White Rose Surgery

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?	Good ●
Are services responsive to people's needs?	Outstanding ☆
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 White Rose Surgery on 2 September 2015. Overall the practice is rated as outstanding.

We specifically found the practice to be outstanding for providing effective services to older people and people with long term conditions. Also outstanding for providing responsive services to older people, people with long term conditions and people whose circumstances may make them vulnerable

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues. There was a clear leadership structure and staff felt supported.
- Risks to patients were assessed and well managed.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available for patients the same day as requested, although not necessarily with a GP of their choice.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, friend and family test and the patient participation group.

We saw several areas of outstanding practice:

- The practice routinely screened for chronic obstructive pulmonary disease (COPD) in all patients who were smokers and aged 40 and above; irrespective of any apparent symptoms. This had resulted in a higher than average prevalence of COPD for the practice. As a result of these interventions the practice could evidence a 26% reduction in COPD hospital admissions in the previous 12 months.

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- The practice had an in-house smoking cessation service which was facilitated by a trained member of staff. Through interventions and support offered they could evidence the number of patients who had stopped smoking during the previous 12 months. This had resulted in a 16% reduction of registered smokers.
- The practice had employed a nurse who specifically focused on house bound patients who either had a long term condition or were elderly. Through targeted interventions, this had resulted in an overall reduction of unplanned hospital admissions in the previous 12 months, 30% of which were patients who were over the age of 80.
- There was a fully equipped gym located in the practice, with qualified gym instructors to assist patients in improving their mobility, managing body weight and maintaining a healthy lifestyle. This was available to all patients who were registered with the practice.
- The practice leaflet and other health care advice/ information had been translated into Polish to support the 10% of registered patients who were Polish speaking

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 good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents, near misses and any identified safeguarding issues. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed and there were enough staff to keep patients safe. There were effective processes in place for safe medicines management.

Are services effective?

Outstanding

The practice is rated outstanding for providing effective services. Our findings at inspection showed systems were in place to ensure all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines. We saw evidence to confirm these guidelines were positively influencing and improving practice and outcomes for patients. The practice used innovative and proactive methods to improve patient outcomes. The practice actively screened for chronic obstructive pulmonary disease (COPD), which is a disease of the lungs, and could evidence reductions in the numbers of unplanned hospital admissions. A member of staff had been trained in smoking cessation and could evidence a reduction in registered smokers as a result of interventions.

There was a fully equipped gym located in the practice, with qualified gym instructors to assist patients in improving their mobility, managing body weight and maintaining a healthy lifestyle. This was available to all patients who were registered with the practice.

Staff worked with multidisciplinary teams to provide effective care and support to patients, improve outcomes and share best practice. One of the GP partners had trained to become a dementia friend and all staff had been registered to undergo the training. The practice actively screened patients for dementia and had signed up to Dementia Action Alliance (where organisations take practical actions to improve the lives of people who have dementia).

Are services caring?

Good

The practice is rated good for providing caring services. Care planning templates were available for staff to use during consultation. Patients we spoke with during our inspection said they were treated with compassion, dignity and respect and were

Summary of findings

involved in decisions about their care and treatment. We saw staff treated patients with kindness, respect and maintained confidentiality. The practice had initially set up and facilitated a bereavement support group. This group was now self-managed by the patients with continued support from the practice.

The national GP patient survey data showed that patients rated the practice average or lower than others for several aspects of care. However, the practice had identified this as a concern and had developed an action plan to address the issues which had been raised through the survey.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated outstanding for providing responsive services. It reviewed the needs of its local population and engaged with Wakefield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had good facilities and was well equipped to treat patients and meet their needs.

In 2013 White Rose Surgery, in conjunction with Rycroft Primary Care Centre and South Hiendley Surgery, had won a national award for their work in a pilot project. The project had provided intensive support to patients who were most at risk of a hospital admission or exacerbation of their condition. Following on from this, the practice had worked with the local CCG to look at how they could implement the work across the local area. This had resulted in the development of a local Integrated Team, who provided support for patients who had a long term condition and who resided within Wakefield CCG. In addition, the practice had employed a nurse who specifically focused on house bound patients who either had a long term condition or were elderly. Through targeted interventions, this had resulted in an overall reduction of unplanned hospital admissions, in the previous 12 months.

