

Dr Joseph Rizzo-Naudi

Quality Report

Whitchurch Surgery
49 Oving Road
Whitchurch
Near Aylesbury
Buckinghamshire
HP22 4JF

Tel: 01296 641203

Website: <http://www.whitchurchsurgery.co.uk>

Date of inspection visit: 16 March 2016

Date of publication: 19/04/2016

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

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Joseph Rizzo-Naudi	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Joseph Rizzo-Naudi, more commonly known as Whitchurch Surgery on 16 March 2016. Overall the practice is rated as good.

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

- High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had a clear leadership structure, effective governance system in place, was well organised and actively sought to learn from performance data, incidents and feedback.
- Procedures were in place for monitoring and managing risks to patient and staff safety.

- Feedback from patients about their care was consistent and highly positive.
- Outcomes for patients who use the service were not always consistent which may have impacted on the quality of care and treatment received. Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had obtained 84% of the total number of points available to them for providing recommended care and treatment to patients. We saw low levels of exception reporting and inconsistent QOF coding which impacted the total points obtained.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

However, there were areas of practice where the provider needs to make improvements. Importantly the provider should:

- Review how carers are identified and recorded on the patient record system to ensure information, advice and support is made available to them.

Summary of findings

- Develop and implement a clear action plan, to ensure quality outcomes specifically diabetes and mental health related indicators are correctly coded and recorded.

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.

Good



- 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. Patients were told about any actions 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.
- Procedures were in place for monitoring and managing risks to patient and staff safety.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were lower when compared to the local and national averages. However overall exception reporting was 3.7% which was significantly lower than the clinical commissioning group (CCG) and national averages (CCG 7.7%, national 9.2%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Records showed the practice proactively sought and promoted healthier lifestyles, this was evident in national cancer screening programme participation data and immunisation data as the practice was above both local and national averages for both sets of data (national cancer screening programme participation and immunisations).
- The practice had a system in place for completing a wide range of completed clinical audit cycles which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored higher when compared to the local Clinical Commissioning Group (CCG) and national averages for satisfaction scores on consultations with GPs, nurses and interactions with reception staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality. Staff were highly motivated and inspired to offer care that was kind and which promoted people's dignity.
- Feedback from patients was substantially positive with the vast majority of patients reporting that all staff gave them the time they needed, that GPs and nurses were good at explaining treatment and tests, and all staff including reception staff were very helpful.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. During the inspection we highlighted there wasn't a complaint poster visible in the waiting areas, this was immediately addressed by the practice manager.
- Feedback from patients reported that access to a named GP and continuity of care was always available quickly, and urgent appointments were always available. This was further corroborated in data from the GP National patient survey, 89% of patients usually got to see or speak to their preferred GP. This was significantly higher when compared with the CCG average (57%) and the national average (59%).
- Patients responding to the GP National patient survey reflected excellent access to appointments. For example:

Summary of findings

- 88% of patients found it easy to get through to the surgery by telephone which was higher when compared with the CCG average (75%) and the national average (73%).
- 95% of patients said they were able to get an appointment to see or speak to someone the last time they tried. This was higher when compared with the CCG average (87%) and national average (85%).

Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. The practice had a number of practice specific 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 practice 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. There was a Friends of Whitchurch Surgery and a virtual patient participation group (PPG) which were both active and involved in decisions. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

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 people in its population.
- The practice was responsive to the needs of older people. Longer appointments, home visits and urgent appointments were available for those with enhanced needs.
- The practice systematically identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for people approaching the end of life.
- We saw unplanned hospital admissions and re-admissions for the over 75's were regularly reviewed and improvements made.

People with long term conditions

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

Good



- The GPs and nurse team had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as COPD (Chronic obstructive pulmonary disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).
- The nurse prescriber had a special interest in the management of long-term conditions, specifically COPD. As a result of a recent audit all COPD patients had an updated test to distinguish between stable, moderate to severe COPD. Following the grading the most appropriate treatment and education options according to local and national guidelines were implemented.
- Two of the nurses were trained in anticoagulant management and held clinics to monitor patients' blood to determine the correct dose of anti-coagulant medicine. This provided better improved access, standardised delivery in monitoring dosage, 'one-stop-visit' testing obtaining results and adjustments in dose, with the opportunity to discuss results during the same visit.
- Longer appointments and home visits were available when needed.

