Dr K Parkinson and Dr J.A.Gilby

Quality Report

Brook Medical Centre
98 Chell Heath Road
Bradeley
Stoke On Trent
Staffordshire
ST6 7HN
Tel: 01782 838355
Website: www.brookmedicalcentre.co.uk

Date of inspection visit: 07/01/2016
Date of publication: 03/03/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr K Parkinson and Dr J.A. Gilby on 7 January 2016. Overall the practice is rated as good, with outstanding care in services for patients with long-term conditions.

Our key findings were as follows:

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was available and easy to understand.
- Data showed that patients found it difficult to contact the practice by telephone, although the practice had taken action to improve in this area.

We saw an areas of outstanding practice:

- The practice had developed a model of using Advanced Nurse Practitioners (ANPs) at the forefront of providing services. The ANPs had comprehensive oversight, and undertook in-depth regular monitoring, of patients with long-term conditions. An example of the care given was that patients with diabetes, Chronic Obstructive Pulmonary Disease (COPD) had regular reviews of their condition which lasted for one hour.

There were areas of practice where the provider should make improvements:

- Consider the arrangements/medicines in place for patients who experience a prolonged convulsion (seizure) and mitigate them.

Summary of findings

- Continue to adapt the system in place for contacting the practice by telephone, measured by the improvement in patient satisfaction rates.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- The practice operated a thorough and effective internal system for maximising the opportunities to safeguard children.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed.
- Patients with signs of worsening illness, were monitored and followed up to ensure their condition was improving.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The practice demonstrated clinical effectiveness which benefited patients and the wider health economy.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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.
- Staff worked with multidisciplinary teams 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 similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We observed that staff were engaged, compassionate and helpful to patients and treated them with dignity and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice provided additional care provision for older patients, those at risk of unplanned admission to hospital.
- Longer appointments were offered to those who would benefit from them.
- The number of patients who attended A&E during GP opening hours was 12.6% lower than the clinical commissioning group (CCG) average.
- There were procedures in place for patients to be seen or followed up urgently.
- The practice offered appointments from 7am from Monday through to Thursday.
- Data from the GP national patient survey showed patients found it difficult to contact the practice by telephone, to which the practice had responded.

Are services well-led?

Good

The practice is rated as good for being well-led

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

Good

The practice is rated as good 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.
- Seventy-six point seven per cent of patients aged 65 or over had received the vaccinations. This was higher than the national average of 73.2%.

People with long term conditions

Outstanding

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

A lead GP and Advanced Nurse Practitioner (ANP) oversaw the care and treatment of patients with long-term conditions including diabetes, Coronary Heart Disease (CHD), Chronic Obstructive Pulmonary Disease (COPD) and asthma.

The practice had implemented a number of systems to improve the outcomes for patients with long-term conditions:

- Emergency access appointments for diabetic patients with foot problems (a potential complication with infection or circulation) or hyperglycaemia (high blood sugar).
- Same day follow up for diabetic patients who had experienced a hypoglycaemic (low blood sugar) episode and had required treatment at home by paramedics.
- Patients with COPD who had experienced a recent infective exacerbation (chest infection) of their condition had their condition reassessed by an ANP at the practice at a dedicated weekly exacerbation clinic, or sooner if needed.
- Daily telephone access for patients to ANPs with extended training and knowledge in long-term condition care to discuss any concerns.
- Patients at higher risk of developing diabetes, had been included on a high risk register and had their condition monitored and were referred for lifestyle advice as part of that process.
- Patients with long-term conditions were regularly screened for the increased incidence of depression associated with their condition.

Summary of findings

Families, children and young people

Good

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

- The practice operated a thorough and effective system for safeguarding children.
- The number of children admitted to hospital with a lower respiratory tract infection (chest infection) was 28.6% below the clinical commissioning group (CCG) average.
- The practice provided childhood immunisations and rates of uptake were higher than CCG and national averages.
- The practice's uptake for the cervical screening programme was 84.1% which was higher than the CCG average of 79.9% and national average of 81.8%.