The practice had extended hours every weekday and were open Saturday mornings. Urgent appointments were available for patients the same day as requested but not necessarily with a GP of their choice. Information for patients about services was available and easy to understand. The practice leaflet and other health care advice/information had been translated into Polish to support the 10% of registered patients who were Polish speaking

There was an accessible complaints system and evidence showed the practice responded quickly to issues raised and learning from complaints was shared with staff.

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Are services well-led?

Good

The practice is rated good for providing well-led services. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff told us they felt supported by the GPs and management. The practice had a number of policies and procedures to govern activity. There were systems in place to identify risk, monitor and improve quality. Staff had received inductions, regular performance reviews and attended staff meetings. They were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family test and the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding 

The practice is rated outstanding for the care of older people. The practice offered proactive, personalised care to meet the needs of older people in its population. Longer appointments, home visits and rapid access were available for those patients with enhanced needs. The practice worked closely with other health and social care professionals, such as the local Integrated Team and district nursing team, to ensure housebound patients received the care they needed.

The practice had employed a nurse who specifically focused on house bound patients who either had a long term condition or were elderly. As a result of interventions over the previous 12 months, the practice could evidence a reduction of unplanned hospital admissions, 30% of which was in patients who were over the age of 80.

People with long term conditions

Outstanding 

The practice is rated outstanding for the care of people with long term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients had a named GP and a structured annual review to check their health and medication needs were being met. For those people with the most complex needs, the named clinician worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice routinely screened for chronic obstructive pulmonary disease (COPD) in all patients who were smokers and aged 40 and above; irrespective of any apparent symptoms. Due to early intervention the practice could evidence a 26% reduction in the number of COPD related hospital admissions. All patients who had COPD, asthma, diabetes or epilepsy had individualised care plans in place.

Families, children and young people

Good 

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice told us all young children were

prioritised and the under-fives were seen on the same day as requested. Staff told us children and young people were treated in an age-appropriate way and were recognised as individuals. The practice provided sexual health support and contraception, maternity services and childhood immunisations. Data showed immunisation uptake rates were comparable for the local area.

Working age people (including those recently retired and students)

Good

The practice is rated good for the care of working age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice had extended hours Monday to Friday 7am to 8am and 6.30pm to 7pm. They also opened Saturday from 8am to 12.30pm, when appointments were available with either a GP or advanced nurse practitioner. The practice also offered online services, telephone advice and a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated overall good for the care of people whose circumstances may make them vulnerable. Although they were found to be specifically outstanding for providing responsive services to people within this population group. The practice leaflet and other health care advice/information had been translated into Polish to support the 10% of registered patients who were Polish speaking

The practice held a register of patients living in vulnerable circumstances, including those who had a learning disability. Longer appointments were available for patients as needed. Annual health checks were offered for those who had a learning disability and data showed 71% of these patients had received one in the last twelve months.

Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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. The practice worked with multidisciplinary teams in the case management of this population group. It informed vulnerable patients how to access various support groups and voluntary organisations. There was an onsite drug and alcohol misuse worker to whom the clinicians could signpost/refer patients.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). All patients had a named GP. Annual health checks were offered for these patients and data showed 88% had received one in the last twelve months. Staff had received training on how to care for people with mental health needs. The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients who were experiencing poor mental health were given information on how to access various support groups and voluntary organisations.

One of the GP partners had been trained to be a Dementia Friend and the practice had registered all staff for this training. Patients were actively screened for dementia, which had resulted in an increase of prevalence in the practice. Those patients who were awaiting a confirmed diagnosis were referred to Age UK for additional support. The practice had also signed up to Dementia Action Alliance. Ninety two percent of patients who had dementia had received a face to face review in the previous 12 months. This was higher than the national average of 84%. All patients had advance care planning in place.

