

Hook and Hartley Wintney Medical Partnership

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

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Hook and Hartley Wintney Medical Partnership	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hook and Hartley Wintney Medical Partnership on 29 October 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had supported an allotment scheme where patients were able to grow vegetables and plants and meet other people. This was aimed at patients with a mental health condition who were isolated from others socially. The practice signposted patients to this group.
- The practice offered 'one stop' gynaecological evenings where there were ultrasound facilities and gynaecology consultants available twice monthly. Patients told us this enabled them to have scans carried out at the time of their appointment and to see a consultant or GP for the results immediately, which reassured them.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were 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.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was involved in piloting the hospice at home scheme which had recently been implemented.
- 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided medical support to five care homes in the area and feedback from these homes was positive about the standard of care and treatment provided.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Those patients with more than one condition were able to make a single appointment to discuss their health needs.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months for the practice was 91.4% compared with the national average of 88.35%.
- Longer appointments and home visits were 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 patients 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

The practice is rated as good for the care of families, children and young people.

Good



- 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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- The practice's uptake for the cervical screening programme was 81.73%, which was comparable to the national average of 81.88%.
- 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 and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of 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 as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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 patients and those with a learning disability.
- It offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 93.27% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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 where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had supported an allotment scheme where patients were able to grow vegetables and plants and meet other people. This was aimed at patients with a mental health condition who were isolated from others socially. The practice signposted patients to this group.

Good



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. A total of 260 survey forms were distributed and 118 were returned which is approximately 1% of the practice population group.

- 76.6% found it easy to get through to this practice by phone compared to a CCG average of 76.8% and a national average of 73.3%.
- 92.8% found the receptionists at this practice helpful compared to a CCG average of 88.2% and a national average of 86/8%.
- 87.6% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85.2%.
- 91.1% said the last appointment they got was convenient compared to a CCG average of 91.7% and a national average of 91.8%.

- 74.5% described their experience of making an appointment as good compared to a CCG average of 74% and a national average of 73.3%.
- 81.6% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 68.8% and a national average of 64.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients during the inspection. All six patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Hook and Hartley Wintney Medical Partnership

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 advisor, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Hook and Hartley Wintney Medical Partnership

Hook and Hartley Wintney Medical Partnership have seven GP partners, two are male and five are female. In addition there are four salaried GPs and two registrars. All GPs work across both sites. There are approximately 16,900 patients on their register. There are five care homes within the practice area to which the practice provides a service. Medical cover is also provided for a local hospital specialising in care for patients with a learning disability. There is a team of practice nurses and healthcare assistants. The clinical team are supported by a practice manager, administration and secretarial teams.

The practice is situated in a residential area of the village and is amongst the least deprived areas in England. The proportion of 40 to 59 year olds are higher than the national average, with a high percentage of people in education and employment.

The practice holds a personal medical services contract and is situated in a rural area of Hampshire, with low levels

of deprivation. The practice has low levels of patients who are drug or alcohol dependant and no travelling communities. The practice is a training practice for doctors who want to become GPs and medical students.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available during this time and the practice had information on its website when GPs are available and days that clinics are run. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for patients that needed them.

When the practice is closed patients are advised to contact the out of hours Hampshire Doctors on Call via the NHS 111 service.

The practice operates from two sites; we inspected the main location at The Surgery, Reading Road, Hook, RG27 9ED. The other site is situated at The Surgery, 1 Chapter Terrace, Hartley Wintney, Hook, RG27 8QJ

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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

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 29 October 2015. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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:

- 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)

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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- 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 the significant events. However, we found that significant events were not always minuted and shared with staff, which potentially limits opportunities for learning.