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.
- The practice offered morning appointments to benefit those of a working age.

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 annual health reviews and longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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):

Summary of findings

- 90.4% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86.4% and national average of 88.3%.
- 100% of patients with dementia had a face to face review of their condition in the last 12 months compared to the CCG average of 85.1% and national average of 84%.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 39 completed cards which were mainly positive about the caring and compassionate nature of staff. Two patients said that they had not been treated in an understanding way, although the comments differed on the reasons why.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. The survey invited 298 patients to submit their views on the practice, a total of 107 forms were returned. This gave a return rate of 35.9%.

The results from the national GP patient survey showed patients were mainly satisfied with how they were treated. The practice had satisfaction rates broadly comparable with local and national averages. For example:

- 77.2% described their overall experience of the GP practice as good. This was lower than the clinical commissioning group (CCG) average of 86.5% and national average of 84.8%.
- 85.9% said the GP was good at treating them with care or concern compared to the CCG average of 85.3% and national average of 85.1%.
- 90% said the GP was good at listening to them compared to the CCG average of 87.8% and national average of 88.6%.
- 95.7% had confidence in the last GP they saw or spoke with compared to the CCG average of 94.9% and national average of 95.2%.
- 89.6% said the last nurse they saw was good at listening to them compared to the CCG average of 92.6% and national average of 91%.
- 98.9% had confidence in the last nurse they saw compared to the CCG and national averages of 97.1%.
- 72.2% found receptionists helpful compared to the CCG average of 86.9% and national average of 86.8%.

We also reviewed a practice led patient survey based on individual experiences with clinicians. The survey was completed in February 2015, 234 patients gave their opinions on GPs and 304 gave their opinions on nurses. The results of this survey showed higher satisfaction rates than the national GP patient survey, for example:

- 95% said the GP was good at listening to them.
- 94% said the nurse they saw was good at listening to them.

Results from the national GP patient survey published in July 2015 showed mixed rates of satisfaction about access to appointments when compared to local and national averages:

- 85.1% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86.1% and national average of 85.2%.
- 70.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.7% and national average of 73.8%.
- 89.8% of patients said the last appointment they made was convenient compared to the CCG average of 92.4% and national average of 91.8%.
- 66% felt they did not have to wait too long to be seen compared to the CCG average of 61.3% and national average of 57.7%.

The practice had significantly lower satisfaction rates in the survey in two areas:

- 47.2% of patients found it easy to contact the practice by telephone compared to the CCG average of 75.7% and national average of 73.3%.
- 57.3% of patients described their experience of making an appointment as good compared to the CCG average of 77.9% and national average of 73.3%.

Areas for improvement

Summary of findings

Action the service SHOULD take to improve

- Consider the arrangements/medicines in place for patients who experience a prolonged convulsion (seizure) and mitigate them.
- Continue to adapt the system in place for contacting the practice by telephone, measured by the improvement in patient satisfaction rates.

Outstanding practice

- The practice had developed a model of using Advanced Nurse Practitioners (ANPs) at the forefront of providing services. The ANPs had comprehensive oversight, and undertook in-depth regular monitoring of patients with long-term conditions. An example of the care given was that patients with diabetes, Chronic Obstructive Pulmonary Disease (COPD) had regular reviews of their condition which lasted for one hour.

Dr K Parkinson and Dr J.A.Gilby

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr K Parkinson and Dr J.A.Gilby

Dr K Parkinson and Dr J.A Gilby are registered with the Care Quality Commission as a partnership provider of GP services based at Brook Medical Centre, Bradeley, Stoke on Trent. The practice holds a Primary Medical Services contract with NHS England.

The practice area is one of increased deprivation when compared with the local and national averages. Life expectancy and the health of people within Stoke on Trent, whilst improving, are generally worse than the national average.

At the time of our inspection 14,237 patients were registered at the practice. Services are provided from two sites:

- Brook Medical Centre (main practice)
- Smallthorne Surgery (branch practice)

Patients can choose and access either site as required.