Summary of findings

What people who use the service say

Results from the NHS England GP patient survey published July 2015, showed the practice was performing in line with local and national averages. There were 116 responses which represents 0.53% of the practice population. White Rose Surgery's performance was slightly below average compared to other practices located within Wakefield Clinical Commissioning Group (CCG) and nationally.

In October 2010, White Rose Surgery merged with Rycroft Primary Care Centre and its branch at South Hiendley Surgery. As a result of this, data is combined across all three locations, thereby making it difficult to determine whether responses referred to any specific location:

- 74% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 66% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 74%.
- 67% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 74%.

However, responses indicated the practice was above average in some areas:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 76%.
- 76% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

The GPs and practice manager acknowledged the lower than average responses and had looked at ways of addressing the issues that had been identified. An action plan had been developed and discussed at practice level and also with the patient participation group (PPG). A practice specific patient questionnaire was being developed in conjunction with the PPG. The practice was also collating all patient satisfaction data from the national GP patient survey, the NHS Friends and Family test and their own survey. This was to analyse any themes to support identifying areas for improvement.

The latest results from the NHS Friends and Family test showed that 98% of respondents would be extremely likely to recommend this practice.

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 20 comment cards, the majority of which were positive about the standard of care received. Many cited individual members of staff in a complimentary manner, describing them as professional, caring and wonderful. There were four negative comments but no themes were apparent. We also saw letters of compliments from patients, citing the good care and treatment they had received from the practice staff.

During the inspection we spoke with six patients, one of whom was also a member of the patient participation group. Although all patients were complimentary about the practice, staff and service they received, one patient commented they had found difficulty in getting accessing the surgery by telephone.

Outstanding practice

We saw several areas of outstanding practice:

- The practice routinely screened for chronic obstructive pulmonary disease (COPD) in all patients who were smokers and aged 40 and above; irrespective of any

apparent symptoms. This had resulted in a higher than average prevalence of COPD for the practice. As a result of these interventions the practice could evidence a 26% reduction in COPD hospital admissions, in the previous 12 months.

- The practice had an in-house smoking cessation service which was facilitated by a trained member of staff. Through interventions and support offered they could evidence the number of patients who had stopped smoking during the previous 12 months. This had resulted in a 16% reduction of registered smokers.
- The practice had employed a nurse who specifically focused on house bound patients who either had a long term condition or were elderly. Through targeted interventions, this had resulted in an overall reduction of unplanned hospital admissions in the previous 12 months, 30% of which were patients who were over the age of 80.
- There was a fully equipped gym located in the practice, with qualified gym instructors to assist patients in improving their mobility, managing body weight and maintaining a healthy lifestyle. This was available to all patients who were registered with the practice.
- The practice leaflet and other health care advice/ information had been translated into Polish to support the 10% of registered patients who were Polish speaking

White Rose Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included an additional CQC inspector, a GP advisor, a practice manager advisor, a practice nurse advisor and an expert by experience (a person who has experience of using care services).

Background to White Rose Surgery

White Rose Surgery is situated in the centre of South Elmsall near to the towns of Wakefield, Pontefract and Barnsley and is part of the Wakefield Clinical Commissioning Group. The practice is situated in a large two storey detached building and has operated from its current site since 1991.

It is located in an area of high social deprivation and has a higher than national average of patients who have a long standing health condition (64% compared to 54% nationally) or a health related problem which affects their daily life (61% compared to 49% nationally).

Personal Medical Services (PMS) are provided under a contract with NHS England. White Rose Surgery is registered to provide the following regulated activities; maternity and midwifery services, family planning, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as extended hours and childhood immunisations. White Rose Surgery also has a gym on the premises, which is open Monday to Friday. They employ a gym instructor who develops personalised fitness plans with each patient. Patients can self-refer or be referred by clinical staff.

Patients also have access to secondary care specialist services, such as X-ray, urology, ophthalmology and audiology, which are consultant led and located in premises adjacent to White Rose Surgery.

The practice has extended hours and is open between 7am to 7pm Monday to Friday and 8am to 12.30pm on Saturdays. Clinic times are variable for the GPs and nursing staff, allowing for flexibility to suit patients' needs. When the practice is closed, out-of-hours services are provided by Local Care Direct.

