Cuckfield Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cuckfield Medical Practice on 13 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Data from the national GP patient survey showed patients rated the practice higher than others for nearly all aspects of care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was piloting offering web based consultations for patients. These were accessed through the practice website and the patient completed a quick, secure questionnaire which was sent to their GP. The GP reviewed the answers given and recommended advice or treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had an active patient participation group which was organising a wellbeing fair to increase awareness of long term conditions and local support services.

Summary of findings

- The partners took a proactive approach to trying out new ideas and offered a wide range of services to meet differing patient needs.
- The provider was aware of and complied with the requirements of the duty of candour.

Professor Steve Field

CBE FRCP FFPH FRCGPChief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

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The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for nearly all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice were piloting offering web based consultations for patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The partners took a proactive approach to trying out new ideas and offered a wide range of services to meet differing patient needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice aims and their responsibilities.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Outstanding ☆

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

- 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, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided medical support to two local care homes and feedback from the homes was positive.
- The practice participated in an over 75s project, run by the clinical commissioning group. The project identified patients who were infrequently seen and those patients who were housebound and offered them a medical review. These patients were visited by a GP and a number of medical issues were identified and treated. Overall the project has resulted in fewer home visits, more proactive care and positive patient feedback.
- The practice provided a weekly GP ward round to two nursing homes who have had high admission rates to hospital. This, together with coordinating with the multidisciplinary team and pro-active care team has led to a reduction in admission rates. The practice provided data to demonstrate that admissions to hospital had been reduced by 20% to 30% across the nursing homes involved.
- The practice employed a care coordinator whose role was to assist patients by signposting them to services which could help them. This work, together with the over 75s project, was highlighted by the CCG as successful and shared with other surgeries as an example of good practice.

People with long term conditions

Good ●

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 97% of patients on the diabetes register had a record of a foot examination and classification which was above the CCG average of 91% and national average of 88%. The practice had close links with the community diabetes nurse which enabled the sharing of expertise across the nurse team.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients who had several long term conditions were invited to one annual review rather than having to attend the practice several times for each condition.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 81% of eligible female patients had had a cervical screening test which was in line with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Electronic prescribing allowed prescriptions to be sent to a pharmacy near to a patient's workplace.

Summary of findings

- The practice was trialling offering web based consultations for patients. The patient completed a quick, secure questionnaire on line which was sent to their GP, who reviewed the answers given and recommended advice or treatment. The response time from the GP was by the end of the next working day.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. One of the nurses attended a local home for people with learning disabilities to provide care such as vaccinations.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

People experiencing poor mental health (including people with dementia)

Good

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

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the clinical commissioning group (CCG) average of 86% and the national average of 84%.
- 100% of patients experiencing poor mental health had an agreed care plan, which was better than the CCG average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. A counselling service was able to use the practice's rooms free of charge. This also helped to ensure patients did not have to wait long for referrals.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia, and had recently provided dementia training to all staff.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 253 survey forms were distributed and 104 were returned. This represented 1.2% of the practice's patient list.

- 87% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 77% and national average of 73%.
- 91% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and national average of 76%.
- 92% of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 92% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all very positive about the standard of care received. Patients stated that the quality of care was excellent and that they had received the very best treatment. They also commented that staff at both the main surgery and the branch surgery were highly professional, warm, caring and efficient and that management and communication systems were excellent.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, one patient was a temporary resident visiting from abroad and was very impressed with the service they had received. The friends and family test from January to June 2016 showed that over 95% of patients would recommend the practice based on over 1000 responses.

Cuckfield Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector together with a GP specialist adviser.

Background to Cuckfield Medical Practice

Cuckfield Medical Practice has two sites. One is based in the village of Cuckfield (Cuckfield Medical Practice) and the other site, known as The Vale Surgery, is in the centre of the town of Haywards Heath. Both buildings are purpose built and The Vale Surgery occupies the ground floor of a building which also has a dentist, community pharmacy and musculoskeletal service in it.

We visited the Cuckfield Medical Practice site during this inspection. The premises at Cuckfield provide easy access to consulting rooms and treatment rooms, which are all on the ground floor. The administration offices are based upstairs.

The Cuckfield Medical Practice site is based at:

Glebe Road

Cuckfield

West Sussex

RH17 5BQ

The other site is:

The Vale Surgery

Bolding WayHaywards HeathWest SussexRH16 4SY

During this inspection we visited Cuckfield Medical Practice. We did not inspect The Vale Surgery.