The number of patients cared for has grown extensively in previous years, this was following the closure of two local GP practices in 2004 and 2006. This has resulted in an additional 6,200 patients joining the practice within a two year timeframe.

The practice team includes 43 staff:

- Seven GPs (four male, three female)
- Five Advanced Nurse Practitioners (all female)
- Three practice nurses (all female)
- Three healthcare assistants (all female)
- Twenty-two administrative staff, including a practice manager and others in leadership roles.
- Two members of domestic staff.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

The main practice is open from 8am to 6:30pm from Monday to Friday. During these times telephone lines and the reception desk are staffed and remain open. Extended appointments with GPs are offered from Monday through to Friday from 7am to 8am.

The branch practice is open from 8am to 6pm Monday, Tuesday, Wednesday and Friday and from 8am to 1pm on a Thursday. During these times telephone lines and the reception desk are staffed and remained open. On a Thursday afternoon patients can telephone or attend the main practice for assistance.

Detailed findings

Patients can book appointments in person, by telephone or online for those who have registered for this service. The practice advertised the daily availability of emergency appointments.

Why we carried out this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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

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

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

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

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

Before our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey.

During the inspection we spoke with members of staff and considered patients views on comment cards left in the practice for two weeks before the inspection. We only visited the main practice, although all data relates to outcomes and opinions of patients who use both locations.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had operated an effective system for over 10 years to report and record significant events.

- Safe knew their individual responsibility, and the process, for reporting significant events.
- Significant events had been thoroughly investigated. When required action had been taken to minimise reoccurrence and learning had been shared within the practice team.

We reviewed safety records, minutes of meetings and asked staff about the measures in place within the practice to promote patient safety. Significant events were discussed as a standing item within practice meetings, or sooner if required.

The practice had a robust procedure in place to act on alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw an example of a recent audit undertaken to ensure any required changes to patients' medicines were made following an alert.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

The practice team had specific areas of responsibility assigned to them to keep patients safe and minimise the risk of harm, these included:

- All staff knew their individual responsibility for safeguarding children and vulnerable adults from the increased risk of harm. A practice nurse effectively managed safeguarding information about children. The practice nurse had forged links with local health visitors and had proactively arranged regular formal contact with them. This action allowed a useful information sharing process and provided a high level of information being available to a clinician when required. If a child had been identified at increased risk of harm, an alert was placed on the practice computer system and information was obtained and stored in a secure file for clinicians to refer to. The practice had reported safeguarding concerns previously and importantly had followed them up. All staff had received role appropriate training to nationally recognised standards, for example GPs had attended level three training in Safeguarding Children.
- Chaperones were available when needed, all staff who acted as chaperones had received training, been vetted and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The measures in place to prevent the risk of avoidable infection were well managed. All staff were aware of their individual reasonability in this area, although the overall management and governance had been assigned to an Advanced Nurse Practitioner (ANP). The ANP had conducted a number of audits to ensure that the practice and staff followed current infection prevention and control (IPC) practice. A handwashing audit of all staff had been undertaken in November 2015. The results had been shared with staff to enable learning and where required, improvement. The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote current IPC practice. IPC audits of the whole service had been undertaken regularly, this included staff immunity to healthcare associated infections, premises suitability and staff training/knowledge.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The ANPs were independent prescribers and practice nurses used Patient Group Directions to allow them to administer medicines in line with legislation. Blank prescription pads were stored securely and their issue was tracked.
- We looked at the monitoring of patients who took medicines that needed regular checks undertaking for side effects. The practice used a system of issuing the medicines following a check by a GP that the required blood tests and monitoring had been undertaken.

Good

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service.

Monitoring safety and responding to risk

Risks to patients were assessed and well managed.