We reviewed safety records, incident reports national patient safety alerts 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, a nurse administered a vaccine and inadvertently reused the needle a second time due to the patient moving unexpectedly. The nurse immediately realised what they had done and apologised to the patient and reported the event to the practice manager. Learning from this incident was shared with other nurses and measures were put into place to prevent reoccurrence.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements and policies. These were accessible to all staff and had been reviewed during 2015 to ensure information was current. 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. GPs were trained to Safeguarding level 3 and had received training on safeguarding vulnerable adults.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Infection control was discussed at quarterly nurses meetings and on an ad hoc basis when needed to ensure all staff were up to date with infection control protocols.
- Information relating to managing sharps injuries was only displayed in the minor operations room. This was discussed with the practice who said they would ensure that notices were put in every area where sharps bins were in use.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The nurse manager was responsible for ensuring that the PGDs were current. We reviewed all PGDs and found they were all in date and appropriately maintained.
- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

identification, however there was no recent photograph of the member of staff retained on file. In addition there was evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster displayed in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. 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 and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff required 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 as necessary.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- There was a designated GP who provided a synopsis of changes to NICE guidance monthly as a clinical bulletin to relevant staff members.
- 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 used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 99.7% of the total number of points available, with 2.5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-14 showed;

- Performance for diabetes related indicators was above to the national average. The practice achieved 84.02% compared to the national average of 77.72% of patients with diabetes, on the register, in whom the last blood test to monitor blood glucose levels over three monthly periods was at acceptable levels. In addition the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months for the practice was 91.4% compared with the national average of 88.35%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. The practice achieved 89.68% which was above the national average of 83.11%.
- Performance for mental health related indicators was above to the national average. The percentage of patients with schizophrenia, bipolar affective disorder

and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months for the practice was 91.95% compared with the national average of 86.04%.

- Clinical audits demonstrated quality improvement. We looked at a sample of clinical audits undertaken in the past in the last two years; one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services for example; recent action was taken as a result of audit related to patients with asthma. Action had included ensuring patients who required short acting inhalers were provided with just one inhaler at a time so usage could be effectively monitored, this was due to be reviewed later in the year to determine effectiveness..
- Information about patients' outcomes was used to make improvements for example, an audit of Dermoscopy (skin surface microscopy) showed that lesions where a benign cause could not be confirmed were being identified promptly and patients were referred to be seen within two weeks of presentation at the hospital for further tests as part of the suspected cancer pathway.

Effective staffing

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

- The practice had detailed documents for new staff which outlined key aspects of their role and areas which they were required to be competent in. For example, reception staff were required to become competent in answering telephones, prescriptions handling and use of the computer systems. Where training could not be provided during usual working hours the practice would pay overtime for staff to complete this.
- In addition a staff handbook was provided to each member of staff which had details of relevant policies and procedures they should be aware of.
- Training for new employees included: safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- 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 GPs. 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 investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

Staff sought patients' consent to care and treatment 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, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice 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

The practice identified patients who may be in need of extra support.

- These included patients receiving end of life care, 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 worked with the local Parish Council to facilitate health afternoons, such as use of defibrillators for members of the public and health promotion, for example on weight loss.
- The practice had supported an allotment scheme where patients were able to grow vegetables and plants and meet other people. This was aimed at patients with a mental health condition who were isolated from others socially. The practice signposted patients to this group.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81.73%, which was comparable to 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 vaccines given were comparable to clinical commissioning group averages. For example, childhood immunisation rates for the vaccines

Are services effective? (for example, treatment is effective)

given to under two year olds ranged from 75.7% to 100% and five year olds from 88.6% to 97.8%. Flu vaccination rates for the over 65s were 81.89%, and at risk groups 64.26%. These were above national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Data from the National Cancer Intelligence Network showed that the practice has a high incidence of cancer due to the older than average population. The practice had the highest rates of breast cancer (77.9%) and bowel cancer screening (69%) in the clinical commissioning group area.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated patients with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 patient Care Quality Commission 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.

We also spoke with a member of the patient participation group. They also 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above or similar to the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86.6% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91.6% and national average of 88.6%.
- 98.1% said the GP gave them enough time compared to the CCG average of 92.8% and national average of 91.9%.
- 95.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.6% and national average of 95.2%.
- 85.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.3% and national average of 85.1%.

