Drs Rees and Lefroy

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
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 Drs Rees and Lefroy on 25 January 2016. Overall the practice is rated as outstanding.

Our key findings were as follows:

- Feedback from patients about their care was consistently and strongly positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- Staff were knowledgeable, engaged and took pride in the services provided.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice including:

- Patients' care and treatment were well managed. The number of practice patients with health conditions who had been admitted to hospital in an emergency was significantly lower than local levels.
- All registered patients had a named GP and the GPs operated a 'concern' list of patients that had complex needs. The list was known by and shared by each GP. This was to enable the sharing of concerns regarding patients that were not coping well medically, socially or emotionally. The GPs had been worked together for over 14 years at the practice and displayed a thorough knowledge and understanding of their patients.

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

Summary of findings

- Consider introducing appointments for patients, who wish, to consult with clinicians from the same gender.

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.

- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Outstanding

The practice rated as outstanding for effective services.

- Data showed that the practice was performing highly when compared to practices nationally and in the clinical commissioning group (CCG) area. For example, the number of patients with dementia who were admitted to hospital in an emergency was 60.7% lower than the CCG average.
- Staff took every opportunity to ensure patients received health screening to improve detection of emerging health issues. For example, 73.3% 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 national average of 58.3%.
- The number of practice patients with health conditions who had been admitted to hospital in an emergency was significantly lower than local levels. For example, the rate of emergency admissions to hospital for patients with conditions where effective management and treatment may have prevented admission was 27.4% lower than the local average.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for all aspects of their care.

Summary of findings

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.
- Staff were prompted by a computer alert to enquire about the well-being of carers.
- All registered patients had a named GP and the GPs operated a 'concern' list of patients that had complex needs.

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 those at risk of unplanned admission to hospital.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The length of all appointments had been increased to give patients more time with a GP.
- The number of patients attending A&E during GP opening hours was 20.2% lower than the CCG average.
- The overall number of patients attending A&E at any time was 18.1% lower than the CCG average.

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.

Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

- The practice had a higher proportion of older patients when compared with local and national averages.
- All patients in this age group were invited for a health check at least annually or more often if their health required.
- Practice staff endeavoured to coordinate care in one visit, for example if a blood test was required it would be done at the time of appointment reducing the need for a return visit.
- GPs operated a concern list, which detailed a number of patients who were older. This was to enable the sharing of concerns regarding patients that were not coping well medically, socially or emotionally.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Outstanding ☆

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

- The practice had identified the expected, or higher than expected, number of their patients with long-term conditions.
- Patients with more than one long-term condition had their health assessed at longer appointments.
- The number of patients with diabetes who had retinal screening, to detect eye problems more common with the condition, was 5% higher than the clinical commissioning group (CCG) average.
- Emergency unplanned admission rates to hospital for patients with long-term conditions were lower than local averages. For example, the number of patients with Chronic Obstructive Pulmonary Disease (COPD) who were admitted to hospital in an emergency was 32.6% below the CCG average.
- In 2014/15 the practice had no patients with diabetes admitted to hospital in an emergency, compared with a CCG average of 1 patient in every 100 with diabetes.

Families, children and young people

Outstanding ☆

The practice was rated as outstanding for the care of families, children and young people.

Summary of findings

- The practice had a policy to see all children urgently on the day.
- Immunisation rates for children were similar or higher than local and national averages.
- The number of children admitted to hospital with a lower respiratory tract infection (chest infection) was 20.6% lower than the CCG average.
- The practice's uptake for the cervical screening programme was 84.8% which was higher than the CCG average of 79.9% and national average of 81.8%.
- The practice offered sexual health and contraceptive advice to teenagers.

Working age people (including those recently retired and students)

Outstanding

The practice was rated as outstanding for working age people (including those recently retired)

- The practice offered online and telephone services.
- Health promotion and screening was offered to reflect the needs of this age group.
- Evening appointments were offered on two evenings each week.

People whose circumstances may make them vulnerable

Outstanding

The practice was rated as outstanding 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.
- Patients who were vulnerable were given open access to use the GP as their first point of contact.
- The practice had eight patients with learning disabilities. All were invited to attend an annual health check with a named GP or nurse to provide continuity of care.

