

Whitehill Surgery

Quality Report

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Date of inspection visit: 17 November 2015

Date of publication: 17/12/2015

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Whitehill Surgery on 17 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice had an effective governance system in place, was well organised and actively sought to learn from performance data, incidents and feedback.

We saw several areas of outstanding practice including:

- The practice were committed in raising people's awareness of dementia. Most practice staff had completed dementia training and dementia awareness workshops. Training provided by Dementia Academic Action Group and the Alzheimer's Society had resulted in the practice having a network of 'dementia friends' (Dementia Friends is an Alzheimer's Society initiative that aims to give people a greater understanding of the impact of dementia and ways to help people with dementia live well in their community.) Staff told us this training had helped them to understand how they could help people living with this condition more effectively.

Summary of findings

- There was specific designated GP point of contacts for the three care homes (approximately 147 patients) which the practice provided GP services for. Contact details of the designated GPs were shared with the relevant staff, patients and their families, enabling continuity of care and quick access to the right staff at the practice.
- The practice was proactive in its support of carers. For example, the computer system alerted GPs if a patient was also a carer and a member of staff carried out the role of a “carers champion”. This staff member made annual contact with every carer on the register to personally ensure they were receiving the care and support they required. The carers register was then updated based on this contact.
- The practice was part of a local apprentice programme and had been awarded with the “Best Employer” award. There were two current apprentices at the practice on a two-year apprenticeship to gain a level 2 diploma in business administration. The scheme has led to employment for previous apprentices, either in this practice or other local practices.

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.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Information about safety was recorded, monitored, appropriately reviewed and addressed. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- The premises and equipment were clean, hygienic and well maintained.
- The practice had robust arrangements in place to respond to emergencies and other unforeseen situations such as the loss of utilities.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

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. Quality and Outcomes Framework (QOF) data available to us showed that the practice was higher than national average (93.5%) and slightly higher when compared to local Aylesbury Vale Clinical Commissioning Group average (97.1%) achievement levels. In the latest year 2014-2015, the practice scored 98.4%.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement, for example in the management of patients with thyroid disease.
- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.
- There was evidence of appraisals and personal development plans for all staff.

Good



Summary of findings

Are services caring?

Good



The practice is rated as good for providing caring services.

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- The practice was proactive in its support of carers. For example, the computer system alerted GPs if a patient was also a carer and a member of staff carried out the role of a “carers champion”. This staff member made annual contact with every carer on the register to personally ensure they were receiving the care and support they required.
- The practice were committed in raising people’s awareness of dementia. Most practice staff had completed dementia training and dementia awareness workshops.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Patients told us the GPs take 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.

Data from the national patient survey showed the practice was rated ‘among the best’ for patients who rated the practice as good or very good. For example:

- 91% of patients said the GP gave them enough time compared to the CCG average (88%) and national average (87%).

Are services responsive to people’s needs?

Good



The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS Area Team, Aylesbury Vale Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised

Patients responding to the GP National patient survey reflected below average access to appointments. For example:

Summary of findings

- 67% of patients found it easy to get through to the surgery by telephone which is significantly lower when compared with the CCG average (75%) and the national average (73%).
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried which was similar to the CCG average (90%) and higher when compared to the national average (85%).
- 85% of patients said the last appointment they got was convenient which was lower when compared with the CCG average and national average which were both 92%.

However, we saw the practice had plans to address these issues (including a recent Did Not Attend audit) and feedback regarding access to appointments from 17 patients (in person or writing) on the day was highly complementary of the appointment system. Patients reported there was continuity of care, were always able to see a GP on the day if their need was urgent or obtain prompt telephone advice.