There are approximately 8,600 patients registered at the practice. Statistics show little income deprivation among the registered population. The registered population is higher than average for 0-19 year olds and 40-55 year olds, and lower than average for under 20-34 year. The list size has been increasing over the last four years due to building development in the local area.

There are three partners and three salaried GPs (five female and one male). Four of the doctors work full time and the others work part time). There is a nursing team consisting of a nurse manager, three practice nurses and one health care assistant. The practice manager leads a team of 12 administration and reception staff.

Cuckfield Medical Practice is open from 8.15am to 6.30pm Monday to Friday. Phone calls between 8am and 8.15am are handled by the out of hours telephone handling service and messages are passed on to the practice by 8.30am. Appointments are from 8.30am to 11.30am and 3pm to 6pm. In addition the practice offers extended hours opening with appointments from 7.25am on Wednesdays at Cuckfield and 8.30am to 10.30am on Saturdays at alternate sites. Patients can book appointments in person, by phone or on line.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice is a training practice and there are regularly GP trainees working in the practice.

The practice has a Personal Medical Services (PMS) contract. PMS contracts are nationally agreed between the General Medical Council and NHS England.

Detailed findings

The practice was previously inspected in March 2014 and found to be compliant.

Why we carried out this inspection

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. We carried out an announced visit on 13 July 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, practice manager, administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a receptionist had booked the wrong patient in for a vaccine by mistake; due to another patient's notes being open on the clinical system when making the appointment. This was followed up with all members of the reception team being reminded to check the date of birth of every patient when dealing with them to prevent any errors in future.

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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and the non-clinical team who acted as chaperones were having a Disclosure and Barring Service (DBS) check carried out according to a practice schedule. (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). A risk assessment had been carried out to address the period prior to the DBS check being completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers 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 nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures 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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and administration staff were multiskilled to cover different roles.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 were in date and stored securely.
- 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 100% of the total number of points available, with an exception reporting rate of 9.4%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for mental health related indicators was better than the local and national average. 100% of patients experiencing poor mental health had an agreed care plan, which was better than the clinical commissioning group (CCG) average of 92% and the national average of 88%.
- Performance for diabetes related indicators was better than the national and local averages. 97% of patients on the diabetes register had a record of a foot examination and classification which was above the CCG average of 91% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing and changing the anti-coagulation protocol to reflect the fact that patients with metal aortic heart valves had an increased chance of having a thrombosis.The GP leading this review worked with thehaematology andcardiology teams from Brighton, and introduced a change of practice which was in the process of being adopted across the remaining practices in Mid Sussex.In addition, the GP was working with the local commissioners to ensure this revised standard was adopted and that support from secondary care was included.

Information about patients' outcomes was used to make improvements. For example, the practice had reviewed guidelines from the National Institute for Health and Care Excellence (NICE) for the management of chronic obstructive pulmonary disease (COPD). This had resulted in an audit of patients with COPD on high dose inhaled corticosteroid (ICS). A review was carried out by the advanced nurse practitioner which showed that some patients could trial not taking the ICS. This was monitored and a re-audit showed that there was an improvement from 91% to 100% of COPD patients on ICS, who were meeting NICE guidelines for management of their COPD.

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. This 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, for those reviewing patients with long-term conditions.

Good

Are services effective?

(for example, treatment is effective)

- Doctors had specialisms which they used to provide services for patients on site, preventing them having to attend clinics elsewhere. One of the doctors was a specialist in dermatology and another was a specialist in musculoskeletal problems.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the clinical commissioning group (CCG) average of 84% and the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were in line with CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 92% to 98% compared to 93% to 97% for the CCG and five year olds from 83% to 98% compared to 86% to 96% for the CCG.

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

Good

Are services effective?

(for example, treatment is effective)

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

Good

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 eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients who responded said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 90% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 85% and the national average of 82%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 167 patients as carers (1.9% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice employed a care coordinator who helped carers to access local voluntary and community services. The practice worked with the local Carers Association and provided them witha designated noticeboard in the waiting room. The practice registration form collected information about carers and offered support to carers.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was working with other local practices and the CCG to commission a service for a GP advice hub offering rapid access care to consultant opinion and investigations. In addition they were piloting a new service for atrial fibrillation to facilitate better outcomes for patients.