Summary of findings

Quality and Outcome Framework (QOF) data demonstrated monitoring of patients with long term conditions was inconsistent when compared to local and national averages. For example:

- Performance for diabetes related indicators was lower when compared to the CCG and national average. The practice achieved 75% of these targets, which was lower than the CCG average (92%) and national average (89%).
- Performance for COPD related indicators was slightly higher when compared to the CCG and national average. The practice achieved 100% of these targets, higher when compared to the CCG average (99%) and national average (96%).

Families, children and young people

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.
- Childhood immunisation rates for children aged 12 months and 24 months were significantly higher when compared to the CCG and national averages.
- 76% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months. This was similar to the national average, 75%.
- The practice's uptake for the cervical screening programme was 87%, which was higher when compared to the CCG average (77%) and the national average (82%).

Good



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.
- There was a range of appointments between 8am and 6pm every weekday. Although the practice did not provide extended hours, GPs told us they would see a patient past the normal hours if required. The practice offered telephone consultations for the working age population.

Good



Summary of findings

- 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.
- The practice provided a full travel vaccine service (including yellow fever).
- Phlebotomy services were available at the practice which meant patients did not have to attend the hospital for blood tests.

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 offered longer appointments for patients with a learning disability.
It had carried out annual health checks for people with a learning disability and there was evidence that these had been followed up.
- The practice provides GP services to two care homes which support individuals with severe learning and physical disabilities.
- The practice held a vulnerable adults and vulnerable families register. We saw the practice contacted every person on the vulnerable adults register and every person aged over 85 every six months. 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.
- The GPs regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed 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



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).

Quality and Outcomes Framework (QOF) data demonstrated monitoring of people experiencing poor mental health was lower when compared to local and national averages. For example:

Good



Summary of findings

- 75% of people experiencing poor mental health had a comprehensive, agreed care plan documented in their medical record, which was lower when compared to the local average (94%) and national average (88%).
- However data and discussions with practice staff evidenced the practice had carried out advance care planning for patients with dementia. For example, 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher when compared to the local average (89%) and national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- All staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing higher in terms of patient satisfaction when compared with local and national averages. On behalf of NHS England, Ipsos MORI distributed 233 survey forms and 110 forms were returned. This was a 47% response rate and amounts to approximately 3% of the patient population.

- 88% found it easy to get through to this practice by phone (CCG average 75%, national average 73%).
- 92% described their experience of making an appointment as fairly good or very good (CCG average 74%, national average 73%).
- 95% described the overall experience of their GP practice as fairly good or very good (CCG average 86%, national average 85%).
- 94% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all highly positive about the standard of care received. However, several comments on cards highlighted recent delays in obtaining appointments.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and they felt that all the staff treated them with respect, listened to and involved in their care and treatment. Patients we spoke with were complimentary about access to appointments.

We spoke with one local residential home and two homes which support individuals with severe learning and physical disabilities which the practice provided the GP service for. All three praised the practice, told us they highly recommend the practice and told us the service they received was responsive to patients needs and treated them with dignity and respect.

Areas for improvement

Action the service **SHOULD** take to improve

- Review how carers are identified and recorded on the patient record system to ensure information, advice and support is made available to them.
- Develop and implement a clear action plan, to ensure quality outcomes specifically diabetes and mental health related indicators are correctly coded and recorded.

Dr Joseph Rizzo-Naudi

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, a practice manager specialist adviser and an Expert by Experience.

Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Dr Joseph Rizzo-Naudi

Dr Joseph Rizzo-Naudi is more commonly known as Whitchurch Surgery and is a small semi-rural dispensing practice in Whitchurch, Buckinghamshire which is approximately five miles north of Aylesbury. Whitchurch Surgery is one of the practices within Aylesbury Vale Clinical Commissioning Group (CCG) and provides general medical services to approximately 4,200 registered patients.

