

Black Country Family 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?		Requires improvement	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Black Country Family Practice on 22 July 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from incidents were maximised.
- Risks to patients were assessed and generally very well managed. However, despite efforts made access to services remained a concern.
- 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 most patients said they were involved in their care and decisions about their treatment.

- Information about services and how to complain was not clearly obvious to patients. However, complaints and concerns that were received were appropriately managed in a timely way to support improvements to the quality of care.
- Not all patients said they found it easy to make a routine appointment although urgent appointments were available the same day if required. Feedback from patients including national patient survey data rated the practice significantly below local and national averages for access.
- 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 sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review and implement ways in which the identification of carers might be improved so that they may receive support.

Summary of findings

- Ensure information to support patients to make a complaint is clearly available.
- The practice should review access to routine appointments and identify how this may be improved. Including a formal review of staffing in response to increasing demands on services.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- 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. Although despite efforts, staffing to meet increasing demands on the service remained a risk to the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rating of the practice was comparable 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.

Summary of findings

- However, scores from the national patient survey were generally low for the helpfulness of reception staff (although the practice's own patient survey showed improvements) and some patients felt rushed.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement 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. The practice was participating in the CCGs Primary Care Commissioning Framework aimed at improving primary care services. It also provided specialist services to support patients with diabetes, rheumatoid arthritis and substance misuse.
- Although patients were usually able to obtain urgent same day appointments many found it difficult booking routine appointments and often had to wait long periods to be seen. The practice had reviewed and put in place measures to try and improve access but so far this had not led to increased patient satisfaction in this area.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was not easily accessible. However, where complaints had been received we saw that they had been appropriately managed and in a timely way.

Requires improvement



Are services well-led?

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 vision and their responsibilities in relation to it.
- 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.

Good



Summary of findings

- 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. Although the practice was struggling to address issues relating to access.
- 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
- 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.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice supported approximately 200 patients across 15 care and nursing homes and sheltered accommodation. Feedback from these services was positive.
- The practice offered flu and pneumonia vaccines to patients in this population group and were flexible to try and improve uptake for example, Saturday clinics during flu season or home visits.
- The practice met regularly as part of a multi-disciplinary team to discuss and plan the needs of patients at end of life.
- The practice was participating in a case manager project to support and follow up all patients that had an unplanned admission to hospital.
- The practice worked with local service to support patients in this population group for example in relation to fall prevention.

People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was participating in a case manager project which it had successfully obtained funding. There were three case managers (originally four) who undertook follow up of all patients with an unplanned admission to hospital or had attended the accident and emergency department. The case managers also provided first contact with this group of patients should they have any concerns.
- Overall performance for diabetes related indicators (2014/15) was 90% which was higher than the CCG average of 85% and national average of 89%. For the more complex cases, a specialist diabetes team from secondary care ran clinics at the practice.

Summary of findings

- All these patients had a named GP and received regular review to check their health and medicines needs were being met. There were specific clinics for patients with diabetes, asthma, heart problems and rheumatology.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided services to support the management and monitoring of patients with long term conditions. These included insulin initiation, visiting specialist diabetes team for more complex cases, Disease modifying antirheumatic drugs (DMARD) monitoring, 24 hour blood pressure monitoring, spirometry and electrocardiographs (ECGs).

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who did not attend childhood immunisations and had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- During the past 12 months the practice had received funding for a paediatric case manager to support those with chronic conditions and unplanned admissions. However, the paediatric case manager had recently left.
- The practice was accessible to push chairs and had baby changing facilities.
- Same day child appointments and appointments outside of school hours were available. Asthma reviews were also offered outside school hours.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%.
- We received positive feedback from health visitors who also worked in the same building. The practice notified them of any new patients and regularly met to discuss children at risk.
- Baby development and postnatal checks were available as well as regular midwife clinics.

Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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.
- Extended opening hours for the convenience of patients who worked or with other commitments during the day were available on four days a week. Both doctors and nurses provided appointments within extended opening hours. Telephone appointments were also available.
- 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 travel vaccinations including yellow fever.
- Smoking cessation and health trainer appointments were available.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances and had identified 53 patients to date. The practice also held registers for patients with a learning disability and those with carer responsibilities.
- The practice offered longer appointments for patients with a learning disability.
- There were 43 patients on the practice's learning disability register. There was a dedicated nurse for undertaking health reviews for patients with a learning disability, 60% had been carried out within the last 12 months.
- The practice had signed up to the IRIS project to support victims of domestic abuse and staff had received training for this.
- The practice participated in a shared care scheme and had a dedicated drug worker for patients who misused substances.
- Patients with no fixed abode could register with the practice using the practice address.
- The practice signposted those with caring responsibilities to various support locally available.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Nationally reported data for 2014/15 showed 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG and national average of 84%.
- National reported data for (2014/15) showed 89% of patients with poor mental health had comprehensive, agreed care plan documented, in the preceding 12 months which was comparable to the CCG average 86% and national average 88%.
- There was an attached psychiatrist from secondary who ran clinics from the practice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages in relation to consultations with clinicians but below local and national averages in relation to access. 292 survey forms were distributed and 120 (41%) were returned. This represented 0.9% of the practice's patient list.