People experiencing poor mental health (including people with dementia)

Outstanding

The practice was rated as outstanding for the care of people experiencing poor mental health (including those with dementia):

- The practice held a register of patients with poor mental health, including patients with dementia.
- The practice was performing above others when compared with local and national averages, in respect of management of patients' with poor mental health and dementia.

Summary of findings

- 100% of patients with dementia had a review of their condition in the last 12 months. This was higher than the CCG average of 85.1% and national average of 84%. Of note the practice had no clinical exceptions in this area, meaning all patients had been included.
- 100% 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%. Of note the practice had no clinical exceptions in this area, meaning all patients had been included.

Summary of findings

What people who use the service say

We spoke with seven patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 43 completed cards which were all positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care dignity, respect and understanding.

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 January 2016. The survey invited 236 patients to submit their views on the practice, a total of 120 forms were returned. This gave a return rate of 51%.

The results from the GP national patient survey showed patients were highly satisfied with how they were treated. In every indicator in the GP national patient survey the practice had satisfaction rates higher than both local and national averages. For example;

- 99% described their overall experience of the GP practice as good. This was better than the clinical commissioning group (CCG) average of 87% and national average of 85%.
- 96% said the GP was good at treating them with care or concern compared to the CCG average of 84% and national average of 85%.
    - 100% had confidence in the last GP they saw or spoke with compared to the CCG average and national averages of 95%.
    - 100% said the GP was good at giving them enough time compared to the CCG and national averages of 87%.
    - 99% said the practice nurse was good at listening to them. This was better than the CCG average of 92% and national average of 91%.
    - 100% had confidence in the practice nurse. This was better than the CCG and national averages of 97%.
- 100% said the practice nurse was good at treating them with care or concern compared to the CCG average of 92% and national average of 91%.
    - 99% found receptionists helpful. This was better than the CCG average and national averages of 87%.

Patient feedback about access to appointments and the results from the national GP patient survey published in January 2016 showed higher rates of satisfaction when compared to local and national averages.

- 98% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 98% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 96% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 96% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86% and national average of 85%.
- 89% of patients said they normally get to see their preferred GP compared to the CCG average of 62% and national average of 59%.

Areas for improvement

Action the service SHOULD take to improve

- Consider introducing appointments for patients, who wish, to consult with clinicians from the same gender.

Summary of findings

Outstanding practice

- Patients care and treatment was well managed. The number of practice patients with health conditions who had been admitted to hospital in an emergency was significantly lower than local levels. For example:
- All registered patients had a named GP and the GPs operated a 'concern' list of patients that had complex needs. The list was known by and shared by each GP. This was to enable the sharing of concerns regarding patients that were not coping well medically, socially or emotionally. The GPs had been worked together for over 14 years at the practice and displayed a thorough knowledge and understanding of their patients.

Drs Rees and Lefroy

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 an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Drs Rees and Lefroy

Drs Rees and Lefroy are registered with the Care Quality Commission (CQC) as a partnership provider based within Stoke Health Centre. The practice holds a General Medical Services contract with NHS England.

The practice area is one of increased deprivation when compared with the national average, although lower when compared with the clinical commission group (CCG) area.

At the time of our inspection the practice had 1,870 patients, with a higher proportion (32.2%) aged over 65 when compared with the national average (26.5%).

The practice is co-located within Stoke Health Centre with another individual GP provider. Whilst the two practice share premises and staff, the GPs care for their own patients as separate entities. Our inspection looked solely at the services provided by Drs Rees and Lefroy.

The practice staffing comprises of:

- Two female GPs giving one whole time equivalent(WTE)
- Two female practice nurses (0.42 WTE)
- A male practice pharmacist (0.12 WTE for a fixed term)
- One female healthcare assistant (0.40 WTE)
- A practice manager (0.5 WTE)
- Six members of administrative staff working a range of hours.

The practice is open from 8am to 6:30pm on a Monday, Tuesday, Wednesday and Friday and 8am to 1pm on a Thursday. Evening appointments are offered until 7pm on a Tuesday and Wednesday. The practice reception desk closes each day from 1pm to 2pm, although the telephone lines remain open. When the practice is closed arrangements are in place for patients, which can be accessed by telephoning the practice telephone number and calls are transferred to the out-of-hours provider.