We were informed by staff that White Rose Surgery had historically had a close working relationship with another practice, Rycroft Primary Care Centre (PCC), Madeley Road, Havercroft, Wakefield WF4 2QG, which had a branch surgery; South Hiendley Surgery, Main Street, South Hiendley, Barnsley S72 9AB. This had led to a merger of the practices in October 2010.

As a result White Rose Surgery now operates over three sites and has a total list size of 21821 patients. It hosts a range of clinical staff consisting of eleven GP partners, one salaried GP, three advanced nurse practitioners, five practice nurses and six health care assistants. There are both male and females in the clinical team who are supported by a large team of management, administration and reception staff. At the time of our inspection we were informed that an additional practice manager had been newly appointed and commences employment in October 2015. All clinical and non-clinical staff are based either at White Rose Surgery or Rycroft PCC. The staff who are based at Rycroft PCC also cover South Hiendley Surgery.

Detailed findings

All three locations currently have separate registrations with CQC but share the same patient list, patient and Quality and Outcomes Framework (QOF) data, policies and procedures. (QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for managing some of the most common long term conditions and implementing preventative measures.) We were informed that discussions were being held between the partners with regard to a possible demerger between White Rose Surgery and Rycroft PCC.

Why we carried out this inspection

We carried out a comprehensive inspection of the services 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 registered 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.

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

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and Wakefield Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national GP patient survey (July 2015). All data for White Rose Surgery related to patients across all three locations and could not be separated into being location specific.

We carried out announced inspections at all three locations over two days. We attended White Rose Surgery, Exchange Street, South Elmsall, Pontefract WF9 2RD on the 2 September 2015. During our visit we spoke with four GPs, two advanced nurse practitioners, two practice nurses, a gym instructor, the HR manager and a receptionist. In addition, we spoke with the matron of the local integrated team who worked with the practice. We also spoke with six patients, one of whom was a member of the patient participation group. We reviewed twenty CQC comment cards, where patients had shared their views and experiences of the practice and service they received.

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Each consulting room had a displayed flow chart for reporting and handling a significant event or incident. Staff told us they would inform the practice manager of any incidents. An analysis of the significant events was carried out and actions or learning identified was cascaded to the practice staff. For example, a task had been sent to reception asking a patient to attend for blood tests. This had inadvertently been deleted. As a result the practice had updated the policy to ensure that staff checked tasks had been completed before deleting.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Staff could give us examples of recent medical alerts, such as there had been an issue regarding battery insulin pumps. The practice had undertaken checks to see if any patients were using this specific pump.

All significant events and any safety issues were discussed at the joint White Rose Surgery, Rycroft Primary Care Centre and South Hiendley Surgery Board meetings, where all the partners were involved.

Overview of safety systems and processes

The practice could demonstrate its safe track record through risk management systems there were in place for safeguarding, health and safety, infection prevention and control, medicines management and staffing. NICE guidance and the majority of policies and procedures were accessible to staff on the practice's electronic system.

- Arrangements which reflected relevant legislation and local requirements and policies, which were in place to safeguard adults and children from abuse, were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a flowchart for safeguarding and contact details displayed in all the consulting rooms. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. When a child attended for an appointment, the clinician ensured the name of the adult who accompanied them was recorded in the notes. One of the GPs was the safeguarding lead for the practice. We were informed that an annual meeting took place involving clinicians from all three locations, where safeguarding registers and any patients of concern were comprehensively discussed.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. (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.) All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. These 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. Clinicians recorded in the patient's record when a chaperone was offered and the name of the chaperone who was in attendance.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was an up to date health and safety policy in place. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the designated infection prevention and control (IPC) clinical lead, who kept up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessments and regular monitoring.
- There were arrangements in place for managing medicines, such as emergency drugs and vaccinations. We saw records to confirm this, which included expiry date checks and vaccine refrigerator temperature