- 26% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 85%.
- 65% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.

- 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. They told us that they were treated with dignity and respect and found staff caring.

We spoke with ten patients during the inspection. All patients said they were satisfied with the care they received once they could get an appointment. They found clinical staff supportive and caring and told us they were treated with dignity and respect. Access and waiting times were the main issues raised by patients.

Black Country Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Black Country Family Practice

Black Country Family Practice is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in an urban area of the West Midlands in purpose built premises. It has a list size of approximately 13,500 patients. The premises are owned by NHS property services and shared with the local hospital trust who provide phlebotomy and x-ray services on site and with district nurse and health visiting teams.

Based on data available from Public Health England, the area served by the practice has higher levels of deprivation than the national average and is within the most deprived 20% nationally.

The practice currently has four GP partners (two male and two female) and three salaried GPs (all female). There is a team of five nurses (one is a nurse practitioner). Other practice staff include a physician's assistant and a team of administrative staff which includes a practice manager who supports the daily running of the practice.

The practice is open from 8am to 6.30pm Monday to Friday. In addition the practice is open on a Monday and Wednesday morning between 7am and 8am and a Tuesday and Thursday evening between 6.30pm to 8pm for extended opening. When the practice is closed services are provided by an out of hours provider (Primecare).

The practice is a training practice for qualified doctors training to become GPs.

The practice was previously inspected by CQC under our old methodology but was not rated.

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.

Detailed findings

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 22 July 2015. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, the practice manager and administrative staff).
- Observed how people were being cared for.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.
- Spoke with patients, including members of the practice's Patient Participation Group (PPG). PPGs are a way in which practices and patients can work together to improve services.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff we spoke with were aware of the processes for reporting incidents and had guidance to support them. An electronic reporting system was used.
- Staff told us that they were encouraged to report incidents and there was a high number of reported incidents (74 between April 2015 and March 2016). High reporting is usually viewed positively as it indicates that a practice is identifying opportunities to review and improve the safety of the practice.
- 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).
- Staff were able to give us examples where things went wrong with care and treatment, where appropriate 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 incidents were routinely discussed at the weekly clinical meetings and action taken to improve safety. The meeting had representation from each staff group so that lessons learnt could be disseminated and shared. We saw that trends in incidents were also reviewed. For example an alert on relevant patient records had been introduced to remind staff about changes to the immunisation schedule.

Patient safety alerts were also routinely discussed at weekly practice meetings. There were processes in place and administrative support to identify patients who might be affected by safety alerts so that they could be contacted for example, patients were contacted regarding a recall of diabetic test strips. Records were maintained of safety alerts that had been received and action taken.

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:

- 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. A safeguarding folder was held in each room which contained information and contacts for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. Most staff had also received domestic violence training and the practice had signed up to the IRIS project (a training support and referral programme for general practice to support patients experiencing domestic violence). Staff were able to give recent examples of appropriate action taken in response to safeguarding concerns. GPs and nurses were trained to child protection or child safeguarding level 3.
- Notices on clinical room doors advised patients that chaperones were available if required. Only trained nursing staff acted as chaperones and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead, practice staff had access to appropriate equipment and hand washing facilities to help maintain infection control standards. Records were maintained for the cleaning of clinical equipment. We spoke with the cleaner, they did not currently have any specific cleaning schedules for the practice, we were advised that the cleaning company had recently changed although the cleaner had not. During the inspection the cleaner was allocated new cleaning schedules. The CCG had undertaken an infection control

Are services safe?

audit in May 2016 and had received positive feedback. We saw that actions for improvement had been addressed, for example foot operated bins ordered for consulting rooms.

- 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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 the personnel files for four members of staff (three clinical and one non-clinical) 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. We found files well organised and easy to navigate. We also saw that appropriate checks were in place for locum staff used.

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. The premises appeared well maintained and risk assessments relating to the premises were in place. The premises which were originally opened in 1999 had recently undergone major refurbishment.