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.

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:

Detailed findings

- 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 including GPs, the practice nursing team, practice pharmacist, the practice manger and administrative staff. We also spoke with a member of the patient participation group.

We gathered feedback from patients by speaking directly with them and considering their views on comment cards left in the practice for two weeks before the inspection.

Good

Are services safe?

Our findings

Safe track record

The practice operated an effective system to report and record significant events.

- Staff 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 and clinical meetings, or sooner if required.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Following an alert being received the practice checked to ensure that patients were not affected by the medicines or equipment involved.

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. 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 practice was visibly clean and tidy and clinical areas had appropriate facilities to promote current Infection Prevention and Control (IPC) guidance. 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. Practice nurses used Patient Group Directions to allow them to administer medicines in line with legislation. We saw that blank prescription pads were stored securely, although their issue was not tracked. Following discussion with the practice about this, a new protocol and tracking system to record the issue of prescriptions was implemented at the time of the inspection.
- We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The system for ensuring patients had received the necessary monitoring before prescribing of the medicine differed between clinicians. We saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines. However, there was a possibility that patients may still receive the medicine if they had not received the required monitoring. For example if a patient missed a blood test at the hospital. The day after the inspection, the practice sent us the details of a new system they had implemented to ensure that before a prescription was issued the prescribing clinician would evidence that the required monitoring had been undertaken.
- We reviewed three personnel files and found

Monitoring risks to patients

Risks to patients were assessed and well managed.

Good

Are services safe?

- 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 and had a 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).
- 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 staff knew their location.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Outstanding ☆

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.

We saw that the monitoring of patients with diabetes had been inconsistent as the time period of monitoring patients with stable HbA1c (indicating longer term blood glucose control) levels varied. The most recent guidance from NICE suggested that monitoring of HbA1c levels should be at a six-monthly interval once the levels were stable. We saw that a number of patients with stable HbA1c levels had monitoring undertaken at 6 to 12 monthly intervals. We spoke with the practice about this and the issue was identified as an inconsistency on a computer template. The practice took immediate action by performing an audit of patients in this group. Action was taken to follow up and invite any patients with monitoring outside of the guidelines to attend the practice for follow up.

We reviewed the practice performance, in diabetes, from 2014/15 in The Quality Improvement Framework (QIF) which is a local framework run by NHS Stoke on Trent Clinical Commissioning Group (CCG) to improve the health outcomes of local people. The results demonstrated positive outcomes for patients with diabetes:

- The practice had no patients with diabetes admitted to hospital in an emergency, compared with a CCG average of 1 patient in every 100.
- The number of patients identified (prevalence) with diabetes was 6.9%, this was higher than the CCG average of 6.1%.
- The number of patients with diabetes who had retinal screening, to detect eye problems more common with the condition, was 5% higher than the CCG average.

Management, monitoring and improving outcomes for people

The practice showed us improvements they had made to services provided under a Local Improvement Scheme (LIS) which provided patients with additional services.

The practice employed a pharmacist on a part time basis to review patients identified at risk of unplanned admission to hospital. The pharmacist visited patients in their own home for an hour to review their medicines, condition and provide advice. We spoke with the pharmacist who told us that the service was useful for assessing the needs of patients in their home environment. They spoke of a number of benefits for patients which had resulted from the visits:

- Patients with long-term conditions had their medicines changed to make the condition more manageable. For example, a patient with diabetes was prescribed a rescue medicine to prevent hypoglycaemic (low blood sugar) episodes which had been increasing.
- Patients who had not been taking their medicines as prescribed, had been identified, solutions discussed and the importance of taking prescribed medicines reinforced.

The pharmacist had reviewed 40 patients in the previous year. The practice felt the effect of the pharmacist was helping to promote patients' health. Data in QIF from 2014/15 demonstrated the practice performance for unplanned admissions to hospital was better than the local average.

- The rate of emergency admissions to hospital for patients with conditions where effective management and treatment may have prevented admission was 27.4% lower than the local average.

The practice was located in close proximity to the local university hospital A&E so patients had easy access to the A&E department. Despite this, the number of practice patients who attended A&E was lower than the local average which demonstrated the confidence they had in their GPs.

