Barton House Group 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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barton House Group Practice on 1 October 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice took a proactive approach to targeting services to the needs of the local population.

We saw some areas of outstanding practice:

- The practice had employed a Bengali speaking advocate to provide support and translation services to patients from the local Bengali community. As well

Summary of findings

as acting as interpreter and health advocate, liaising with the primary care team, the advocate offered advice and information regarding housing, benefits and immigration issues.

- The practice worked closely with with Derman, the Turkish Health Advocacy and Counselling project. The CCG also funded a Turkish speaking advocate to provide translation and support services to Turkish speaking patients.
- The practice had recognised the needs of the Polish speaking Roma community living in North London, and had identified potential barriers to these patients accessing services, such as difficulties with registration. One of the practice GPs spoke Polish fluently, and took a lead in supporting the Roma community.The practice had attracted members of this community living in the local area and over time, this demand extended to families who were living outside the practice boundaries, including in other boroughs. The practice consulted with the Primary Care Trust in place at the time, and registered such patients living outside the practice boundaries. The practice offered a flexible approach to registration and the booking of appointments, with GPs offering appointments on a walk-in basis.
- The practice employed two counsellors to support patients with mental health needs, providing support for these patients in a familiar environment. The practice had identified that for 23 patients who completed a course of counselling in the previous year, 87% reported a significant improvement. Further, 83% of patients at the start of treatment reported moderate to severe symptoms, which reduced to 7% after completion of treatment.
- The practice was offering ear, nose and throat clinics for practice patients, with plans to extend access to this service to other local patients. The practice demonstrated that it had lower referral rates in this area than neighbouring practices of a similar size (for example, in the previous six months, they had referred 0.18% of patients for secondary care in this area, compared to a CCG average across practices of 0.3%. The clinics offered therefore had reduced the burden on the local secondary care services, as well as enabled patients to access care closer to home.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

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

Are services effective?

Good

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

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.

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 was providing a number of support services for patients. For example, it was providing Bengali and Turkish advocacy services to support these local populations. The practice was also enhancing access to the local Roma community by offering a flexible approach to registration and appointments booking, and had a Polish speaking GP, who took a lead in working with these patients.

The practice had initiated positive service improvements for patients. For example, the practice was offering an ear, nose and throat clinic for patients, reducing the numbers who needed to

Summary of findings

receive treatment in a hospital setting. The practice also employed two counsellors, and had demonstrated that this service had a positive impact on patient care, with 87% of patients reporting a significant improvement.

The practice acted on suggestions for improvements and changed the way it delivered services in response to feedback from patients.

Patients told us it was easy to get an appointment with a named GP or a GP of choice, there was continuity of care and urgent appointments available on the same day. 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 and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice held a monthly multi-disciplinary team meeting with the palliative care team, district nurses and local support organisations to review the needs of older patients.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nurses and GPs ran clinics for patients with diabetes, heart failure and Chronic Obstructive Pulmonary Disease (COPD). Nurses provided 30 minute appointments with patients with multiple long term conditions, to allow additional time for patients to discuss their needs. Home visits were also available when needed. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 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. The practice held a baby clinic twice weekly, offering pre-bookable appointments as well as a walk-in service. We saw good examples of joint working with midwives, health visitors and local support services.

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. The practice was proactive in offering online services, extended hours appointments, as well as a full range of health promotion and screening that reflects the needs for this age group.

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 homeless people, travellers and those with a learning disability. It had carried out annual health checks 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 vulnerable adults and children. 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.

One of the practice GPs spoke Polish fluently, and took a lead in supporting the local Roma community. The practice had identified that this group of patients could experience difficulties in registration and continuity of care, so offered a flexible approach to registration and the booking of appointments.

People experiencing poor mental health (including people with dementia)

Outstanding

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

Performance for mental health related indicators was better than the national averages. For example, 94.48% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan from the preceding year on record, compared to a national average of 86.04%. Further, 96.2% of patients had their alcohol consumption recorded in the preceding year, compared to the national average of 88.61%, and 95.96% had their smoking status recorded in the preceding year, compared to the national average of 95.28%.

Summary of findings

The practice employed two counsellors to provide support to those suffering poor mental health, and had demonstrated that this service was having a positive impact on patient care, with 87% of patients who completed a course of counselling reporting a significant improvement in symptoms. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 124 responses and a response rate of 31%.

- 76% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 94% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 54% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 90% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 79% describe their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 50% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 51% feel they don't normally have to wait too long to be seen compared with a CCG average of 52% 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 28 comment cards, and all were positive about the standard of care received. Patients particularly emphasised the caring attitude of all staff, and reported that they felt well supported. One comment card contained a less positive comment, and reported that there was not always sufficient time available for appointments.

Barton House Group 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 GP specialist adviser and an Expert by Experience (someone who has experience of using services).

Background to Barton House Group Practice

Barton House Group Practice provides care to approximately 12,000 patients.