- 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Regular infection control audits were held and staff were immunised against appropriate vaccine preventable illnesses.
- The practice performed regular water temperature testing and flushing of water lines, all contained in a formal written risk assessment for Legionella. (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Clinical staff had individual personal alarms to alert others for assistance in an emergency; all staff had access to an alarm through the practice computer system.
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available in every clinical room. We saw that the practice did not have medicines available to treat a person who had an episode of prolonged convulsion (fitting).
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

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 showed us the care they had implemented for patients who had diabetes. A lead GP and Advanced Nurse Practitioner (ANP) oversaw the care and treatment of patients with long-term conditions including diabetes, Coronary Heart Disease (CHD), Chronic Obstructive Pulmonary Disease (COPD) and asthma. The practice had procedures in place to both urgently review and manage patients with long-term conditions. These included:

- Emergency access appointments for diabetic patients with foot problems (a potential complication with infection or circulation) or hyperglycaemia (high blood sugar).
- Same day follow up for diabetic patients who had experienced a hypoglycaemic (low blood sugar) episode and had required treatment at home by paramedics.
- Patients with COPD who had experienced a recent infective exacerbation (chest infection) of their condition had their condition reassessed by an ANP at the practice at a dedicated weekly exacerbation clinic.
- Daily telephone access for patients to nurses trained in long-term condition care to discuss any concerns.
- Patients identified as being at higher risk of developing diabetes, had been included on a high risk register and had their condition monitored and were given lifestyle advice as part of that process.
- Patients with long-term conditions were regularly screened for the increased incidence of depression associated with their condition.

The practice used the information collected for the Quality 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). QOF results from 2014/15 showed that within the practice:

- The practice achieved 91.6% of the total number of points available; this was below the national average of 93.5% and clinical commissioning group (CCG) average of 95%. This performance had improved from the 2013/14 performance of 91.2%.
- Clinical exception reporting was 9.3%. This was similar to the national average of 9.2% and CCG average of 9%. Clinical exception rates allow practices not be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine.
- 88.4% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 84.5% and national average of 87%.
- 90.4% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86.4% and national average of 88.3%.
- 100% of patients with dementia had a face to face review of their condition in the last 12 months. This was higher than the CCG average of 85.1% and national average of 84%.

We did see one area in QOF that was lower than local and national averages:

- 61.9% of patients with asthma had a review of their condition within the previous year. This was lower than the CCG average of 75.2% and national average of 75.3%.

Good

Are services effective?

(for example, treatment is effective)

We spoke with the practice team about this, they were aware of the lower performance and this had been attributed to staff changes and illness. Action had been taken by providing additional sessions to improve the asthma review performance.

Identification of patients with long-term conditions had been well-managed, the practice had identified:

- 6.08% of their patients with diabetes, this was the same as the clinical commissioning group (CCG) average and higher than the national average of 5.13%
- 2.83% of patients with COPD, this was higher than the CCG average of 2.48% and national average of 1.82%.
- 4.24% of patients with CHD, this was higher than the CCG average of 3.79% and national average of 3.24%.

The practice participated in a number of schemes designed to improve care and outcomes for patients, for example:

- The practice identified patients at the highest risk of unplanned admission to hospital and provided them with individual care plans to detail and help meet their care and treatment needs. If patients included in this service had been admitted to hospital, a GP contacted them on discharge to discuss and revaluate their care needs. The practice had previously been commissioned to provide this service to 2% of their patients, although this recently been increased under a Local Improvement Scheme (LIS) to include 4% of patients.
- Joint injections and minor surgery were carried out on site.

We reviewed the 2014/15 performance from The Quality Improvement Framework (QIF) which is a local framework run by the NHS Stoke on Trent CCG to improve the health outcomes of local people. The practice demonstrated clinical effectiveness which benefited patients and the wider health economy:

- The rate of emergency admission of patients to hospital arranged by a GP was 24.6% below the CCG average.
- The number of children admitted to hospital with a lower respiratory tract infection (chest infection) was 28.6% below the CCG average.
- The practice rates for GP referring patients to a specialist for an outpatient appointment were 12% better than the CCG average.