- The practice had up to date fire risk assessments and NHS properties carried out regular fire drills which we saw records of. Evacuation procedures were displayed throughout the practice. Staff received fire training and there were nominated trained fire wardens.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- We were advised that legionella risk assessments were carried out by NHS Properties (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence of legionella testing routinely undertaken.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. During the practice presentation the practice told us about the difficulties they were having recruiting staff in order to meet increasing demands on the service and had an away day to discuss this. The practice had tried to recruit new GPs to increase clinical staffing but this had yielded no net effect as others had left. They were now seeking to advertise again and explore alternative staffing options. In the meantime staff told us that locum staff were regularly used and staff would cover for each other if needed.

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 alarm system in the consultation and treatment rooms and reception which alerted staff to any emergency.
- Staff received annual basic life support training and had their own trained trainer for this.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks for use in an emergency. Regular checks were undertaken of the emergency equipment to ensure it was kept in working order.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The medicines were regularly checked to ensure they were in date.

Are services safe?

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. A copy of the plan was also held off site should the building become inaccessible.

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.
- We saw that guidance from NICE, NHS England and multiagency guidance was routinely discussed and circulated at the weekly clinical meetings. Examples seen included guidance on meningitis b and female genital mutilation. Clinical staff were able to give numerous examples of guidance and updates that had been discussed and shared with protocols updated in line with the new guidance received.
- The practice monitored that these guidelines were followed through audit. For example the management of chronic kidney disease against NICE guidelines.

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 available for 2014/2015 showed the practice had achieved 95% of the total number of points available compared to the CCG average of 93% and national average of 94%.

Practice exception reporting was 8% overall which was comparable to the CCG and national average of 9%. We identified significantly higher exception reporting in the following clinical domains: depression, mental health, osteoporosis and asthma than CCG and national averages. (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). Generally, lower exception reporting means more patients are treated. We discussed exception reporting with the practice. The practice had protocols in place for exception reporting

which set out the action to be taken to follow up patients before exempting them. We looked randomly at some of the reported exceptions and saw that the practice had made attempts to contact the patients to attend for their reviews and that protocols were being followed.

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

- Overall performance for diabetes related indicators was 90% which was higher than the CCG average of 85% and the national average of 89%.
- Overall performance for mental health related indicators was 97% which was higher than the CCG average of 89% and the national average of 93%.

Prior to our inspection we had received information relating to a significant event, we therefore looked at a random sample of six records for patients with a long term condition and complex needs. Records seen demonstrated these patients had received appropriate follow up and care and treatment.

There was evidence of quality improvement including clinical audit. We saw evidence of eight audits that had been carried out within the last 12 months and evidence that these were discussed routinely and shared at the weekly practice meetings. Some of these were completed audits where the improvements made were implemented and monitored to improve services.

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. We spoke to one new member of staff who was currently in their induction period. They told us that they were currently shadowing other members of staff and had competencies to achieve. They also told us that they felt well supported by the practice team.
- 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. We saw certificates that showed members of the nursing team had undertaken additional training in the management of patients with long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate that they stayed up to date with changes to the immunisation programmes, for example through training updates and discussions at nurse meetings.

- The learning needs of staff were identified through a system of appraisals, these were carried out annually on all staff and salaried GPs. Nursing staff also told us that they received monthly clinical supervision sessions.
- Staff had access to and received training that included: safeguarding, fire safety awareness, basic life support and information governance. They made use of e-learning training modules and in-house training. Protected learning time events were also held to cover key training for example basic life support.

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. We found these meetings were well documented.

District nurses and health visitors worked from the same building as the practice, they confirmed they met regularly with the practice to discuss some of the practice's most vulnerable patients and were positive about the working relationships. They told us communication was good and as well as attending the monthly multidisciplinary meetings they could also attend the practice's weekly clinical meetings if they had anything they wished to discuss.

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. The Mental Capacity Act had been discussed at one of the practices protected learning time events.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Minor surgery was offered from the practice and formal consent forms were completed for this.

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, those with long term conditions or at risk of developing a long-term condition and those with caring responsibilities.

Recall systems were in place to ensure those with long term conditions received regular reviews and monitoring of their conditions.

There was support available for those requiring healthy lifestyle advice. For example, a smoking cessation service and appointments with a health trainer who held weekly clinics at the practice.

The practice's uptake for the cervical screening programme was 81%, which was higher than the CCG average of 80% and the national average of 82%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme.

We saw posters displayed in the waiting area which encouraged patients to attend national screening programmes for bowel and breast cancer. However, the uptake of the national breast cancer screening programme among the practice population was slightly lower than CCG and national averages (66% compared to the CCG average of 69% and national average of 72%). For bowel cancer screening the uptake among the practice population was 49% which was slightly higher than the CCG average of 47% but lower than the national average of 58%.