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.
- 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 had a strategic approach to future planning as the local health economy continues to change. There were also comprehensive succession arrangements to identify and address future risks to personnel leaving or retiring.
- The partners encouraged a culture of openness and honesty. The provider was aware of and complied with the requirements of the Duty of Candour.
- 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 (PPG) was active and involved in decisions. For example, increasing the number of telephone appointments and refurbishment of the practice.
- Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 provided person centred care to meet the needs of the older patients in its population and had a range of enhanced services, for example in dementia, end of life care and reducing admissions to hospital.
- It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.
- There was specific designated GP point of contacts for the three care homes (approximately 147 patients) which the practice provided GP services for. Contact details of the designated GPs were shared with the relevant staff, patients and their families, enabling continuity of care and quick access to the right staff at the practice.
- The practice provided a warfarin clinic for patients on long term warfarin therapy. One of the GPs and two members of the nursing team tested blood for clotting time and prescribed warfarin on site. This daily clinic allows patients to have their blood monitoring completed at the practice and reduced the requirement to visit the local hospital.
- Unplanned hospital admissions and re-admissions for this group were regularly reviewed and improvements made.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example:

- 100% of patients with atrial fibrillation are currently being treated with anticoagulation drug therapy or an antiplatelet therapy; this was higher than the national average (98%).
- 100% of patients aged 75 or over with a record of a fragility fracture (on or after 1 April 2014) and a diagnosis of osteoporosis, are currently treated with an appropriate bone-sparing agent. This was higher than the national average (90.8%).

People with long term conditions

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

Good



Summary of findings

- The GPs and nurse team had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and COPD (Chronic Obstructive Pulmonary Disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).
- 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 medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with end of life care needs and their families were well supported by the practice.

Historic quality data demonstrated the monitoring of patients with long term conditions, for example diabetes, compared better than the national average. For example:

- 83.8% of patients with diabetes, on the register, had a blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less. This is higher when compared to the CCG average (78.1%) and national average (78%).
- 100% of patients newly diagnosed with diabetes, had 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 (94.4%) and national average (90.3%).

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.
- 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.
- The practice's performance for the cervical screening programme was 75.2%, which was similar when compared to the CCG average (77.7%) and the national average (74.3%).

Good



Summary of findings

- We saw good examples of joint working with midwives and health visitors. Appointments were available outside of school hours and the premises were suitable for children and babies.

Immunisation rates for standard childhood immunisations (12 months, 24 months and five years) given in 2014/15 were higher when compared with the local CCG average. For example:

- 99.5% of patients aged 12 months had received Meningitis C vaccination, the CCG average was 97.3%.
- 98.1% of patients aged five year had received Dtap/IPV Booster (vaccination to protect against diphtheria, tetanus, pertussis (whooping cough) and polio). This is higher than the CCG average (94.6%).

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 provided a range of appointments between 8.30am and 6.30pm Monday to Friday. The practice had extended hours 7am-8am on Tuesdays and Thursdays and one Saturday morning per calendar month. Although no restrictions these were specifically for patients not able to attend outside normal working hours.
- 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.
- Health promotion advice including up to date health promotion material was available through the practice.

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 vulnerable patients including those with a learning disability. We saw the practice had carried out annual health checks for people with a learning disability and these patients had a personalised care plan in place.

Good



Summary of findings

- We saw longer appointments were available for patients that needed them.
- 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.

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).

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 including regular face-to-face reviews for these patients. For example:

- 90.8% of patients diagnosed with dementia had their care reviewed in a face-to-face review; this was higher when compared with the CCG average (89.4%) and the national average (84%).
- 95.6% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record; this was higher than the CCG average (93.8%) and national average (88.3%).
- 93.6% of patients with schizophrenia, bipolar affective disorder and other psychoses have had their alcohol consumption recorded; this was higher than the CCG average (91.6%) and national average (89.5%).

Most practice staff had completed dementia training and dementia awareness workshops. Training provided by Dementia Academic Action Group and the Alzheimer's Society had resulted in the practice being dementia friendly with a team of dementia friends. Staff told us this training had helped them to understand how they could help people living with this condition more effectively.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing below local (CCG) and national averages. There were 108 responses and a response rate of 33%.

- 67% of patients found it easy to get through to the surgery by telephone which is significantly lower when compared with the CCG average (75%) and the national average (73%).
- 83% of patients found the receptionists at this surgery helpful which is lower when compared with the CCG and the national average, both 87%.
- 76% of patients would recommend this surgery to someone new to the area. This is slightly lower when compared with the CCG average (80%) and the national average (78%).
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried which is similar when compared to the CCG average (90%) and higher than the national average (85%).