All services are provided from:

- Whitchurch Surgery, 49 Oving Road, Whitchurch, Near Aylesbury, Buckinghamshire HP22 4JF.

The practice comprises of two GP Partners (one male, one female) and one female salaried GP.

The all-female nursing team consists of one nurse prescriber, two practice nurses and a phlebotomist. The phlebotomist also undertakes reception and administration duties.

A practice manager, an assistant practice manager and a team of five reception and administrative staff undertake the day to day management and running of the practice.

One of the GPs is the designated dispensary lead and the dispensary team consists of one dispensing technician and three dispensers.

According to data from the Office for National Statistics, Whitchurch has high levels of affluence, low incidence of substance misuse and severe mental health problems and low levels of deprivation.

The practice population has a lower proportion of patients aged under 18 when compared to the local CCG and national averages whilst there is a significantly higher proportion of patients aged 65 and over.

Whitchurch Surgery provides GP services to a local residential home (six patients) and two local care homes (12 patients) which support individuals with severe learning and physical disabilities.

The practice has core opening hours between 8am and 6pm (at least one GP remains on site until 6.30pm) every weekday, morning appointments start at 8am and cease at 1pm, afternoon appointments start at 2pm and cease at 5.50pm. There were no extended hours surgeries available. The dispensary has core opening hours between 9am and 6pm every weekday with the exception of Thursdays when the dispensary closes at 1pm.

The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from Aylesbury Vale Clinical Commissioning Group (CCG), Healthwatch Buckinghamshire, NHS England and Public Health England.

We carried out an announced visit on 16 March 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, dispensary staff and members of the administration and reception team. On announcing the inspection we spoke with the practice manager who provided key correspondence for the inspection. During the inspection we also spoke with the practice manager, four patients who used the service and four members of the patient participation group (PPG). Following the inspection we spoke with the three residential care home and which the practice provided the GP service for.

- Observed operating procedures within the dispensary.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of 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 were provided for specific groups of people and what good care looked 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 were recording forms readily available throughout the practice.
- The practice carried out a thorough analysis of the significant events.

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, we saw an analysis of a significant event following an error when administering a child's immunisation.

The practice reviewed all measures in place to ensure this did not happen again. This included a permanent amendment to all childhood immunisation appointments from 10 minutes to 20 minutes to allow more time for vaccine administration.

We saw the practice had in place an understanding and an effective policy on their responsibility with regards to the Duty of Candour. 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 were in place to safeguard children and vulnerable adults 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were

trained to Safeguarding children level three, the nurses were trained to Safeguarding children level two and the GPs and nurses had completed adult safeguarding training.

- Notices in the waiting, treatment and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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. One of the practice nurses was the infection control lead and 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. We saw regular infection control audits were undertaken (November 2015) and saw evidence that action was taken to address any improvements identified as a result.
- We reviewed four personnel files and found 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.

Medicines Management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, dispensing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow members of the nursing team to administer medicines in line with legislation.

Are services safe?

- The practice had a designated GP lead for the dispensary. The dispensary had documented processes which they referred to as Standard Operating Procedures (SOPs). All staff involved in the procedure had signed, read and understood the SOPs and agreed to act in accordance with its requirements. Standard Operating Procedures cover all aspects of work undertaken in the dispensary. The SOPs that we saw would satisfy the requirements of the Dispensary Services Quality Scheme (DSQS). The SOPs had been reviewed and updated in the last 12 months and there was a written audit trail of amendments.
- Records showed that all members of staff involved in the dispensing process had received appropriate training. We spoke with the dispensary technician and practice manager who had records to demonstrate that the dispensers' competence had been checked regularly. When we spoke with the dispensary staff they were aware that their competence had been checked since they obtained their qualifications.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice and dispensary staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff in the dispensary were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the corridor

leading to the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments, staff had received fire safety training and the practice carried out regular fire drills. All electrical equipment was checked in March 2016 to ensure the equipment was safe to use. Throughout the inspection we observed all clinical equipment had been calibrated (February 2016) to ensure it was working properly. The practice 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 (February 2016) and an legionella risk assessment completed in August 2015 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice had suitable 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 basic life support training and there were emergency medicines available within the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and child masks. A first aid kit and accident book were 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 covered the appropriate range and 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 patient's 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 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 84% of the total number of points available, with 3.7% exception reporting. The practice's level of exception reporting is significantly lower when compared to the Clinical Commissioning Group (CCG) average (7.7%) and national average (9.2%); this would have an impact on the overall QOF achievement levels. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice was an outlier for two QOF (or other national) clinical targets areas. Data from 2014/2015 showed:

- Performance for diabetes related indicators showed the practice had achieved 75% of targets which was significantly lower when compared to the CCG average (92%) and the national average (89%). For example, 85% of patients with diabetes, on the register, have had an influenza immunisation in the preceding 12 months. This was lower when compared to the CCG average (95%) and national average (94%). However, the practice was proactive in the management of patients newly diagnosed with diabetes. For example, 100% of patients

newly diagnosed with diabetes, in the preceding 1 April to 31 March have a record of being referred to a structured education programme within nine months after entry on to the diabetes register. This is higher when compared to the CCG average (94%) and national average (90%).

- Performance for mental health related indicators was lower when compared to the CCG and national average. The practice achieved 74% of targets compared to the CCG (97%) and national average (93%).

During the inspection the inspection team discussed the lower than average performance of diabetes and mental health related QOF outcomes. We saw detailed assurance that this level of performance was being addressed; actions included specific meetings, patient recalls and medicine reviews. We saw evidence that patient medical records were accurate in terms of the care and treatment received however we saw that QOF outcomes were not always recorded correctly which resulted in a low overall QOF score. Following the inspection we were sent minutes from a practice meeting arranged specifically to prioritise accurate QOF coding.

On further investigation we saw exception reporting data for specific clinical domains was significantly lower than the local CCG and national averages. For example:

- Exception reporting for diabetes indicators was lower (4%) than the local CCG (10%) and national averages (11%) which impacts the practice's overall performance for diabetes related indicators.
- Exception reporting for mental health indicators was lower (8%) than the local CCG (10%) and national averages (11%) which impacts the practice's overall performance for mental health related indicators.
- Performance for hypertension (high blood pressure) related indicators were slightly higher when compared to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%).

Clinical audits demonstrated quality improvement.

- The practice had a system in place for completing a wide range of completed clinical audit cycles. We saw recent audits for stroke prevention, atrial fibrillation,

Are services effective?

(for example, treatment is effective)

renal complications and respiratory disease. We saw four of these were completed audits where the improvements made were implemented and monitored.

- We saw the practice participated in local audits, for example, a local audit proposed by Aylesbury Vale CCG to stop anti-platelets prescribed solely for stroke prevention in patients with atrial fibrillation.
- Findings from audits were used by the practice to improve services; we saw an example of an audit completed by the nurse prescriber which improved services for patients with chronic obstructive pulmonary disease (COPD). Chronic obstructive pulmonary disease (COPD) is the name for the collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
- The practice population and nurse prescribers special interest and qualifications in COPD presented an audit opportunity for the practice to review all patients on the COPD register (76 patients) grading all patients using post bronchodilator spirometry (a test to distinguish between stable, moderate to severe COPD). Following the grading the most appropriate treatment and education options according to local and national guidelines were implemented.
- The first cycle (September 2015) of this audit highlighted 30% of patients with COPD were prescribed high dose inhaled steroids as treatment. Following this audit, subsequent review and a new grading of COPD the practice now (March 2016) had 15% of COPD patients prescribed inhaled steroids, a reduction of 50% over five months.
- Other audits were carried out that affected very small numbers of patients and did not, due to patient's individual circumstances, demonstrate any change in practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one of the recently appointed practice nurses was scheduled to attend a cryotherapy update (cryotherapy is the use of low temperatures in medical therapy to treat a variety of benign and malignant tissue damage).
- 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 their 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 revalidating 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, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place 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.

Are services effective?