Childhood immunisation rates for the vaccinations given (2014/2015) were higher than the CCG averages. For example, childhood immunisation rates for the

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

vaccinations given to under two year olds ranged from 97% to 99%, compared to the CCG range of 88% to 95% and five year olds from 96% to 98% compared to the CCG range of 87% to 94%.

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

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.
- The reception desk was situated away from the waiting area and a barrier helped encourage patients to stand back from reception to minimise the risk of conversations being overheard.
- A designated private room was available near reception if patients wished to discuss something sensitive or were distressed.
- Staff wore name badges so that patients knew who they were speaking with.
- Staff were mindful to maintain patient confidentiality and had signed a confidentiality agreement.

All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they found staff were helpful and that they were treated with dignity and respect. We also spoke with sixteen patients on the day of the inspection (six of the patients were also members of the practice's patient participation group (PPG). Patients told us that they were satisfied with the service they received once they got passed the difficulty of making an appointment. They described clinical staff as supportive and caring. Feedback from two patients in relation to reception staff was less positive.

Results from the national GP patient survey (published in July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was similar to other practices for its satisfaction scores on consultations with GPs and nurses but was lower than CCG and national averages for helpfulness of reception staff. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.

- 86% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 66% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

We spoke with some of the administrative and reception staff who told us that they felt saddened by the results and felt as if they were letting the practice down.

The practice carried out its own annual in-house patient surveys in conjunction with the PPG. They received 340 responses in 2015.

- 94% of patients said that clinical staff treated them with care and respect which was an improvement on 84% in 2014.
- 84% of patients said that the administration team took time to listen to them and treated them with the uttermost courtesy which was also an improvement on 71% in 2014.

Care planning and involvement in decisions about care and treatment

Most patients we spoke with told us they felt involved in decision making about the care and treatment they received and that they felt listened to. Although, some (three) patients said they sometimes felt rushed during their consultations. The practice told us that they were a high user of choose and book which offers choices to patients about where they receive care and treatment.

We saw evidence of personalised care plans in place for those with more complex needs.

Results from the national GP patient survey (published in July 2016) showed patients responded positively to

Are services caring?

questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

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

- Translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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 111 patients as carers (0.8% of the practice list). We saw that a form was available in the waiting area inviting patients to identify themselves as carers to the practice. The practice manager told us that staff were given training so that they could support carers. Information was also displayed signposting adult and younger carers to support available.

Staff told us that if families had suffered bereavement, there was a local service that GPs could refer patients to for additional support.

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 participating in the primary care commissioning framework led by the CCG aimed at improving services and patient outcomes as well as consistency in primary care services.

- The practice offered appointments during extended opening hours four days each week. Monday and Wednesday 7am to 8am and Tuesday and Thursday 6.30pm to 8pm for working patients or those with other commitments who could not attend during normal opening hours.
- There were longer appointments available on request and for patients with a learning disability or poor mental health.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations including yellow fever at the practice.
- The practice was accessible to patients with mobility difficulties. There were disabled facilities including parking, automated entrance door and disabled toilet facilities. Patient consulting and treatment rooms were located on the ground floor.
- Translation services were available. The practice website could also be translated into several different languages.
- Staff told us a room would be made available for breast feeding.
- The practice provided a range of services to support the management and monitoring of patients with long term conditions. These included insulin initiation, a visiting specialist diabetes team for more complex cases, disease modifying antirheumatic drugs (DMARD) monitoring, 24 hour blood pressure monitoring, spirometry and electrocardiographs (ECGs).
- The practice supported patients who misused substances.

- Patients at the practice could also attend for phlebotomy (blood taking) and x-ray services from the same building as the practice on a walk in basis. These services were provided by the local hospital.
- The nurse practitioner was available to deal with minor ailments.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointment times varied between the GPs but usually started at 8am or 8.30am until 12 noon and then in the afternoon from 3pm to 6.30pm. Extended hours appointments were offered on a Monday and Wednesday morning between 7am and 8am and on a Tuesday and Thursday evening between 6.30pm to 8pm. In addition to prebookable appointments (which could be booked up to four weeks in advance) the practice had same day appointments which were released each morning. Telephone appointments were also available and urgent appointments for people that needed them. When the practice was closed services were provided by an out of hours provider (Prime care).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly below local and national averages in many aspects. Scores were particularly low for ease of getting through on the telephone.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 26% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average 85%.
- 35% of patients described their experience of making an appointment as good compared to the CCG average of 62% and 73%.