readings. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

- Recruitment checks were carried out and the six files we looked at showed appropriate checks had been undertaken prior to staff taking up employment. For example, proof of identification, references, qualifications, registration with the relevant professional body and the appropriate checks through the DBS.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consulting and treatment rooms which alerted staff to any emergency. All staff had received annual basic life support training and there were emergency medicines available in the treatment room. We were given a recent example of how staff had responded to and supported a patient who had collapsed in the surgery. There was a defibrillator and oxygen available on the premises. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to ensure all clinical staff had access to up-to-date guidelines from the National Institute for Health and Care Excellence (NICE), Wakefield CCG and local disease management pathways. Clinicians carried out assessments and treatments in line with these guidelines and pathways to support delivery of care to meet the needs of patients. For example, the local pathway for patients who have the lung disease, chronic obstructive pulmonary disease (COPD). The practice ensured these guidelines were followed through risk assessments, audits and patient reviews.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a process intended to improve the quality of general practice and reward good practice. Information collected for the QOF and performance against national screening programmes was used to monitor outcomes for patients. Current results were 99.1% of the total number of points available, with 6.8% exception reporting. (Exception reporting allows practices not to be penalised where, for example patients do not attend for review or a medication cannot be prescribed due to a contraindication or side-effect.) QOF data from 2013/14 showed:

- Performance for diabetes related indicators was 95.3%, which was higher than the local CCG at 90.8% and national at 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 100%, which was higher than the local CCG at 99.4% and national at 97.8%.
- Performance for mental health related indicators was 100%, which was higher than the local CCG at 94.3% and national at 92.8%.
- Performance for dementia related indicators was 100%, which was higher than the local CCG at 94.3% and national at 94.5%.

The practice routinely screened for COPD in all patients who were smokers and aged 40 and above; irrespective of any apparent symptoms. A range of tests were used that can help with diagnosis of COPD, for example spirometry (a test which measures lung capacity). As a result of this screening, the practice had a higher than average prevalence of COPD compared nationally. All patients who were diagnosed with COPD were then followed up and a self-management care plan was developed in partnership with the patient. For those patients who were most at risk of an acute exacerbation of their symptoms or an unplanned hospital admission, they were issued with a 'rescue pack', in line with NICE guidance for COPD. This pack consisted of individualised written advice on early recognition of an exacerbation, management strategies, provision of antibiotics and corticosteroids for self-treatment and a named contact. As a result of these interventions, in the previous 12 months, the practice could evidence a 26% reduction in COPD hospital admissions.

The practice had employed a nurse who specifically focused on house bound patients who either had a long term condition or were elderly. The nurse also visited registered patients who were resident in local care homes. Assessments, follow up visits, health advice and medicine optimisation were part of the targeted intervention undertaken with this cohort of patients.

As a result the practice could evidence a reduction of unplanned hospital admissions over the past 12 months:

- 30% of patients were over the age of 80
- 13% of patients aged between 65 and 80
- 28% of patients who had diabetes

One of the GP partners had trained to become a dementia friend and all staff had been registered to undergo the training in October 2015. The practice actively screened patients for dementia using a dementia toolkit. The practice had undertaken 340 assessments from April to September 2015; 50 of these had been referred to memory clinic. Patients who were awaiting a confirmed diagnosis were referred to Age UK for additional support. The practice had also signed up to Dementia Action Alliance. In conjunction with this organisation they were looking at ways to improve the layout and design of the practice to make it more dementia friendly.

Clinical audits were carried out and all relevant staff were involved to improve care, treatment and patient outcomes. The practice could evidence quality improvement through completed clinical audits. For example, ensuring all child

consultations record consent and who has attended with the child. There had been a significant improvement in recording the information, from 67% to 90%, in the 12 months since the initial audit.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed:

- Staff had received mandatory training that included safeguarding, fire procedures, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Individual training needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to, and made use of, e-learning training modules. All staff had received an appraisal in the previous 12 months.
- Staff told us they were supported by the practice to undertake any training and development.
- All GPs were up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked with other health and social care services to understand the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place on a two monthly basis and that care plans were routinely reviewed and updated. The practice held a range of weekly and monthly meetings between the clinical staff, where they shared information regarding patient care, outcomes and concerns, such as any safeguarding issues.