(for example, treatment is effective)

- 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 nurse prescriber assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- 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.
- The entrance foyer and waiting areas within the practice had in excess of 30 information leaflets providing information on various conditions, health promotion, support organisations and alternative care providers. During the inspection we saw several information leaflets were out of date and needed replacing and updating.
- Estimated smoking prevalence within the practice patient list was lower (11%) when compared to the CCG average (15%) and national average (18%). Information from Public Health England showed 91% of patients who are recorded as current smokers had been offered smoking cessation support and treatment. This was lower when compared to the CCG average (96%) and national average (94%).

The practice's uptake for the cervical screening programme was 87%, which was significantly higher when compared to

the CCG average (77%) and the national average (82%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

All the staff within Whitchurch Surgery encouraged its patients to attend national screening programmes for bowel and breast cancer screening; data from Public Health England reflected success in patients attending screening programmes. For example:

- 61% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was slightly higher when compared to the CCG average (59%) and national average (58%).
- 77% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar to the CCG average (76%) and higher than the national average (72%).

Records showed the GP and nurses proactively sought and promoted the childhood immunisation programme and this was evident in the immunisation data as the practice was above both local and national averages for childhood immunisations. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to children under 12 months were 100%, under two year olds were 100% and five year olds from 89% to 97%. This was higher than the CCG averages which was 97% for children under 12 months, between 93% and 96% for children under two years old and between 78% and 96% for five year old children.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them 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; 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 32 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 efficient, helpful and caring. They said staff treated them with dignity and respect and the care they received exceeded their expectations. Patients stated they felt GPs took an interest in them as a person and overall impression was one of wanting to help patients.

We also spoke with four patients on the day of our inspection and the experience of these patients further supported the feedback in the comments cards. We were given many examples of the GPs taking additional time to ensure patients received the care they needed such as making contact with patients outside of normal working hours and contacting secondary medical services to ensure referrals were received. All the patients we spoke with said they would recommend the practice.

This was further collaborated in results from the national GP patient survey:

- 94% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 78%, national average 78%).

Other results from the national GP patient survey showed patients felt they were treated with compassion, dignity

and respect. Notably satisfaction scores for interactions with reception staff and the nursing team were much higher when compared to the CCG and national average. For example:

- 96% said the GP was good at listening to them (CCG average 90%, national average 89%).
 - 93% said the GP gave them enough time (CCG average 88%, national average 87%).
 - 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
 - 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
 - 96% said the last nurse they saw or spoke to was good at listening to them (CCG average 91%, national average 91%).
 - 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 97% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us 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 always had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. 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 practice staff explaining care options, tests and treatment. For example:

- 90% said the last GP they saw was good at explaining tests and treatments (CCG average 88%, national average 86%).
- 93% said the last nurse they saw was good at explaining tests and treatments (CCG average 89%, national average 90%).

Are services caring?

- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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. Staff told us there was little call for the service as most patients were able to speak English but if required they were confident to use the translation service.

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 including information about the local social care team and Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire) to support carers.

We were shown a comprehensive tool kit available for carers to ensure they understood the various avenues of support available to them. This was freely available in the waiting areas of the practice.

The practice's computer system alerted GPs if a patient was also a carer. In March 2016, the practice patient population list was 4,200. The practice had identified 11 patients, who were also a carer, this amounts to less than 1% of the practice list.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs.

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 Aylesbury Vale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice also provided GP services to one local residential home and two homes which support individuals with severe learning and physical disabilities with a lead GP designated to each of the three homes. The designated GPs held regular sessions at the homes to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and undertake medication reviews.
- Same day appointments were available for children and those with serious medical conditions.
- There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.
- There were disabled facilities and all patient services were located on the ground floor. The practice had clear, obstacle free access. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. We also noted there was a lowered reception desk, the practice had a hearing loop and all treatment rooms had ergonomic height adjustable treatment couches with a large weight capacity and low minimum height for easy transfer and support of all patients.