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:

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- The practice achieved 97.5% of the total number of points available; this was higher than the national average of 93.5% and CCG average of 95%.
- Clinical exception reporting was 8.3%. This was better than the national average of 9.2% and CCG average of 9%. Clinical exception rates allow practices not to 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.
- 100% 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%. Of note the practice had no clinical exceptions in this area, meaning all patients had been included.
- 91.7% of patients with asthma had a review of their condition within the previous year. This was higher than the CCG average of 75.2% and national average of 75.3%.
- 100% of patients with dementia had a review of their condition in the last 12 months. This was higher than the CCG average of 85.1% and national average of 84%. Of note the practice had no clinical exceptions in this area, meaning all patients had been included.

The practice performance within the local QIF for 2014/15 demonstrated that they were effective in their management of patients, as less patients had been admitted to hospital in urgent circumstances:

- The number of patients with dementia who were admitted to hospital in an emergency was 60.7% lower than the CCG average.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who were admitted to hospital in an emergency was 32.6% below the CCG average.
- The number of patients diagnosed with cancer who were admitted to hospital in an emergency was 51.2% lower than the CCG average.
- The number of children admitted to hospital with a lower respiratory tract infection (chest infection) was 20.6% lower than the CCG average.

There had been four clinical audits completed in the year, one of these was a completed audit where the improvements made were implemented and monitored. Three others had re-audit dates planned. The audits included conditions that had been treated in line with national guidance and where antibiotic and hypnotic medicines 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:

- 50% of practice patients with a new diagnosis of cancer had received their diagnosis via a fast tracked referral pathway (two week wait). This was comparable to the CCG average of 51.3% and national average of 48.8%.

Effective staffing

The practice had an experienced, well trained and motivated clinical, nursing and administrative team.

- The GPs had additional training in women's health, family planning, child health and medical education.
- Education was an integral part of the practice. One of the GPs was a lecturer at a local medical school and medical students were supported through supervised learning within the practice.
- The practice nursing team had undertaken training in additional areas including contraception and sexual health, management of long-term conditions and had achieved, or were working towards, independent prescriber status.
- The practice manager had worked at the practice for over 30 years and had undertaken masters' level education in healthcare ethics and law.
- Staff understood their patient demographic and practice performance and tailored the services to meet patient need.
- All staff had undertaken relevant and recent training in areas such as basic life support and safeguarding.
- The staff we spoke with were engaged, confident and knew their individual responsibilities.

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.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Staff were aware of their own responsibilities for 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:

- The practice team met on a regular basis with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.
- The practice pharmacist liaised with relevant staff on a weekly basis, or sooner when required,to discuss patients care and treatment

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- < >taff 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 practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided when 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 aware of the measures needed to keep patients healthier for longer and provided some of these in house:

- The practice provided NHS Health Checks for their patients aged 40 to 74 years. At the time of our inspection 459 health checks had been provided, which was 70% of eligible patients.
- Smoking cessation was provided in house by the practice healthcare assistant, who had a background as a former healthcare professional. The practice had previously been commissioned to provide these services, although the funding had stopped. The practice wished to carry on the service in house as they felt it was integral to promoting the well-being of patients.

All patients aged 75 and over were offered a health assessment at least annually, or sooner if the health required this.

Staff were proactive in both promoting and, when needed, following up patients who had not attended health screening for symptoms that may be suggestive of cancer. A GP telephoned patients who did not attend or participate in screening to discuss the importance of the tests. This action had positive results and outcomes in these areas were higher than average. Data from 2014 published by Public Health England showed:

- 81.5% 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%.
- 73.3% 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 national average of 58.3%.
- The practice's uptake for the cervical screening programme was 84.8% which was higher than the CCG average of 79.9% and national average of 81.8%.

The practice provided childhood immunisations and rates of uptake were comparable to CCG and national averages. Performance ranged from 93.3% to 100% in the delivery of individual vaccination.

Vaccination rates for uptake of the seasonal flu vaccination were positive, in the latest vaccination programme, as of the end of December 2015, data showed:

- 74.8% of patients aged 65 or over had received the vaccinations. This was higher than the CCG average of 72.2% and national average of 72.7%.

Outstanding ☆

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.

