care Direct.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. 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.

The inspection was planned to check whether the registered provider was 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.

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?

Detailed findings

- 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 14 July 2015. During our visit we spoke with a range of staff (GPs, practice nursing staff, administrative and reception staff) and spoke with patients who used the service. 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. We reviewed 26 comment cards where patients and members of the public shared their views and experiences of the service.'

Good

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. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

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. Following a prescribing error, we were told that the protocol for identifying the correct patient had been altered. The incident occurred because two patients had similar names. A doctor had issued a prescription for a medicine having reviewed the notes for the wrong patient. Action was taken following this incident to ensure that both reception and clinical staff check the patient's date of birth.

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 clearly defined and embedded 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. 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. The practice had delivered an in-house training event to staff on safeguarding in addition to mandatory training. This workshop encouraged the team to reflect on complex situations and work across disciplines to support vulnerable groups and identify patients at risk.
- A notice was displayed in the waiting room, advising patients that chaperones to accompany patients for intimate examinations were available, if required. All staff who acted as chaperones were trained for the role and 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 health and safety policy available and we saw evidence that checks had been made on electrical servicing and air conditioning systems. The practice had up to date fire risk assessments and regular fire drills were carried out. We saw evidence that all electrical equipment was checked (PAT tested) to ensure the equipment was safe to use.
- All clinical equipment was checked to ensure it was working properly. The practice also had a comprehensive register of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had undertaken a risk assessment into the risk of Legionella disease in its water system. The practice had documented that following this risk assessment professional testing was not appropriate. We saw evidence that this risk assessment had been fully completed.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence action was taken to address any improvements identified as a result. However, we were told that curtains in the treatment rooms were changed every six months and

Good

Are services safe?

those in consulting rooms were changed annually. We gave advice that this should be six monthly to reflect National Patient Safety Agency advice on infection prevention and control.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out by the directly employed practice pharmacist who also led a monthly prescribing update meeting. Audits on antibiotic prescribing were undertaken on a monthly basis and diabetes medication was reviewed quarterly. The pharmacist had concluded that 76% of antibiotics had been appropriately prescribed in the last year to April 2015, which was an improvement on the previous year which had scored 72%. A waste technician, supervised by the pharmacist had identified savings on medicines exceeding £1000 a week. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the five 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had a doctor on duty in reception throughout the day to assist receptionists direct patients to the most appropriate service, triage patients and telephone patients.

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 practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use with the exception of one medicine; depixol (which is used in the treatment of mental illness) where we found a pack that was expired.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held both on and off site. The practice had undertaken a continuity plan policy workshop with staff, to ensure that they were aware of how to use the policy effectively and respond generally to an emergency situation.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed 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. Current results were 99.1% of the total number of points available. This was 2.4% above the CCG average and 5.6% above the England average. The practice had a 9.2% exception reporting rate, which is 0.8% above the CCG average and 1.3% higher than the England average. A partial explanation for this was offered by the practice who told us that they have a large number of patients in nursing homes. Of these, one in five have advanced dementia and are thereby not recorded in the QOF data. This practice was not an outlier for any QOF (or other national) clinical targets. An 'outlier' is when results are noticeably different from those expected due to unusual population circumstances or errors in recording.

Data from 2013-14 showed;

- Performance for diabetes related indicators was better than the CCG and national average. The practice scored 99.4% of available QOF points, 6.4% higher than the CCG and 9.3% above the England average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice scored 97% of available QOF points, 2.8% higher than the CCG and 8.6% above the England average.
- Performance for mental health related indicators was better than the CCG and national average achieving 100% of available QOF points, 4% higher than the CCG and 9.6% above the England average.
- The dementia diagnosis rate was better than the CCG and national average achieving 100% of available QOF points, 4.2% higher than the CCG and 6.6% above the England average.