The practice provided a weekly GP ward round to two nursing homes who have had high admission rates to hospital. This, together with coordinating with the multidisciplinary team and pro-active care team has led to a reduction in admission rates. The practice provided data to demonstrate that admissions to hospital had been reduced by 20% to 30% across the nursing homes involved

The practice was a pilot site for offering web based consultations with doctors which were accessed through the practice website. The website had an icon where patients could choose a web based consultation for either a specific condition, or for general advice, after some basic screening questions. The patient was then directed to a quick, secure questionnaire which was sent to their GP, who reviewed the answers given and recommended advice or treatment. The response time from the GP was by the end of the next working day. The average number of bookings was around five to eight per week.

The practice had introduced full patient access to their medical records and set up a safe and effective approval process for this.

- The practice offered an early morning surgery on a Wednesday morning from 7.25am, and on Saturday mornings, for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice participated in an over 75s project, ensuring that patients who were infrequently seen were reviewed. They employed a care coordinator whose role was to assist patients by signposting them to services which could help them
- Same day appointments were available for children and those patients with medical problems that require same day consultation. A sit and wait clinic was run each day.
- The practice offered text and email appointment reminders, including reminders for annual reviews and flu vaccinations.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, including yellow fever.
- The practice ran anticoagulation clinics and offered home visits for housebound anticoagulation patients. They also offered a phlebotomy service.
- The practice offered minor surgery to patients which included a microsuction service, and they offered a dermatology clinic run by a GP with special interest. Both these services gave patients fast and easy access to specialist services. As a consequence the practice referral rate to secondary care for dermatology was very low.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.15am and 6.30pm Monday to Friday. Phone calls between 8am and 8.15am were handled by the out of hours telephone handling service and messages were passed on to the practice by 8.30am. Appointments were from 8.30am to 11.30am every morning and 3pm to 6pm in the afternoons. Extended hours appointments were offered on Wednesday mornings from 7.25am and on Saturday mornings. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for patients that needed them.

The practice had started to work with a neighbouring practice to provide Saturday morning clinics for patients from both practices at one location. This was initiated in order to test IT facilities and plan for the future, as well as to prove responsiveness to differing patients needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice allowed external services to use their rooms free of charge, enabling patients to be seen in a familiar environment. These services included ultrasound, talking therapies and wound care services.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 84% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 87% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was done by the receptionist taking comprehensive details of the home visit request and putting this on the clinical system. Each doctor reviewed their visit list and the doctors allocated visits between them. Any visit requests that came in after 12 noon were notified to the doctors by instant message. If the receptionist had any concerns over the urgency of the visit they would phone the duty doctor immediately to request an assessment. Visits were prioritised according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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, for example a poster in the waiting room and a comments and suggestion form on the website.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, showing openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a letter had been received regarding how a GP had carried out a consultation with a patient. This matter was investigated and the GP wrote a letter of apology to the patient, which was accepted. The matter was discussed at a clinical meeting and the importance of demonstrating listening to a patient emphasised.

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 aim to deliver high quality care and promote good outcomes for patients.

- The practice had a business plan based on providing high quality medicine in a traditional family practice setting. The practice aim was to embrace change and innovation, and to continuously improve their services, recognising the importance of technology in achieving this. This plan was regularly monitored.
- The practice was working closely with other local practices to discuss how to work together where appropriate to deliver improved services such as Saturday morning surgeries. This group of practices shared resources such as protocols and best practice regarding using the clinical system.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice held regular educational events, including talks from secondary care consultants, and invited other practices to attend.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and helped the practice by providing coffee at flu clinics and helping to patrol the car park to prevent it being used for the school drop off. In addition the PPG were planning to run a wellbeing fair on the same day as a flu clinic in October 2016 to increase awareness of certain health conditions and local support groups.
- The practice had gathered feedback from staff through regular staff meetings, appraisals and discussion. Staff

Are services well-led?

Good

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was piloting offering web based consultations for patients, and had been an early adopter of this new approach. The practice was working with the clinical commissioning group (CCG) to develop a rapid access clinic for older patients based on a model used in Brighton. One of the GPs had led a review of the anti-coagulation protocol to reflect the fact that patients with metal aortic heart valves had an increased chance of having a thrombosis.They worked with thelocal haematology andcardiology teams and introduced a change of practice which was in the process of being adopted across the remaining practices in Mid Sussex. The practice was working with other local practices and the CCG to commission a service for a GP advice hub offering rapid access care to consultant opinion and investigations.