Access to the service

The practice had core opening hours between 8am and 6pm every weekday, morning appointments start at 8am and cease at 1pm, afternoon appointments start at 2pm and cease at 5.50pm. There were no extended hour's surgeries available but the GPs told us they would see a

patient past the normal hours if required. The dispensary had core opening hours between 9am and 6pm every weekday with the exception of Thursdays when the dispensary closed at 1pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher when compared to CCG averages.

- 72% of patients were satisfied with the practice's opening hours (CCG average 70%, national average 75%).
- 88% of patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 92% described their experience of making an appointment as fairly good or very good (CCG average 74%, national average 73%).

The reception staff and patients told us the current appointment system worked very well and the practice was able to meet patient demand.

However, national GP patient survey data indicates patients were dissatisfied with waiting times for appointments. For example:

- 43% of patients said they usually wait 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).
- 41% of patients said they feel they don't normally have to wait too long to be seen (CCG average 55%, national average 58%).

We saw evidence and reassurance that the practice manager was aware of the survey results and was implementing plans to review waiting times. Patients we spoke with on the day and completed comment cards highlighted their satisfaction with the level of access and did not mention waiting times as a concern. Throughout the inspection we observed patients were seen promptly with minimal waiting.

We reviewed the most recent data available for the practice on patient satisfaction regarding access to appointments. This included information from the January 2016 GP national patient survey results (119 respondents), NHS Choices website (five reviews), 32 CQC comment cards completed by patients and four patients we spoke with on the day of inspection.

Are services responsive to people's needs?

(for example, to feedback?)

The evidence from these sources with the exception of NHS Choices website showed patients were satisfied with how they access appointments, including telephone access. The practice manager had reviewed all feedback on NHS Choices, proactively sought patients' feedback and engaged patients in the delivery of the service and the development of the appointment system.

All three care homes which access GP services from the practice, told us the practice was highly responsive to patients needs and one care home provided examples of practice GPs attending patients during the night, at weekends and bank holidays ensuring continuity of care.

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 through a patient information leaflet available from reception. Following discussions with the practice manager we saw information on how to complain, compliment and make suggestions was available more freely in the waiting areas of the practice.

The practice had received four complaints in the last 12 months and we found all were satisfactorily handled and dealt with in a timely way. No themes had been detected but individual lessons had been learnt from several complaints and actions taken to improve the quality of care. The practice showed openness and transparency in dealing with the complaints we reviewed.

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

All staff we spoke with said that there was a 'patient first' ethos within the practice. This was corroborated by the patients and external stakeholders (three care homes) with whom we spoke. We found that there was strong leadership within the practice and all staff in the practice including the dispensary understood their role in leading the organisation and enabling staff to provide good quality care.

Although there was no documented vision the practice had a robust strategy and supporting business plans which reflected practice values and was regularly monitored. Details within the strategy included awareness of potential changes within the local health economy.

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.
- An understanding of the performance of the practice was maintained. Further, more robust arrangements included Quality and Outcomes Framework (QOF) coding arrangements were implemented immediately after the inspection.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GPs in the practice ensured the service provided safe, high quality and compassionate care. They 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.

We spoke with 11 members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- 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, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- We saw evidence that the practice had reviewed its' results from the national GP survey to see if there were any areas that needed addressing. The practice was encouraging patients to be involved in shaping the service delivered at the practice.
- We found the practice to be involved with their patients and the Patient Participation Group (PPG) and a group known as 'Friends of Whitchurch Surgery'. Both groups held regular fundraising events with a view of purchasing equipment for the practice. We saw evidence of purchased pieces of equipment. For example, purchases in 2015 included a nebuliser (a device used to administer medicine in the form of a mist inhaled into the lungs, commonly used for the treatment of cystic fibrosis, asthma, COPD and other respiratory diseases).

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through social events, informal coffee mornings, staff meetings, appraisals and other 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 outcomes for both staff and patients.
- The practice was engaged with Aylesbury Vale Clinical Commissioning Group (CCG), the local GP network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings.
- The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning time and access to online training materials.
- The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk patients.

The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, a local audit proposed by Aylesbury Vale CCG to stop anti-platelets prescribed solely for stroke prevention in patients with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate).

Continuous improvement

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