There had been seven clinical audits completed in the year, five of these were completed audits where the improvements made were implemented and monitored. The audits included conditions that had been treated in line with national guidance and antibiotic prescribing had been appropriate. Where necessary, audits had been discussed by the practice team and changes made as needed.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer. Data from NHS England in 2014 showed:

- 52.2% of practice patients with a new diagnosis of cancer had received their diagnosis via a fast tracked referral pathway (two week wait). This was higher than the CCG average of 51.3% and national average of 48.8%.

Effective staffing

The practice had an experienced, well trained and motivated clinical and nursing team and had evolved since 2001 to the current model of using a number of Advanced Nurse Practitioners (ANPs) working alongside GPs.

- The GP partners were experienced and had additional training and responsibilities outside of the practice with other NHS organisations.
- The practice was an early implementer of using ANPs within the area, from employing one ANP in 2001; the current staffing had evolved to an establishment of five ANPs all with responsibility for the assessment, care and treatment of both acute and long-term conditions.
- Staff understood patients' needs and responded to them. This was evident in the rates of detection of long-term conditions and that individual care reviews had been expanded and built on following staff making suggestions.
- All staff had undertaken relevant and recent training in areas such as basic life support and safeguarding.

Working with colleagues and other services

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for

Good

Are services effective?

(for example, treatment is effective)

processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- If a patient with a long-term condition was discharged from hospital, relevant information was allocated for review to both a GP and the ANP in the lead role for the condition.
- The practice team met on a regular basis with other professionals, including the community matron, palliative care and community nurses. They did this to discuss the care and treatment needs of patients approaching the end of their life, patients with long-term conditions and those at increased risk of unplanned admission to 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.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards. For example, we saw when patients' had decided not to receive resuscitation, the decision had been discussed, recorded and where appropriate those close to them had been involved in all stages of the process.

Health promotion and prevention

Practice staff were effective at identifying patients who may be in need of extra support and used each contact with patients as an opportunity to detect emerging health conditions.

The practice had performed 2,381 NHS Health Checks since October 2011. Staff had expanded the checks to include screening for thyroid disorders. This would not normally be a routine part of a NHS Health Check. The inclusion followed university learning by an ANP into the incidence and presentation of patients with thyroid disorders. The practice supplied data to show that they had been effective in detecting the emergence of conditions that were undiagnosed. For example:

- Twenty-seven patients had been diagnosed with hypothyroidism (under active thyroid).
- Thirty patients had been diagnosed with diabetes.
- Sixty-three patients had been identified at high risk of developing diabetes. Following this, patients were included on a practice register for patients at high risk of developing diabetes and they received regular monitoring and lifestyle advice.

The benefits of the detection of emerging health conditions is that patients could receive appropriate medicines, monitoring and this may lead to improve outcomes.

The practice's uptake for the cervical screening programme was 84.1% which was higher than the CCG average of 79.9% and national average of 81.8%.

Data from 2014, published by Public Health England showed that the number of patients who engaged with national screening programmes was higher than local and national averages:

- 79% of eligible females aged 50-70 attended screening to detect breast cancer .This was higher than the CCG average of 74.6% and national average of 72.2%.
- 58.1% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 55.1% and similar to the national average of 58.3%.

The practice provided childhood immunisations and rates of uptake were higher than CCG and national averages. Performance ranged from 95.2% to 100% in the delivery of individual vaccination. When a child received an immunisation staff used the opportunity to ensure that the mother's cervical screening was up to date

Vaccination rates for uptake of the seasonal flu vaccination in 2013/14 were positive, data showed:

Good

Are services effective?

(for example, treatment is effective)

- 76.7% of patients aged 65 or over had received the vaccinations. This was higher than the national average of 73.2%.
- 58.2% of patients under 65 who had a health condition that placed them in the 'at risk' group had received the vaccination. This was higher than the national average of 53.8%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that staff were engaged, compassionate and helpful to patients and treated them with dignity and respect.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. The survey invited 298 patients to submit their views on the practice, a total of 107 forms were returned. This gave a return rate of 35.9%.