- 89% of patients described their overall experience of this surgery as good which was higher when compared to the CCG average (87%) and a national average (85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all highly positive about the standard of care received.

Patients reported that they felt that all the staff treated them with respect, listened to and involved in their care and treatment. Patients were complimentary about the appointments system and its ease of access and the flexibility provided.

The 13 patients we spoke with on the day of inspection confirmed this.

Outstanding practice

- The practice were committed in raising people's awareness of dementia. Most practice staff had completed dementia training and dementia awareness workshops. Training provided by Dementia Academic Action Group and the Alzheimer's Society had resulted in the practice having a network of 'dementia friends' (Dementia Friends is an Alzheimer's Society initiative that aims to give people a greater understanding of the impact of dementia and ways to help people with dementia live well in their community.) Staff told us this training had helped them to understand how they could help people living with this condition more effectively.
- There was specific designated GP point of contacts for the three care homes (approximately 147 patients) which the practice provided GP services for. Contact

details of the designated GPs were shared with the relevant staff, patients and their families, enabling continuity of care and quick access to the right staff at the practice.

- The practice was proactive in its support of carers. For example, the computer system alerted GPs if a patient was also a carer and a member of staff carried out the role of a "carers champion". This staff member made annual contact with every carer on the register to personally ensure they were receiving the care and support they required. The carers register was then updated based on this contact.
- The practice was part of a local apprentice programme and had been awarded with the "Best Employer" award. There were two current apprentices at the practice on a two-year apprenticeship to gain a level 2 diploma in business administration. The scheme has led to employment for previous apprentices, either in this practice or other local practices.

Whitehill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, two specialist advisors (a GP and a Practice Manager) 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 Whitehill Surgery

Whitehill Surgery is located within Aylesbury town centre and is one of 19 practices within Aylesbury Vale Clinical Commissioning Group (CCG). The practice provides general medical services to approximately 13,250 registered patients in Aylesbury, Buckinghamshire.

Clinical services are provided from:

- Whitehill Surgery, Oxford Road, Aylesbury, Buckinghamshire HP19 8EN
- Fairford Leys Surgery, 3 Ashley Court, 65 Kingsgate, Aylesbury, Buckinghamshire HP19 8GG

We visited both locations including the branch surgery in Fairford Leys as part of this inspection.

The practice has core opening hours from 8.30am to 6.30pm Monday to Friday to enable patients to contact the practice. The branch surgery is open every weekday morning between 8.30am and 12.00noon, Monday

afternoons between 2.00pm and 4.00pm and provides early morning appointments between 7.00am and 8.00am on Tuesday and Thursday. The practice is open on one Saturday morning per calendar month for pre-booked GP appointments.

The patient population has increased by approximately 1,300 patients in the last 12 months. The practice has a transient patient population; patients are often outside of the country for long periods. According to national data there is minimal deprivation in Aylesbury; however the practice is located within a pocket of deprivation. People living in more deprived areas tend to have greater need for health services and people outside of the country for long periods often has an impact on screening and recall programmes.

The practice comprises of nine GP partners (three male, six female) who are supported by two GP Registrars. The practice is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The all-female nursing team consists of one nurse prescriber, three practice nurses and two health care assistant with a mix of skills and experience. In addition, the practice is supported by three midwives who run clinics on the practice premises. The practice also works closely with district nurses.

A practice manager, a finance manager and a team of reception and administrative staff undertake the day to day management and running of the practice. The practice is engaged with the apprentice programme and also has two apprentices who undertake administration and reception duties.

Detailed findings

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 and over the telephone when the surgery is closed.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out the inspection under Section 60 of the Health and Social Care Act as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from Aylesbury Vale Clinical Commissioning Group (CCG), Healthwatch Buckinghamshire, NHS England and Public Health England

We carried out an announced inspection on 17 November 2015 and visited the main surgery (Whitehill Surgery) and the branch surgery (Fairford Leys Surgery).

During the inspection we spoke with five GPs, two GP Registrars, one nurse prescriber, one practice nurse, one health care assistant, five members of reception including the reception manager, the 'carers champion', practice manager and finance manager. We also spoke with two members of the patient participation group.