- Clinicians opted to use a personal method of entering the waiting area to call new and frail patients and escorted them to the clinical rooms.
- Chaperones were available and consulting rooms had appropriate measures to maintain patients' privacy and dignity during examinations, investigations and treatments.

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 January 2016. The survey invited 236 patients to submit their views on the practice, a total of 120 forms were returned. This gave a return rate of 51%.

The results from the GP national patient survey showed patients were highly satisfied with how they were treated. In all but two of the indicators in the GP national patient survey the practice had satisfaction rates higher than both local and national averages. For example;

- 99% described their overall experience of the GP practice as good. This was better than the clinical commissioning group (CCG) average of 87% and national average of 85%.
- 96% said the GP was good at treating them with care or concern compared to the CCG average of 84% and national average of 85%.
- 100% had confidence in the last GP they saw or spoke with compared to the CCG average and national averages of 95%.
- 100% said the GP was good at giving them enough time compared to the CCG and national averages of 87%.

Results for how patients felt about their interactions with the practice nurses and receptionists were also significantly better than local and national averages. For example:

- 99% said the practice nurse was good at listening to them. This was better than the CCG average of 92% and national average of 91%.
- 100% had confidence in the practice nurse. This was better than the CCG and national averages of 97%.
- 100% said the practice nurse was good at treating them with care or concern compared to the CCG average of 92% and national average of 91%.
- 99% found receptionists helpful. This was better than the CCG average and national averages of 87%.

Of particular note in the findings from the GP national patient survey was the proportion of patients who felt they had received care, treatment or interaction that was poor. In the 12 outcomes to rate good and poor interactions, the practice had no patients feeling their interaction had been poor in 11 of the outcomes. In the one outcome where patients had indicated their interaction had been poor the rate was still three times lower than the local and national dissatisfaction levels.

We spoke with seven patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 43 completed cards which were all positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care dignity, respect and understanding.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed a positive patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in January 2016 showed;

- 93% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 81% and national average of 82%.
- 99% said the last GP they saw was good at explaining tests and treatments compared to the CCG average and national averages of 86%.
- 96% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 87% and national average of 85%.
- 99% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 85%.

There were no responses that gave an answer of poor in these outcomes. Local and national averages stating a response of poor ranged up to 4%.

Outstanding ☆

Are services caring?

All of the comments we received from patients were positive about their own involvement in their care and treatment.

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 their care and treatment. We heard a number of positive experiences about the support and compassion patients had received. For example, a patient told us how they had been supported through a period of depression and another detailed how they felt the practice always had their best interests at heart.

The practice recorded information about patients who had, or were, carers. A total of 52 patients were identified in this way. Staff were made aware of patients who were carers by use of computerised alerts. Pop up alerts on the computer system prompted staff to enquire and follow up on the health of carers. The practice had performed a recent audit to ensure all carers had received a health check within the previous year and details of the carer's wellbeing were entered on a spreadsheet administered by the practice manager.

All registered patients had a named GP and the GPs operated a 'concern' list of patients that had complex needs. The list was known by and shared by each GP. This was to enable the sharing of concerns regarding patients that were not coping well medically, socially or emotionally. The GPs had been worked together for over 14 years at the practice and displayed a thorough knowledge and understanding of their patients.

If a patient experienced bereavement, practice staff told us that they were supported by a GP with access and signposting to other services as necessary.

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 had taken action following patient and staff feedback about appointment waiting times. The GPs had increased appointment consultation times to a single appointment time of 15 minutes, without reducing the number of appointments available. The GPs accepted this would extend their working days but felt it would be beneficial to both patients and wider practice staff.
- Two percent of patients had been identified as being at increased risk of unplanned admission to hospital. Patients had a comprehensive care plan in place which was reviewed on a regular basis. If patients in this group were admitted to hospital, a GP reviewed their care on discharge from hospital.
- Home visits, including vaccinations were provided to older patients and patients who would benefit from these.
- Practice staff endeavoured to coordinate care for patients who were frail in one visit, for example if a blood test was required it would be done at the time of appointment reducing the need for a return visit.
- Patients with more than one long-term condition had their health assessed at longer appointments.
- Access to the practice was via a single level, corridors and doorways were wide to promote access for those with mobility issues.