The practice could evidence how they followed up patients who had attended accident and emergency (A&E), or who had an unplanned hospital admission. These patients were allocated between the GPs who would then assess whether the patient needed to be seen by a clinician. Patients' records were also updated and a flag put on the system to alert a clinician during a consultation. The practice had audited the numbers of A&E attendances over a 6 month period. As a result they had identified a need to provide GP and nurse appointments on Saturday mornings.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these requirements. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome. When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Health promotion and prevention

The practice's uptake for the cervical screening programme was 82%, which aligned with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation uptake rates for the vaccinations offered were comparable to the national averages. For example, uptake rates for children aged 24 months and under ranged from 86% to 97% and for five year olds they ranged from 88% to 98%.

The seasonal flu vaccination uptake rate for patients aged 65 and over was 80%. Uptake for those patients who were in a defined clinical risk group was 62%. These were both higher than the national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74. Where abnormalities or risk factors were identified, appropriate follow-up on the outcomes were undertaken.

The practice identified patients who were in need of additional support. These included patients who may have

Outstanding ☆

Are services effective?

(for example, treatment is effective)

been in the last 12 months of their lives, carers, those at risk of developing a long term condition or required healthy lifestyle advice such as dietary, smoking and alcohol cessation. These patients were signposted to the relevant service. For example, the practice had an in-house smoking cessation service which was facilitated by a trained member of staff. Through interventions and support offered to patients they could evidence the number of patients who had stopped smoking during the previous 12 months. This had resulted in a 16% reduction of registered smokers in the practice.

There was a fully equipped gym located in the practice, with qualified gym instructors to assist patients in improving their mobility, managing body weight and maintaining a healthy lifestyle. This was available to all patients who were registered with the practice.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and those spoken with on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted consultating and treatment room doors were closed during patient consultations and that conversations taking place in these rooms could not be overheard.

On the day of our inspection we spoke with six patients; one of whom was a member of the patient participation group (PPG). They all told us they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments received on the CQC comment cards aligned with those views. Seventy eight per cent of respondents to the national GP patient survey found receptionists at the practice helpful, compared with a CCG average of 87% and a national average of 87%

Data from the July 2015 national GP patient survey showed respondents rated the practice below the local CCG and national average to questions regarding how they were treated. This data was combined across all three locations, thereby making it difficult to determine whether responses referred specifically to White Rose Surgery:

- 74% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 93% and national average of 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.

The GPs and practice manager acknowledged the lower than average responses and had looked at ways of addressing the issues that had been identified. An action plan had been developed and discussed at practice level and also with the patient participation group (PPG). A practice specific patient questionnaire was being developed in conjunction with the PPG. The practice was also collating all patient satisfaction data from the national GP patient survey, the NHS Friends and Family Test and their own survey. This was to analyse any themes to support identification of areas for improvement.

Care planning and involvement in decisions about care and treatment

Data from the July 2015 national GP patient survey showed respondents rated the practice below the local CCG and national average to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

The patients we spoke with on the day of our inspection, and comments on the CQC cards we received did not align with the survey responses. They informed us they felt listened to and involved in the decisions made about the care they received and the choice of treatment available to them.

We saw templates and care plans the practice used with patients to support management of their condition. For example, all patients who had COPD, asthma, diabetes or epilepsy had individualised care plans in place. These care plans identified agreed goals, recorded test results, informed patients what to do in an emergency and contained contact details of clinicians and relevant services.

Patient and carer support to cope emotionally with care and treatment

There was a register of carers in place and the computer system alerted clinicians if a patient was also a carer. We saw there was a noticeboard in the patient waiting area which was dedicated to the needs of carers and displayed a variety of notices informing patients and carers how to access further support through several groups and organisations.

Good

Are services caring?

We were informed that if a patient had experienced a recent bereavement, there was a prompt on their computerised record to alert the clinician during a consultation. Patients were also sent a bereavement card and offered further support as needed. The practice had previously set up a bereavement support group, which the patients now self-managed with continued support from the practice.