We reviewed how GPs made clinical decisions. We reviewed a variety of policies and procedures used by the practice to run the service. We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to.

We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

We obtained patient feedback from speaking with patients, CQC patient comment cards, the practice's surveys and the GP national survey.

We observed interaction between staff and patients in the waiting room.

Are services safe?

Our findings

Safe track record and learning

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

- We saw there was an open, transparent approach and a system in place for reporting and recording significant events. Staff were able to report incidents and learning outcomes from significant events, these were shared with appropriate staff.
- The practice carried out a thorough analysis of the significant events. This included every cancer diagnosis within the practice being recorded as a significant event. Staff we spoke with told us the practice had embedded this analysis process into everyday practice and all the team were dedicated to learning from significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. For example, we saw an analysis of a significant event with a positive outcome which reflected the wishes of the patient. This event had been reviewed with a multi-disciplinary team and outcomes highlighted excellent communication between primary care, out of hour's service and secondary care. Learning was shared at a practice meeting which was recorded and staff we spoke with demonstrated their understanding of the importance of clear concise communication.

Safety alerts (including medicine and equipment alerts) were monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled the practice to communicate and act on risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe 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 always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Practice staff had received safeguarding training specific to their role and responsibility.

- A notice in the waiting room advised patients that members of the nursing and reception team would act as chaperones, if required. We checked and saw these members of staff 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 nurse prescriber 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Patient Group Directions and Patient Specific Directions had been adopted by the practice to allow members of the nursing team to administer medicines in line with legislation.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments completed in February 2015. All electrical equipment was checked in June 2015 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 infection control completed in October 2015, asbestos risk assessment completed in May 2015 and a legionella assessment completed in June 2015.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups including a 'buddy arrangement' between GPs to ensure that enough staff were on duty and patients received timely care and treatment.

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 and oxygen with adult and children's masks available on the premises. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in an 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 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 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 peoples' needs. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.
- 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

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews and medicines management. The information staff collected was then collated to support the practice to carry out clinical audits.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The QOF incentive scheme rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

The most recent published results were 98.4% (CCG average 97.1% and national average 93.5%) of the total number of points available, with 8.9% exception reporting. The level of exception reporting sits between the CCG average (7.7%) and the national average (9.2%).

Exception reporting is the percentage of patients who would normally be monitored. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

During the inspection the CQC GP specialist advisor discussed exception reporting; we received detailed

assurance that this level of reporting was accurately documented and recorded. The practice had also suspended information collected for QOF which results in an inaccurate exception figure.

The practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was higher (98.8%) than both the CCG (92.2%) and national average (89.2%). The practice was performing better than the CCG and national average in all of the 11 diabetes related indicators. For example, 100% of patients newly diagnosed with diabetes, had 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 (94.4%) and national average (90.3%).
- Performance for hypertension related indicators was higher (100%) than both the CCG (99%) and national average (97.8%). For example, 86.3% of patients with hypertension were having regular blood pressure tests. This was better than the CCG (83.2%) and national average (83.6%). The practices exception reporting for hypertension was lower (3.1%) than the CCG (3.2%) and national average (3.8%).
- Performance for mental health related indicators was higher (100%) than both the CCG (97.2%) and national average (92.8%). For example, 100% of patients on lithium therapy had a record of lithium levels in the therapeutic range in the preceding four months. This was higher when compared to the CCG average (94.1%) and national average (91%).
- Performance for dementia related indicators was higher (100%) than both the CCG (98.4%) and national average (94.5%). For example, 90.8% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. This was higher than the CCG average (89.4%) and higher than the national average (84%).

Comprehensive clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. The practice had nine categories of audit including specific audits for cardiology (branch of medicine

Are services effective?

(for example, treatment is effective)

that deals with diseases and abnormalities of the heart), endocrinology (a branch of medicine that deals with the diagnosis and treatment of diseases related to hormones) and respiratory (the act or process of breathing).

We were told that GPs carried out at least two clinical audits every five years for their professional revalidation and other audits were generated by the clinical commissioning group as a result of medicines management.