The practice serves a mixed population, with 55.6% of people in the local area identifying as white, 10.9% as Asian/Asian British, 20.8% as Black/African/Caribbean/ Black British, 8.7% as mixed ethnic and 4% as other ethnic groups. The local area has a higher than average deprivation score, at 34.8 (the national average score is 23.6).

There are six GP partners, four salaried GPs and two registrars at the practice (three male and nine female doctors in total) as well two practice nurses. The practice also employs two part-time counsellors. In total, the practice offers 60 GP sessions per week.

The contact held by the practice is a GMS (General Medical Services) contract. The practice also provides enhanced services, including, for example, extended hours.

The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and for the treatment of disease, disorder or injury.

The opening hours are between 8:30am and 6:30pm on weekdays, except on Wednesdays when the practice closes at 5:00pm. Appointments are available between 8:30am and 7:30pm on Monday, Tuesday and Thursday, from 7:00am to 5:00pm on Wednesdays, and from 8:30am to 6:30pm on Fridays.

When the practice is closed, patients are redirected to a contracted out-of-hours service.

We had not inspected this practice before.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008, to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 as well as to provide a rating for the services 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?
- Is it well-led?

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

Detailed findings

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

We carried out an announced visit on 1 October 2015. During our visit we spoke with a range of staff (including GPs, the practice nurse, the practice manager and 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 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. The practice carried out an analysis of significant events, and discussed events regularly at practice meetings.

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. For example, there had been an incident in the practice with an aggressive patient, who had been waiting for an appointment in a secondary waiting area. This waiting area was not visible to the main reception, which posed a risk to patients and staff if any incidents occurred. The practice reported this incident, and reviewed the safety of the waiting area. They stopped using this second area, ensuring that all patients waited in a single visible area.

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.

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 we saw that safeguarding was regularly discussed at team meetings. Staff had all received training on child safeguarding, however some staff training on adult safeguarding had expired. The practice explained that they had experienced difficulties in arranging training, however were able to demonstrate that this training had been booked.
- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service 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 to all staff. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the GPs was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken every six months, and we saw evidence that action was taken to address any improvements identified as a result.
- 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 medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. 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, and the practice offered additional shifts to staff to cover periods of leave. The practice also used locums when required.

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.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, and had arrangements with another local practice to use their facilities if necessary. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. 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 99.3% of the total number of points available, with 7.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was better than the national averages. For example, 96.05% of patients with diabetes had received an influenza immunisation in the previous year, compared to the national average of 93.46%, and 93.49% had received a foot examination and risk classification in the previous year, compared to the national average of 88.35%.
- The percentage of patients with hypertension having regular blood pressure tests was 83.54%, similar to the national average of 83.11%.
- Performance for mental health related indicators was better than the national averages. For example, 94.48% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan from the preceding year on record, compared to a national average of 86.04%. Further, 96.2% of patients had their alcohol consumption recorded in the preceding year, compared to the national average of 88.61%, and 95.96% had their smoking status recorded in the preceding year, compared to the national average of 95.28%.
- For patients with dementia, the practice had conducted face-to-face reviews with 92.98% of patients in the preceding year, compared to the national average of 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been four clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, peer review and research. Findings were used by the practice to improve services. For example, the practice had recently carried out an audit on the use of high dose inhaled corticosteroids in asthma and chronic obstructive pulmonary disease (COPD). The practice reviewed a number of indicators, including whether medicines discussions had taken place, whether patients had been provided instruction on their inhaler technique, and whether patients had received the flu vaccine. The practice measured their performance on these factors, before reinforcing guidelines and re-auditing. For example, they found that in the first cycle, the practice had documented a discussion with patients on the 'stepping-down' of medicines in 5% of cases, and at the second stage, four months later, these discussions had taken place with 40% of patients.

Effective staffing

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

- The practice had an induction programme for newly appointed 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

Good

Are services effective?

(for example, treatment is effective)

during sessions, 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. Some staff training on adult safeguarding had expired, but the practice had already organised refresher 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.

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 always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 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. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice referred patients to a local smoking cessation service, and held weekly sessions with an alcohol counsellor.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 87.95%, which was above the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 better than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.1% to 98.2% (compared to the CCG averages of 80.6% to 92.5%) and for five year olds from 84.5% to 96% (compared to the CCG averages of 81.3% to 94.4%). Flu vaccination rates for the over 65s were 75.23% (compared to the national average of 72.24%) and at risk groups 52.47% (compared to the national average of 52.29%).

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

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that 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 knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 28 patient CQC comment cards, 27 of which 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. The comment card which was less positive reported that there was not always enough time given to appointments for patients to discuss everything that they wished to. We also spoke with five members of the patient participation group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patient feedback was particularly complimentary about the caring attitude of all staff.

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 for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 86% and national average of 88.6%.
- 94.5% said the GP gave them enough time compared to the CCG average of 83.1% and national average of 86.8%.
- 96.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.3% and national average of 95.3%
- 91.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85.1%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85.9% and national average of 90.4%.
- 93.5% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87.3% and national average of 86.9%.