- 96.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.1% and national average of 90.4%.
- 92.8% said they found the receptionists at the practice helpful compared to the CCG average of 88.2% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally in line with local and national averages. For example:

- 92.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.1% and national average of 86%.
- 78.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.6% and national average of 81.4%.

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.

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. Written information was available to direct carers to the various avenues of support available to them.

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

Are services caring?

The practice carried out regular reviews of whether patients had received end of life care in accordance with their preferences.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was involved in the piloting of the hospice at home team to support patients at the end of life. They also offered 'one stop' gynaecological evenings where there were ultrasound facilities and gynaecology consultants available twice monthly. Patients told us this enabled them to have scans carried out at the time of their appointment and to see a consultant or GP for the results immediately, which reassured them.

- There were longer appointments available for patients with a learning disability.
- The practice had personal lists for all patients to promote continuity of care.
- Weekly drop-in clinics were held for childhood immunisations with a health visitor and practice nurse.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- For patients with multiple conditions longer appointments were available to manage all conditions in one visit.
- The practice had a small number of patients who were drug or alcohol dependent who were seen on the day by their own GP whenever possible.
- The practice activity screened patients for dementia and were in the process of becoming a dementia friendly practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available during this time and the practice had information on its website when GPs would be available and days that clinics were run. The practice did not offer extended hours appointments at this time; but in response to patient feedback had increased

routine appointment times to 8am to 6pm. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 66.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.6% and national average of 74.9%.
- 76.6% patients said they could get through easily to the practice by phone compared to the CCG average of 76.8% and national average of 73.3%.
- 74.5% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73.3%.
- 81.6% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68.8% and national average of 64.8%.

The practice was working on areas which required improvement with the assistance of the patient participation group.

Listening and learning from concerns and complaints

The practice had an effective 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 in the form of leaflets and information on their website.
- Trends or themes of complaints were identified and actions were taken when needed to improve in these areas, for example, when concerns were raised regarding availability of appointments with a named GP. Clear information was given to patients explaining how the online appointment system was organised and a reminder was given to reception staff to ensure patients were aware of the availability of same day appointments if needed.

Are services responsive to people's needs? (for example, to feedback?)

We looked at 16 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and that there was openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For

example, a patient complained that a GP was off hand on the telephone. The GP had been concerned that during the conversation the patient was not able to hear. The GP arranged for the patient to be seen and apologised if their behaviour had not been appropriate.

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 on their website. Staff knew and understood the practice values.
- The aim was to provide high quality healthcare in a safe and caring environment within a patient centred approach.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these 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 staff were aware of their own roles and responsibilities, with designated leads for areas such as safeguarding, information governance and finances.
- Practice specific policies were implemented and were available to all staff.
- The partners had a comprehensive understanding of the performance of the practice.
- There was an ongoing programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had 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 took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for identifying notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- the practice gives affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. We also noted that team away days were held every year and social events had taken place.
- 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.
- The practice had a partners meeting schedule which set out for the year which outlined all the meetings they needed to attend to ensure the smooth running of the practice. This included multidisciplinary meetings to discuss patient care and business meetings.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged 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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improving the telephone system to improve patient access. The PPG focused on gathering patients views, such as proposed changes to how integrated health care teams would be reorganised in North Hampshire and how this would impact on patients who had to travel in the rural area with poor transport links.

- The practice had also gathered feedback from staff through staff away days and generally through staff

Are services well-led?

Good 

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

meetings, appraisals and discussion. 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.

- We noted that the practice routinely responded to comments made on NHS Choices and offered to meet with patients to discuss any concerns.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had staffing skill mix under review, so that, when a member of staff left, consideration was given to what role should be expanded or reduced to ensure continuity of the business and, where possible, improve efficiency and performance. For example, when a secretary left the practice, the administration hours were reviewed and this role was changed to an administrative role as the practice recognised that this was an area where more hours were required.