Clinical audits were carried out to evaluate quality of treatment and to identify improvements and all relevant staff were involved to improve care and treatment and people's outcomes. We were told that 10 clinical audits completed in the last two years. We reviewed two audits including a recent CCG wide audit on the use of antipsychotic medication in patients with and without dementia. We saw evidence that patients had been reviewed and evidence acted upon in relation to their care. This audit had been repeated and analysed and identified the need to routinely discuss the risks of continuing the medication, to those patients without dementia, at their medication at review. A CCG wide audit on the prescribing of the antibiotic Amoxicillin identified the practice had correctly prescribed the medicine in 90% of cases in May 2014, but that this had declined to 85% in November 2014. Staff told us that these findings were discussed at clinical meetings and ways to improve outcomes discussed. The practice was very open about where improvements could be made and shared clinical issues and learning points in a candid and transparent way. The practice told us they had previously identified advice given to pre-diabetic patients could be improved. As a result, the patient liaison service was set up with one of its three key aims being around offering support and counselling on lifestyle to prevent progression to diabetes, with 59 patients initially referred.

The practice also reviewed its effectiveness with frequent attenders to its clinics. We saw evidence showing a comprehensive audit and analysis had identified 55 patients which might benefit from a referral to the patient liaison service, with this group of patients being the second key group for the service to support.

In total, 188 patients were referred to the service, with the remainder being predominately those suffering strain as carers (the third identified group for the service).

Following an evaluation of the first year, the practice concluded that the service had supported these patients into more effective community support and freed up 522

appointments that might otherwise have been used by this group. The practice showed us an evaluation of the service following a survey of all188 patients referred during the first year which had a 100% response rate. We saw 82% said that the management of their general health had been improved and that 100% would recommend the service to others.

Effective staffing

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

- The practice had an induction programme for all newly appointed clinical and non-clinical 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. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 practice's patient record system and their intranet system. 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 other services. Two local care home had participated in a pilot scheme using updated computer software to improve communication between the home's management and nursing staff and staff at the Street Lane Practice and other health professionals; particularly in the sharing of medical records. The Street Lane practice had engaged in this project and the software will be made available nationally to other care home providers.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was 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 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. 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.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice, with regular drop in sessions organised by the Royal Voluntary Service for those experiencing social isolation. Patients who were experiencing strain from role as carers, were interested in smoking cessation or were noted at risk of diabetes were offered a referral to the patient liaison service. The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 100%, which was 1.7% higher than the CCG average and 2.5% higher than the England. There was a policy to offer telephone follow-ups 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.

Childhood immunisation rates for the vaccinations given were 100%, with local CCG data unavailable.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people 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 were able to offer patients a private room if they wanted to discuss sensitive issues or appeared distressed.

All but one of the 26 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Typical comments praised both clinical and reception staff and also the general environment at the practice. Some patients commented that it was not always easy to see the GP of their choice quickly, with a routine appointment taking up to 2 weeks. One patient commented that they had not experienced good continuity of care with either the GP or the prescribing of their on-going medication for a long term condition.

On the day of the inspection, we also spoke with six patients in the waiting room and two members of the Patient Forum (also registered patients), which is the name for the practice reference group. Comments were positive overall; with two comments that waiting times could sometimes be up to 20 minutes.

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 above average, overall, for its satisfaction scores on consultations with doctors and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 92% and national average of 92%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 94% 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%.
- 92% said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 82% 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 telephone Interpretation services were available for patients who did not have English as a first language and that if a patient preferred, a trusted third party could be present during appointments to assist with communication. We saw notices in the reception areas and in the practice leaflet informing patients this service was available.

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 practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were actively encouraged to access the patient liaison service as carers were identified as one

Good

Are services caring?

of three priority groups. The service worked with patients individually to identify support from local services as well as offering a befriending service. Types of typical support included help to access Carers Leeds, who in turn might help a patient apply for eligible benefits. A referral to a local neighbourhood network could help in reducing social isolation and give a patient a support network to share the stresses of being a carer who was also often a patient also managing a long term condition of their own.

Staff told us that if families had experienced bereavement the patient liaison service would offer advice, befriending and signposting to a range of local services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. This included the use of telephone reviews by the appropriate clinician in a small percentage of clinically suitable patients. The patient liaison service was an outstanding example of how patients were able to determine the right support pathway. For example, with smoking cessation; individual treatment plans were underpinned with advice from the practice pharmacist who actively supported the liaison workers on a day to day basis. The pharmacist had drawn up a list of medicines and a schedule with which to introduce the medicines to support patients in their efforts to stop smoking.