The results from the GP national patient survey showed patients were mainly satisfied with how they were treated. In every indicator in the GP national patient survey the practice had satisfaction rates mainly comparable with local and national averages. For example:

- 77.2% described their overall experience of the practice as good. This was lower than the clinical commissioning group (CCG) average of 86.5% and national average of 84.8%.
- 85.9% said the GP was good at treating them with care or concern compared to the CCG average of 85.3% and national average of 85.1%.
- 90% said the GP was good at listening to them compared to the CCG average of 87.8% and national average of 88.6%.
- 95.7% had confidence in the last GP they saw or spoke with compared to the CCG average of 94.9% and national average of 95.2%.
- 89.6% said the last nurse they saw was good at listening to them compared to the CCG average of 92.6% and national average of 91%.
- 98.9% had confidence in the last nurse they saw compared to the CCG and national averages of 97.1%.
- 72.2% found receptionists helpful compared to the CCG average of 86.9% and national average of 86.8%.

The practice team were disappointed with the results of the GP national patient survey as these results were lower than an internal patient survey based on individual experiences with clinicians. The practice survey was completed in February 2015, 234 patients gave their opinions on GPs and 304 gave their opinions on nurses. The results of this survey showed higher satisfaction rates than the GP national patient survey, for example:

- 95% said the GP was good at listening to them.
- 94% said the nurse they saw was good at listening to them.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 39 completed cards which were mainly positive about the caring and compassionate nature of staff. Two patients said that they had not been treated in an understanding way, although the comments differed on the reasons why they felt this way.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed a mixed patient response to questions about their involvement in planning and making decisions about their care and treatment with the GPs and nurses. The GP patient survey published in July 2015 showed:

- 83.6% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 81.2% and national average of 81.4%.
- 83.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.3% and national average of 86%.
- 78.6% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 86.8% and national average of 84.8%.
- 84.2% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.3% and national average of 89.6%.

The practice's own survey completed in February 2015, showed a more positive response in these areas:

- 94% said the last GP they saw was good at explaining tests and treatments.
- 94% said the last GP they saw was good at involving them about decisions about their care.
- 81% said the last nurse they saw was good at involving them about decisions about their care.
- 86% said the last nurse they saw was good at explaining tests and treatments.

Good

Are services caring?

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. For example, a patient told us about the emotional support they had received after receiving a diagnosis of cancer, they told us the GPs in particular had been supportive and kind to them.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff.

We also saw examples of staff going beyond their normal working hours to support patients, these included:

- Visiting families who had experienced bereavement at a weekend to offer emotional support and assistance with the formalities.
- Patients had been contacted at a weekend to discuss blood results that were abnormal and needed following up.

Written information was provided to help carers and patients to access support services. This included organisations for poor mental health and advocacy services.

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 offered longer appointments when reviewing patients with long-term health conditions. For example, a review for a patient with diabetes or Chronic Obstructive Pulmonary Disease (COPD) was one hour.
- There were procedures in place for patients to be seen or followed up urgently. This included daily Emergency Access Clinics and open daily telephone contact available for health professionals and patients to access clinical advice on the telephone.
- The practice offered appointments from 7am from Monday through to Thursday.
- Minor surgery was offered at the practice one Saturday each month.
- The practice offered longer appointments for patients with a learning disability.
- The building had been designed to promote access for all patients, with automated doors, wide doorways and corridors.

We reviewed the practice performance from 2014/15 in The Quality Improvement Framework (QIF) which is a local framework run by the NHS Stoke on Trent CCG to improve the health outcomes of local people. The data demonstrated less of their patients presented at hospital Accident and Emergency (A&E) departments when compared with the CCG average:

- The number of patients attending A&E during GP opening hours was 12.6% lower than the CCG average.
- The overall number of patients attending A&E at any time was 11.5% lower than the CCG average.

Access to the service

The main practice was open from 8am to 6:30pm from Monday to Friday. During these times telephone lines and the reception desk were staffed and remained open. Extended appointments with GPs were offered from Monday through to Friday from 7am to 8am.