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. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 91.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.3% and national average of 86.3%.
- 73.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78.2% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice also employed a Bengali speaking advocate, to provide translation and support services to the local Bengali population. In addition, the CCG funded a Turkish speaking advocate.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 12.3% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice had identified some delays in patients receiving secondary care, and had raised this with the CCG. The practice provided details of ths issues experienced to the CCG, and took a lead in working with them to review the system and resolve issues.

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. For example;

- The practice offered early morning appointments on Wednesdays from 7:00am, and late evening appointments to 7:30pm three days per week, which improved access for working patients.
- The practice offered online services including for booking appointments and requesting repeat prescriptions.
- There were longer appointments available for patients who would benefit from these.
- Home visits were available for patients who would benefit from these.
- Housebound and vulnerable patients were supported by the practice, with reviews routinely offered every quarter.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice held two GP led baby clinics per week in conjunction with health visitors. The practice nurse supported these clinics, for example by offering immunisations. There was a mixture of pre-bookable and walk-in appointments for these clinics.
- Nurses and GPs ran clinics for patients with diabetes, heart failure and Chronic Obstructive Pulmonary Disease (COPD). Nurses provided 30 minute appointments with patients with multiple long term conditions, to allow additional time for patients to discuss their needs.
- There were disabled facilities and translation services available.
- The practice registered the residents of a local hostel for vulnerable women and liaised closely with hostel staff to support patients and engage other services. The practice and hostel met monthly to discuss and monitor such patients, reviewing care and utilising other services as necessary.
- The practice held weekly clinics with an alcohol counsellor to engage patients as an alternative to attending the community based alcohol service.
- There was a weekly session with a welfare rights worker to assist patients with difficulty accessing benefits and for those with immigration or housing issues, as the practice had identified that their local population would benefit from support in this area.
- The practice had identified the needs of the local Bengali community group, and in response had employed a Bengali speaking advocate to provide support and translation services to patients from this community. As well as acting as interpreter and health advocate, liaising with the primary care team, the advocate offered advice and information regarding housing, benefits and immigration issues.
- The practice worked closely with with Derman, the Turkish Health Advocacy and Counselling project, which provided counselling and welfare rights support as well as smoking cessation and health promotion services. In addition, the practice had a Turkish speaking advocate three days per week, to provide translation and support services to Turkish speaking patients in the practice.
- The practice had recognised the needs of the Polish speaking Roma community living in North London, and had identified potential barriers to these patients accessing services, such as difficulties with registration. One of the practice GPs spoke Polish fluently, and took a lead in supporting the Roma community.The practice had attracted members of this community living in the local area and over time, this demand extended to families who were living outside the practice boundaries, including in other boroughs. The practice consulted with the Primary Care Trust in place at the time, and registered such patients living outside the practice boundaries. The practice offered a flexible approach to registration and the booking of appointments, with GPs offering appointments on a walk-in basis.
- The practice employed two counsellors to support patients with mental health needs, providing support for these patients in a familiar environment. The practice had identified that for 23 patients who completed a course of counselling in the previous year, 87% reported

Good

Are services responsive to people's needs?

(for example, to feedback?)

a significant improvement. Further, 83% of patients at the start of treatment reported moderate to severe symptoms, which reduced to 7% after completion of treatment.

- The practice was offering ear, nose and throat clinics for practice patients, with plans to extend access to this service to other local patients. The practice demonstrated that it had lower referral rates in this area than neighbouring practices of a similar size (for example, in the previous six months, they had referred 0.18% of patients for secondary care in this area, compared to a CCG average across practices of 0.3%. The clinics offered therefore had reduced the burden on the local secondary care services, as well as enabled patients to access care closer to home.

Access to the service

The practice was open between 8:30am and 6:30pm on weekdays, except on Wednesdays when the practice closed at 5:00pm. Appointments were available between 8:30am and 7:30pm on Monday, Tuesday and Thursday, from 7:00am to 5:00pm on Wednesdays, and from 8:30am to 6:30pm on Fridays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.8% and national average of 75.7%.
- 76.2% patients said they could get through easily to the surgery by phone compared to the CCG average of 72.4% and national average of 74.4%.
- 78.9% patients described their experience of making an appointment as good compared to the CCG average of 71.5% and national average of 73.8%.
- 50.9% patients said they don't have to wait too long to be seen, compared to the CCG average of 51.6% and national average of 57.8%.

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, including leaflets on the complaints procedure which were available at reception. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at 11 complaints received in the last 12 months and that these were satisfactorily handled, and all were dealt with in a timely and open manner.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice received a complaint about the length of times that patients were waiting for appointments, with appointments running late. The practice reviewed their appointments system and placed breaks into sessions in order to allow GPs time to catch up if they were running late, and minimise delays for patients.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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, with clinical meetings weekly and practice meetings monthly. 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. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, and the practice was in the process of recruiting new members and reviewing the function of the PPG.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.