The practice has initiated a 'one stop' service for patients with long term and multiple conditions to have a review that coincided with the month of their birthday. These reviews were assessed in advance of the appointment, ensuring that the most appropriate clinician, i.e. GP or nurse undertake the appointment. This allowed the patient to consolidate their visits in a more convenient and focused way whilst, at the same time, allowing the practice to direct a patient to the most appropriate health professional and improve the use of professional time.

The partners had established Street Lane Services, that offered a number of specialist clinics that provided services for patients on their list and any NHS patient across the wider geographical area. These clinics took place mostly within the Street Lane premises. The CCG had commissioned the practice to offer these services locally and across the wider area. Patients were able to see a lead GP from the practice, who had an interest in the relevant area, such as dermatology. In addition, patients had access to visiting hospital consultants, nurse and physiotherapy specialists. These clinics focused on dermatology, cardiology, minor surgery and paediatrics. The dermatology clinic led by one of the practice's senior partners had links with a national charity for people with debilitating skin conditions, which sought to raise awareness in particular of the emotional impact of skin conditions. The charity had cited the clinic based at Street Lane as a leading example of best practice in this field.

The practice had also purchased a cardiac echo machine which was used regularly to assist in the diagnosis of heart conditions by NHS patients accessing the cardiac clinic.

The practice used technology to improve patient communication by routinely texting appointment reminders. We were told that this had reduced non-attenders by almost half from an average of 45 missed appointments per week to an average of 24.

Access to the service

The practice reception was open between 8.30am and 6.00pm Monday to Friday. Appointments were from to 8.00am to 6.00pm daily. Extended hours surgeries were offered on Wednesday & Thursday until 9.00pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

A duty doctor or nurse was also available in the reception telephone area during opening hours to triage patients and offer telephone and face to face advice. The clinician directed patients to the most appropriate service and could also undertake urgent home visits. This innovation assisted reception staff and patients in obtaining the most appropriate treatment option. Clinicians did a one quarter day on triage duties, meaning that in each working day four clinicians took turns to cover the triage service. We were told this reduced fatigue and ensured that other duties could be managed.

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

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 81% patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 73%.
- 77% patients described their experience of making an appointment as good compared to the CCG average of 77% and national average of 73%.
- 60% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 72% and national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice 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 in the practice.

We saw that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Complaints were grouped into themes with the majority around communication followed by clinical matters. The practice discussed these outcomes at practice meetings on a regular basis.

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 had a clear vision and showed commitment and innovation to deliver high quality care and promote good outcomes for patients against increasing demands and a growing patient list. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice also promoted the sharing of innovations within Street Lane and its specialist clinic business by regularly hosting visits from clinicians and partners across the health sector including those in local and national policy setting.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is 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 in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take 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. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that away days were held by the senior clinical team three times a year.

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

The practice had a patient reference group known as the Patient Forum. It met formally once a year and held virtual meetings throughout the year as required. When required, an extraordinary meeting was called to discuss a particular issue, for example the patient liaison service. The forum had an overall membership of 42 patients, although those attending the annual meeting was much smaller. The virtual meetings allowed otherwise busy patients to contribute their views to the group.

Patients said that the innovations around technology had improved communication and accessibility. Feedback about the patient liaison service was also very positive.

In our discussions with staff, we were consistently told how positive the environment was in the practice for the team and there was an appetite to listen and learn from each other making it a supportive place to work.

Innovation

Office space, freed up by the removal of paper medical records had been transformed into a multi-disciplinary hub, where doctors, nurses and patient liaison workers worked side by side in an open plan and collaborative way- breaking down professional barriers and improving efficiency and team work.

The practice had engaged an external provider to work with them over 12 weeks to reflect on six work areas; managing frequent attenders more effectively, workplace organisation, workforce planning, consistency of approach, meeting and email management to improve efficiency and undertaking a skills analysis with the team to identify training needs. This work had commenced prior to our inspection and was still ongoing. It was clear that staff were engaging with purpose with the activities being undertaken.