We were informed the practice regularly had raffle and coffee morning events to raise money and awareness of local and national charitable organisations, such as Macmillan Cancer Support and the Prince of Wales Hospice; who were based in West Yorkshire.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice offered extended hours from 7am to 8am Monday to Friday and 8am to 12.30pm on Saturday morning for patients who could not attend during normal opening hours, for example the working age population.
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- There were translation services available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available. The practice leaflet and other health care advice/information had been translated into Polish to support the 10% of registered patients who were Polish speaking

In 2013 White Rose Surgery, had won a national award for their work in a pilot project, which had provided intensive support to patients who were most at risk of a hospital admission or exacerbation of their condition. Following on from this, the practice had worked with the local CCG to look at how they could implement the work across the local area. This had resulted in the development of a local Integrated Team, who provided support for patients who had a long term condition and who resided within Wakefield CCG.

In addition, the practice had employed a nurse who specifically focused on house bound patients who either had a long term condition or were elderly. Through targeted interventions, this had resulted in an overall reduction of unplanned hospital admissions, in the previous 12 months.

Access to the service

The practice was open from 7am to 7pm Monday to Friday and 8am to 12.30pm on Saturday. Appointments could be pre-booked up to eight weeks in advance and urgent appointments were available. Appointments could be made in person at the practice, over the telephone or online via the practice website. Same day appointments were available to book from 6.45am every weekday.

Data from the July 2015 national GP patient survey showed that respondents' satisfaction with how they could access care and treatment was variable compared to local and national averages. Again, this data was combined across all three locations, thereby making it difficult to determine whether responses referred specifically to White Rose Surgery:

- 78% were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 76%.
- 66% said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 74%.
- 67% described their experience of making an appointment as good compared to the CCG average of 73% and national average of 74%.
- 75% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The complaints policy outlined the timescale the complaint should be acknowledged by and where to signpost the patient if they were unhappy with the outcome of their complaint.

Information how to make a complaint was available in the waiting room, the practice leaflet and on the practice website.

The practice kept a complaints register for all written and verbal complaints. There had been 15 complaints over the last 12 months. There were no specific themes to the

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

complaints, although three related to prescriptions, which the practice had addressed. We found they had all been satisfactorily dealt with, identifying actions, the outcome and any learning had been disseminated to staff.

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. There was a mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values. There was a sense of pride about the delivery of service and care that patients received.

We were informed about the possible demerger with the Rycroft and South Hiendley locations but no definite decisions had been made. Many of the staff we spoke with felt there was some instability caused by not knowing whether they were going to remain merged or re-establish themselves as independent practices.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of good quality care and safety to patients. This outlined the structures and procedures in place and ensured there was:

- A clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies in place, which were up to date and available to all staff
- A comprehensive understanding of practice performance
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements
- Robust arrangements for identifying, recording and managing risks
- Priority in providing high quality care

Leadership, openness and transparency

We were informed there was an open and honest culture within the practice. Staff told us all partners and members of the management team were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to raise concerns and a 'no blame' culture was evident.

Regular meetings were held where staff had the opportunity to raise any issues, felt confident in doing so and were supported if they did. Staff said they felt respected, valued and appreciated.

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

The practice had gathered feedback from patients through the patient participation group (PPG), patient surveys, the NHS Friends and Family Test, comments and complaints received. The PPG met regularly and was actively engaged with the practice in submitting proposals, approving recommendations and giving patient feedback. For example, telephone access had improved since the practice had recruited additional staff to man the telephones during peak times.

We saw there was a 'you said we did' board in the patient waiting area. For example, the practice had altered the positions of the chairs in the waiting room. Some patients had complained and consequently the chairs had been moved back into positions which were acceptable to patients.

The practice also gathered feedback from staff through meetings, discussion and the appraisal process. Staff told us they felt involved and engaged in the practice to improve service delivery and outcomes for patients.

Innovation

There was a strong focus on continuous learning and improvement, particularly at the senior clinical level within the practice. The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example:

- The practice had recently purchased a Mydiagnostick for use in patients. This is a non-invasive device which can help to detect atrial fibrillation (AF) in patients. (**Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate.)**
- The practice were aiming to become Dementia Friendly and had registered all staff on the relevant training. One of the GP partners had already trained as a Dementia Friend.