The practice was located in close proximity to the local university hospital A&E so patients had easy access to the A&E department. Despite this, the number of practice patients who attended A&E was lower than the local average which demonstrated the confidence they had in their GPs. We looked at 2014/15 data from the Quality Improvement Framework (QIF) which is a local framework run by NHS Stoke on Trent Clinical Commissioning Group (CCG) to improve the health outcomes of local people. The data showed that:

- The number of patients attending A&E during GP opening hours was 20.2% lower than the CCG average.
- The overall number of patients attending A&E at any time was 18.1% lower than the CCG average.

The GPs and practice nurses at the practice were all female. Results from the most recent national GP patient survey published in January 2016, showed higher than average satisfaction rates from consultations with GPs and nurses. Although we received no feedback to indicate that male patients would like the opportunity to consult with a male clinician to discuss gender sensitive conditions this may have been desirable for some patients in this group.

Access to the service

The practice was open from 8am to 6:30pm on a Monday, Tuesday, Wednesday and Friday and 8am to 1pm on a Thursday. The practice reception desk closed each day from 1pm to 2pm, although the telephone lines remained open. Evening appointments were offered until 7pm on a Tuesday and Wednesday. When the practice was closed arrangements were in place for patients, which could be accessed by telephoning the practice telephone number. Calls were then transferred to the out-of-hours provider. Patients could book appointments in person, by telephone or online for those who had registered for this service. Telephone appointments were also available on a daily basis. 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 within the next two working days. The practice had a policy to see all children urgently on the same day.

We received feedback on appointments from 50 patients. All were happy with contacting the practice, availability and the timeliness of appointments.

Results from the national GP patient survey published in January 2016 showed higher rates of satisfaction when compared to local and national averages:

- 98% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 98% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 96% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 96% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86% and national average of 85%.
- 89% of patients said they normally get to see their preferred GP compared to the CCG average of 62% and national average of 59%.

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 and in the practice booklet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had received no complaints within the last 18 months. Staff told us complaints were discussed individually with staff and at practice meetings. We reviewed records from previous years which showed learning from complaints was evident and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

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 which was summarised as:

- We exist for our patients.
- We need to be a sustainable small practice.
- We believe in medical education.

All of the staff we spoke with knew the practice vision and we observed staff to be confident, caring and patient-centred.

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

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The lead GP and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt 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 GPs each worked on a part time basis and covered each other in times of absence. They believed that their model of working gave patients continuity and it was evident that the GPs knew their patients' care and treatment needs.

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 an active patient participation group (PPG). We spoke with a member of the PPG who told us that the practice was responsive to patients' suggestions and had made a number of improvements to benefit patients. These included an increase in the amount of phlebotomy (blood taking) appointments, improved seating for those with mobility issues and attempts to improve parking in what is a constrained area within the practice grounds.
- The practice used the national GP patient survey and the NHS Friends and Family test to gain the views of patients. Responses in both surveys were highly positive of the services provided at the practice.
- Patients could also make suggestions and comments via the practice website.

Are services well-led?

Good

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

Staff told us that their views were sought and valued. All felt able to approach the GPs or practice manager with any issues or suggestions. Staff felt able to give feedback at practice meetings, appraisals or at any time they desired.

Continuous improvement

We looked at the Quality Improvement Framework (QIF) which is a local framework run by NHS Stoke on Trent Clinical Commissioning Group (CCG) to improve the health outcomes of local people. In 21 outcomes which were rated as red, amber, green (RAG) the practice was rated as green in 18. This performance demonstrated a higher than the CCG average performance. In areas that the practice had not performed as well, performance had been analysed and mitigating actions implemented. For example:

- Following higher than average antibiotic prescribing levels, the practice audited prescribing in this area and reinforced learning to ensure the prescribing of antibiotics was in line with guidance.
- Emergency admission levels to hospital were lower than the local average. The practice had further analysed the data in detail and established areas that they could further improve performance.

The practice team was forward thinking and had been involved in securing additional services to benefit patients. One example was the employment of a part time pharmacist to review the care and treatment needs of patients with complex health needs in their own homes.

The practice had strong links with a local medical school and supported medical students in their training to become qualified doctors. The GPs told us they were passionate about providing a positive experience for medical students, with the hope that they would chose general practice as a career choice when qualified.