The branch practice was open from 8am to 6pm Monday, Tuesday, Wednesday and Friday and from 8am to 1pm on a Thursday. During these times telephone lines and the reception desk were staffed and remained open. On a Thursday afternoon patients could telephone or visit the main practice for assistance.

Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice advertised the daily availability of emergency appointments. Patients we spoke with told us they had been able to access an appointment on the same day. We saw that there were bookable appointments available with both GPs and advanced nurse practitioners (ANPs) within the next few working days.

We received feedback on appointments from 38 patients. All but one, were happy with contacting the practice, availability and the timeliness of appointments.

Results from the national GP patient survey published in July 2015 showed mixed rates of satisfaction when compared to local and national averages:

- 85.1% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86.1% and national average of 85.2%.
- 70.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.7% and national average of 73.8%.
- 89.8% of patients said the last appointment they made was convenient compared to the CCG average of 92.4% and national average of 91.8%.
- 66% felt they did not have to wait too long to be seen compared to the CCG average of 61.3% and national average of 57.7%.

The practice had significantly lower satisfaction rates in the GP national patient survey in two areas:

- 47.2% of patients found it easy to contact the practice by telephone compared to the CCG average of 75.7% and national average of 73.3%.
- 57.3% of patients described their experience of making an appointment as good compared to the CCG average of 77.9% and national average of 73.3%.

The practice were aware of this performance and had implemented a number of measures to improve performance in these areas:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Introduced a new telephone system to handle the volume of calls received.
- Increased the number of incoming telephone lines from six to 10.
- Changed staff processes from keeping patients on hold.
- The introduction of online appointment booking and prescription ordering.

Although time was needed to allow the changes to bed in, the practice had received fewer complaints and had received positive verbal feedback. Patients did not express this as an area of concern during our inspection.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards, the practice website and in a complaints leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

All complaints were investigated and responded to appropriately. Complaints were discussed at meetings and any trends were identified and mitigated .

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 simple mission statement – 'To Be The Best'. We saw that staff took pride in offering evidenced based care that placed patients at the heart of their individual practice. We spoke with staff; all were confident and passionate about their part in providing care to meet the needs of patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

We spoke with staff about the leadership and culture in the practice. Leadership roles were well defined and those in a leadership role displayed a positive approach to the encouragement and development of staff and the delivery of high quality care to patients. A member of staff told us about the high level of support they received whilst going through a difficult time. They felt that the leadership team had gone above and beyond in adapting their job role to suit their individual circumstances.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and felt confident and supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

The partners at the practice had made difficult decisions and personal sacrifices to benefit the local area. The practice had accepted the patients following closure of two local GP practices in 2004 and 2006. This had resulted in an additional 6,200 patients joining the practice within a two year timeframe. Whilst recognising this would impact on the practice workload, this was seen as an opportunity to further develop the services provided within the area.

Practice seeks and acts on feedback from its patients, the public and staff

The practice reviewed and considered feedback from patients in a number of ways:

- The practice had a virtual patient participation group (PPG) with over 30 members. Feedback from the NHS Friends and Family Test was shared on a monthly basis with the PPG.
- The most recent results from October – December 2015 in the NHS Friends and Family Test were positive. A total of 220 patients responded, of which 98.3% said they would be likely to recommend the practice.
- The practice had acted on lower than average patient satisfaction with contacting the practice by telephone.

Staff felt enabled to make suggestions to improve services, this was evident through:

- Adaption of additional diagnostic tests in the NHS Health Checks.

Are services well-led?

Good

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

- Longer appointment times for holistic patient care reviews.
- Staff had taken ownership for their individual areas of responsibility.

Management lead through learning and improvement

The practice operated a system for staff to identify learning opportunities. All staff had the option to apply for additional training or learning opportunities by submitting a request for consideration to the leadership team. Clinical staff took ownership of their individual development and we saw examples of staff developing their skills and experience within the practice. For example, a practice nurse had been supported to undertake higher level study and an independent prescribing qualification to enable them to become an Advanced Nurse Practitioner. The practice had recently changed the appraisal system for administration staff and all had a date booked in the coming months.