We were shown detailed examples of twelve clinical audits carried out in the last year; several of these were completed audits where the improvements made were implemented and monitored. Each example we were shown included four stages; preparation and planning, measuring performance, implementing change and sustaining improvement. Several of the audits we were shown had up to 10 cycles using the same methodology to ensure comparability.

Findings were used by the practice to improve services and outcomes for patients. For example, the practice provided information relating to a completed audit on thyroid function test (TFT) monitoring. Thyroid disease is common (approximately 1% of the population); it presents with wide-ranging and often nonspecific symptoms - once diagnosed, needs to be regularly monitored to optimise therapy. Following the audit, the practice had highlighted 100% of patients with thyroid disease and had they were now receiving regular TFT monitoring including medication reviews for these patients.

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations 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 on-going support during sessions, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Most practice staff had completed dementia training and dementia awareness workshops. Training provided by Dementia Academic Action Group and the Alzheimer's Society has resulted in the practice being dementia friendly with a team of dementia friends. Staff told us this training had helped them to understand how they could help people living with this condition more effectively.
- A number of practice staff were completing additional National Vocational Qualifications in subjects including customer services and management. The practice was also part of a local apprentice programme and had been awarded with the "Best Employer" award. There were two current apprentices at the practice on a two-year apprenticeship to gain a level 2 diploma in business administration. The scheme has led to employment for previous apprentices, either in this practice or other local practices.

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. Staff we spoke with knew how to use the system and said that it worked well.

- 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 people to other services.
- We saw that all staff had completed information governance training which outlines the responsibilities to comply with the requirements of Data Protection Act 1998.

Staff worked together and with other health and social care services to understand and meet the range and complexity

Are services effective?

(for example, treatment is effective)

of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

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. For example, a clear understanding of the Gillick competency test. (These were used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs 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.

- The practice offered a health checks to all new patients registering with the practice, these were completed by the nursing team. The GPs were informed of all health concerns detected and these were followed up in a timely way.
- The practice had many ways of identifying patients who needed support, and it was pro-active in offering additional help. A nurse we spoke with told us there were a number of services available for health promotion and prevention. These included clinics for the management of diabetes, chronic obstructive pulmonary disease (COPD), asthma and cervical screening.

- The practice population has a high prevalence of current smokers (21.7%) this is higher than the CCG average (16.0%) and national average (19.1%). The practice had in excess of 30 information leaflets providing meaningful and relevant information on various conditions, health promotion, support organisations including smoking cessation literature. The practice had identified the smoking status of 95.4% of patients over the age of 16 (similar to the CCG average 94.6%) and worked in conjunction with local smoking cessation clinics.

The practice has a transient patient population; patients were often outside of the country for long periods. This had an impact on screening and recall programmes. This was reflected in national screening programme data from Public Health England for bowel, breast and cervical cancer screening:

- The practice's performance for the cervical screening programme was 75.2%, which was similar when compared to the CCG average (77.7%) and the national average (74.3%).
- 50.5% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was lower than the CCG average (59.3%) and the national average (58.3%).
- 69.5% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was lower when compared to both the CCG average (76.7%) and the national average (72.2%).

The practice were aware of the areas of lower than average performance and we were told of plans to promote cancer screening across all patient demographics including more literature in the reception area.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 91.2% to 99.5%, these were similar to the CCG and national averages.
- Childhood immunisation rates for vaccinations given in 2014/15 to five year olds ranged from 81.1% to 98.1%, these slightly higher than the CCG and national averages.

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 71.5%, and at risk groups 49.1%. These were slightly lower when compared to the national averages, over 65s 73% and at risk groups 52%.

Flu vaccination rates for patients with diabetes (on the register) was 99% which was higher than the CCG average (94.8%) and the National average (94.4%).

So far in the flu season for 2015/16, over 76% of flu vaccines had been administered by mid November 2015.

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 people 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 were conscious of patients and carers who wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the July 2015 national patient survey results (108 respondents), NHS Choices website (five recent reviews) and four comment cards completed by patients. The evidence from all these sources showed patients were highly satisfied with how they were treated, and this was with compassion, dignity and respect.