We looked at the next available GP appointments and were told that there was one available on the afternoon of our inspection and for a nurse appointment within 7 working days.

Patients we spoke with as part of the inspection provided mixed feedback on access to appointments. Some patients said they had no difficulties obtaining an appointment

Are services responsive to people's needs?

(for example, to feedback?)

while others said they were usually able to get an emergency appointment but experienced difficulties if it was non-urgent. Patients told us that they would come in early before the practice opened to queue for an appointment. Five of the patients we spoke with told us that appointments did not usually run to time. Results from the national patient survey (published July 2016) also found 41% of patients said they usually wait 15 minutes or less after their appointment to be seen which was below the CCG average of 54% and national average of 65%.

We reviewed feedback on NHS choices website where patients are able to leave reviews of their practice and saw 18 comments had been received in the last 12 months. The most common issues raised related to patients inability to obtain an appointment, long waits and attitude of reception staff.

We saw that the practice had tried to address some of the issues relating to access, including staffing and addressing do not attends. Written protocols were in place advising staff what to do if no further appointments were available in order to accommodate those with urgent needs. However efforts made so far had proved unsuccessful in the attempt to recruit more GPs.

We saw that the practice had responded to a significant event in relation to access. The practice had undertaken a thorough review into this and had taken action to help minimise future risks to patients. This included a new policy which had been shared with staff and patients. A system had been introduced in which GPs were consulted if

any patient was asked to rebook their appointment. A record keeping audit was also undertaken to ensure important information was recorded during patient contacts.

Listening and learning from concerns and complaints

The practice had systems 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 complaints in the practice.
- We found information relating to making a complaint was not easy to be found as there were no notices or leaflets on display. Practice staff told us that information on how to make a complaint was included in the practice leaflet which included details about who to contact should a patients be dissatisfied with the response received from the practice. Reception staff told us that they would arrange for the patient to speak with the practice manager if they had a complaint.
- The practice recorded both verbal and written complaints.

There had been 19 complaints received between April 2015 and March 2016. We looked at four complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. At the start of the inspection we were given a presentation and staff spoke about the practice and future direction. They explained the challenges faced. They recognised demand on services and access was an issue and had tried to recruit additional GPs but now needed to explore alternative workforce arrangements. They also identified new housing in the area which was having an impact on demand for services. The practice had identified key staff to take forward individual roles to take forward their vision.

There was a practice charter which set out what patients can expect from their services as well as expectations of the patient.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care:

- 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. Meetings were held with representatives from all staff groups to discuss QOF targets. The practice performed well against QOF.
- A programme of continuous clinical and internal audit 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

On the day of inspection the partners in the practice demonstrated they had the experience and capability to run the practice and ensure high quality care. They aimed to prioritise safe, high quality and compassionate care but struggled with managing access. 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). 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 people reasonable support, truthful information and where appropriate an 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.

- There were regular meetings which included weekly clinical meetings, monthly partner meetings and practice nurse meetings. Meetings were well attended to ensure important information was shared and well documented for future reference.
- District nurses who shared the building with the practice were also invited to the weekly clinical meetings so that they also had the opportunity to share information and raise concerns.
- The practice had annual events to consider future organisational development.
- Staff said they felt respected, valued and supported, particularly by the partners and senior staff in the practice. They felt there was an open culture in which they could raise any issues or concerns with them.

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), suggestion and comments forms, through surveys and complaints received. They had also started using texts to obtain patient feedback. The practice had a very active PPG of 34 members which met regularly and meetings were well attended. The members we spoke with told us they felt valued and found the practice receptive to their comments. They spoke about a number of changes the practice had made in response

Are services well-led?

Good 

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

to patient feedback. This included: improved confidentiality at the reception desk, a ticket system for patients queueing for an appointment in the morning, and changing telephone options to make it easier for patients to cancel their appointments over the phone. The members of the PPG we spoke with also told us how they had been consulted in management of patients that did not attend for their appointments.

- The practice also obtained feedback from staff through staff meetings, appraisals and practice events. Staff told us they felt involved and engaged to improve how the practice was run. In one example the practice nurse explained how patients with more than one long term condition now came in for a single review in response to staff feedback.

There was a focus on continuous learning and improvement at all levels within the practice. Minutes seen from weekly practice meetings showed that they had been used constructively to routinely share and discuss learning, this included audits, alerts, significant events, and other updates received.

The practice had successfully bid for funding for four case managers (three adult case managers and a paediatric case manager) as part of a pilot scheme to improve outcomes for patients who experienced unplanned admissions to hospital and attendances at accident and emergency.

The practice was a training practice for qualified doctors training to become a GP.

Continuous improvement