Results from the national GP patient survey showed patients rated the practice as good or very good. For example:

- 98% said they had confidence and trust in the last GP which was higher when compared to the CCG average (96%) and national average (95%).
- 91% said the GP gave them enough time which was higher when compared to the CCG average (88%) and national average (87%).

Further data from the national patient survey showed the practice was rated 'among the best' for patients who rated the practice as good or very good particularly from the nursing team. For example:

- 100% said they had confidence and trust in the last nurse they saw or spoke to which was higher when compared to the CCG average (98%) and national average (97%).

- 93% said the last nurse they saw or spoke to was good at treating them with care and concern which was similar when compared to the CCG average (92%) and higher than the national average (90%).

Care planning and involvement in decisions about care and treatment

The national patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice well in these areas. For example:

- 93% said the last GP they saw was good at explaining tests and treatments which was higher when comparing to the CCG average of 89% and national average of 86%.
- 91% said the last nurse they saw was good at explaining tests and treatments which was similar when compared to the CCG (90%) and national average (90%).
- 94% said the GP was good at involving them in decisions about their care which was significantly higher when compared to the CCG average (85%) and national average (81%).
- 90% said the last nurse they saw was good at involving them in decisions about their care which was higher when compared to the CCG average and national average both of which were 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.

Patient/carers support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 96% said the last GP they spoke with was good at treating them with care and concern which was slightly higher when compared to the CCG average (87%) and the national average (85%).

Are services caring?

- 93% said the last nurse they spoke with was good at treating them with care and concern which when compared was similar to the CCG average (92%) and slightly higher than the national average (90%).

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. These highlighted that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. In November 2015, the practice patient population list was 13,252. The practice had identified 109 patients who were also a carer, this amounts to 0.82% of the practice list.

The practice employed a 'carers champion' co-ordinator providing as much support through community settings as possible to enable patients to live independently for longer. We were shown a comprehensive tool kit available for

carers to ensure they understood the various avenues of support available to them. The practice worked closely with the local social care team and Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire) to support carers including the promotion of completing a regular carers risk assessments.

The practice promoted access to a number of support groups and organisations through the carers champion and literature in the patients' waiting room. We were told and we saw evidence of support services for young carers and carers from the black and minority ethnic community and those looking after someone with mental health problems, including depression.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, patients with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered early morning GP clinics on a Tuesday and Thursday mornings between 7.00am and 8.00am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for all patients.
- There were disabled facilities and all patient services were located on the ground floor. The practice had clear, obstacle free access. We saw that practice had a hearing loop and the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Extended hours surgeries were available between 7.00am and 8.00am on Tuesday and Thursday. The practice was open for one Saturday morning per calendar month. Same day urgent appointments were available in addition to pre-bookable appointments that could be booked up to six weeks in advance.

We saw data from GP National Patient Survey and in house patient surveys had been reviewed as patients responded negatively to some questions about access to appointments. For example:

- 67% of respondents found it easy to get through to the practice by phone. This was lower than the CCG average (75%) and the national average (73%).
- 89% of respondents were able to get an appointment to see or speak to someone the last time they tried; this was similar to the CCG average (90%) but higher than the national average (85%).
- 85% of patients who say the last appointment they got was convenient: this was lower when compared to the CCG average and national average which were both 92%.
- 62% of respondents described their experience of making an appointment as good; this was significantly lower when compared to the CCG average (76%) and national average (73%).
- 71% of respondents were satisfied with the surgery opening hours; this was similar to the CCG average (71%) and lower than the national average (75%).

We noted that one of the five patient reviews from 2015 for the practice on NHS choices website referred to poor access of appointments.

However, on the day of inspection we found evidence of the practice responding to patient feedback and saw a plan to address these issues including an increase in telephone consultations available and a recent (September 2015 and October 2015) Did Not Attend audit. This audit highlighted that in September 2015, 132 GP appointments and 89 nurse appointments had not been attended and in October 2015, 136 GP appointments and 105 nurse appointments had not been attended.

The practice had contacted patients using a range of communication mediums to highlight the importance of contacting the practice if they would not be attending their appointment. This included text message appointment reminders.

Patients we spoke with were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a GP on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another doctor if there was a wait to see the GP of their choice.

Are services responsive to people's needs?

(for example, to feedback?)

We also looked at the available appointments following our visit and saw appointments were available including pre-bookable, same day appointments and duty GP appointments.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

We looked at seven of the twenty one complaints received in the last 12 months and found all reviewed complaints were satisfactorily handled, demonstrated openness, honesty and transparency whilst dealt with in a timely way.

The practice reviewed each complaint and could identify any patterns and shared the learning with the full practice

team. We saw minutes of these meetings which demonstrated a discussion of the complaints, identified the relevant learning points and action taken to as a result to improve the quality of care.

For example, following a patient complaint changes were made to the shared care protocol agreement with Child and Adolescent Mental Health Service (CAMHS) and a review of prescribing medication which affects chemicals in the brain contributing to hyperactivity and impulse control.

We saw that information leaflets were available at the practice and on the website to help patients understand the complaints system. Contact details were provided for the Health Service Ombudsman and independent advice and advocacy.

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 with a family orientated approach whilst promoting good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a business plan which reflected the vision and values of the practice and addressed business needs, staff training needs and staff succession planning.

The practice acknowledged the benefit of compiling the plan. They commented that the plan gave all staff and others interested in the practice's progress a picture of what the practice was doing and information about future changes to be made.

Staff we spoke with confirmed they were aware of the practice plans and that information had been shared with them.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- The GP partners, practice manager and finance manager had a comprehensive understanding of the performance of the practice and had arrangements in place to improve patient outcomes whilst the patient population list increases
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice ensured the service provided safe, high quality and compassionate care. The GPs 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 were told there was a flat hierarchy (a flat management structure, with fewer levels of management between managers and employees) within the practice. All staff we spoke with confirmed this and told us the partners encouraged all team members to become more active and productive by giving them more roles in the decision-making process.

Staff also told us there was a relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by partners and practice manager.

Despite the flat hierarchy, there was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings. All staff we spoke with positively described that despite being spread across two locations (main practice and branch surgery) there was a sense of one team.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- 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 held an annual summer BBQ and Christmas event with all practice staff and their relatives were invited to.

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 dealing with complaints, concerns and notifying safety incidents.

Seeking and acting on feedback from patients, public and staff

We found the practice to be involved with their patients and the Patient Participation Group (PPG). There was an

Are services well-led?

Good 

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

active PPG who had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improvements to online services, revised car park arrangements, support for carers and the telephone appointment system.

The PPG had a clear and updated noticeboard in the reception area and helped the practice produce a quarterly practice newsletter. The autumn newsletter (October 2015-December 2015) included information such as results from the 'Did Not Attend' audit, festive period opening hours and an update on flu clinics.

We also noted an active PPG online presence via social media updating patients on practice news including the Care Quality Commission (CQC) inspection and promotion of completing CQC comment cards prior to the inspection.

The two members of the PPG we spoke with were very positive about the role they played and told us they felt engaged with the practice.

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 in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff told us that the practice supported them to maintain their clinical professional development

through training and mentoring. We looked at five staff files and saw that regular appraisals took place (January 2015) which included personal development plans and provisional appraisal dates for 2016.

When reviewing the staff files we also saw that staff were up to date with attending mandatory courses such as annual basic life support, infection control and safeguarding of children and vulnerable adults.

Clinical and non-clinical staff told us they worked well as a team and had good access to support from each other. There were processes in place for reporting and investigating safety incidents.

For example, we saw that significant event reporting had been discussed at the practice meeting held in October 2015. Staff we spoke with told us that there was a strong focus on learning, from practice and from each other in order to improve the services they provided for patients.

The practice was part of a local apprentice programme and had been awarded with the "Best Employer" award. There were two current apprentices at the practice on a two-year apprenticeship to gain a level 2 diploma in business administration. The scheme has led to employment for previous apprentices, either in this practice or other local practices.

The practice was a GP training practice. We spoke with two GP registrars who spoke of the quality of leadership and support received at the practice.