

Whitehill Surgery

Inspection report

Whitehill Surgery
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Aylesbury
Buckinghamshire
HP19 8EN

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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall.

The previous inspection was in November 2015 and the practice was rated Good.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Good

We carried out an announced comprehensive at Whitehill Surgery in Aylesbury, Buckinghamshire on 12 June 2018. We carried out this 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients and external stakeholder feedback advised they had difficulty in accessing care and treatment. Patients told us although the appointment system had improved there were still delays and barriers accessing the service.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- There was a clear leadership structure and staff felt supported by management.
- The practice regularly reviewed the safety of the premises to deliver health care.
- Patients taking repeat medicines received regular review of their prescriptions.

The areas where the provider must make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the requirement notice section at the end of the report for more detail).

The area where the provider should make improvement is:

- Continue to review the number of patients attending the cervical screening programme, with a view to increase uptake rates.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector; the team included a GP specialist adviser.

Background to Whitehill Surgery

Whitehill Surgery is located within Aylesbury town centre and provides general medical services to approximately 14,550 registered patients in Aylesbury, Buckinghamshire.

Clinical services are provided from:

- Whitehill Surgery, Oxford Road, Aylesbury, Buckinghamshire HP19 8EN
- Fairford Leys Surgery, 65 Kingsgate, Aylesbury, Buckinghamshire HP19 8GG

We visited both locations including the branch surgery in Fairford Leys as part of this inspection.

The practice has core opening hours from 8.30am to 6.30pm Monday to Friday to enable patients to contact the practice. The branch surgery is open every weekday morning between 8.30am and 12noon, Monday afternoons between 2pm and 5.30pm and provides early morning appointments between 7.00am and 8.00am on Tuesday and Thursday. The practice is open on one Saturday morning per calendar month for pre-booked GP appointments.

The patient population has continued to increase each year. Approximately 1,500 patients join the practice each year. The practice has a transient patient population; patients are often outside of the country for long periods. According to national data there is minimal deprivation in

Buckinghamshire; however, the practice is located within a pocket of high deprivation. People living in more deprived areas tend to have greater need for health services and people outside of the country for long periods often has an impact on screening and recall programmes.

The practice also provides primary care GP services for three local care and nursing homes (approximately 130 patients) within the local area and a specialist residential continuing rehabilitation centre for people with acquired brain injuries (approximately 21 patients).

The practice comprises of 10 GP partners (three male, seven female). The all-female nursing team consists of one nurse prescriber, two practice nurses and three health care assistants with a mix of skills and experience.

A practice manager, an assistant manager, finance manager and a team of reception and administrative staff undertake the day to day management and running of the practice.

Out of hours care is accessed by contacting NHS 111.

The practice is registered by the Care Quality Commission to carry out the following regulated activities: Maternity and midwifery services, Family planning, Treatment of disease, disorder or injury, Surgical procedures and Diagnostic and screening procedures.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. This included annual audits for both the main practice and branch practice which resulted in site specific action logs.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods, retirements and epidemics.
- There was an effective induction system for new and temporary staff tailored to their role.

- Following a significant event and subsequent learning, the practice had revised and improved how they manage medical emergencies. All staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was an effective GP buddy system, 'Doctors Assistant' team and documented approach to managing test results and other workflow correspondence.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national and local guidance, for example use of the Bucks Formulary. The Bucks Formulary is local prescribing guidance maintained by the formulary team of Buckinghamshire Healthcare NHS Trust in collaboration with NHS Buckinghamshire Medicines Management Team.
- During the inspection, we noted the process when prescribing Controlled Drugs could be strengthened.

Are services safe?

This was discussed with the practice and we saw an immediate implementation of an additional process and supporting correspondence to mitigate any potential risks.

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments for both the main practice and branch practice in relation to safety issues. The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- We also saw the practice retrospectively reviewed historic incidents and subsequent learning to ensure processes were still being followed. The practice manager told us this was a useful exercise and was used as a learning and reflection opportunity.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice and all the population groups as good for providing effective services.

(Please note: Any Quality and Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Feedback from the specialist residential continuing rehabilitation centre for people with acquired brain injuries who accessed GP services from the practice praised the use of email communication with the practice to support effective care and treatment and improve treatment.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- There was a designated Community Practice Nurse for patients aged 75 and over. This nurse was specifically employed with the focus to support patients (aged over 75) and their carers to oversee and co-ordinate their health and social needs.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Eligible patients were invited to a dedicated shingles clinic. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. The Community Practice Nurse who was the practice lead for patients aged 75 and over had additional skills and experience to complete comprehensive geriatric assessments and manage patients with frailty and complex health and social needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Whitehill Surgery was chosen as a pilot site for the Digital Diabetes Prevention Programme. The practice supported this programme and actively invited pre-diabetic patients to attend either local face-to-face sessions or become involved with the digital app version. This project was National Institute for Clinical Excellence (NICE) aligned and an accredited structured education and behavioural change programme for adults with 'type 2' diabetes. The programme provides tailored, high-frequency '1 to 1' coaching and support from a diabetes specialist dietitian to promote behaviour change, with a focus on improving confidence in self-management and reducing the risk of complications of diabetes.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. This training aligned to the care and support approach, known as Primary Care Development Scheme (PCDS) which was introduced by the local CCG for the care of many long-term conditions.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Are services effective?

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. We saw the practice had a proactive, planned approach which increased the uptake of vaccinations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 68%, although in line with the local CCG average (76%) and national average (72%) this was below the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the local CCG averages and the national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. In 2017/18, the practice invited 710 patients for an NHS Health Check with 389 patients (55%) attending the practice for a check. We saw there was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. For example, there was evidence the checks highlighted cases of hypertension (also known as high blood pressure), pre-diabetes (the precursor stage before diabetes) and diabetes in patients.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, women's refuge, travellers and those with a learning disability.
- There were 91 patients on the Learning Disabilities register; all 91 had been invited for an annual health check. We saw 77 of the 91 (85%) had attended a health check, and the remaining 14 patients had been contacted on the telephone on further occasions inviting them to attend a health check.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- Performance for mental health related indicators including dementia showed the practice was in line and above local CCG and national averages.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Most practice staff had completed dementia training and dementia awareness workshops. Training provided by Dementia Academic Action Group and the Alzheimer's Society had resulted in the practice being dementia friendly with a team of dementia friends. Staff told us this training had helped them to understand how they could help people living with this condition more effectively.

Are services effective?

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, each year one of the GPs who performed joint injections reviewed and audited their work including the onward referral rates and success rate of the injections.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, participation in the 'Digital Diabetes Prevention Programme' and 'Excellence in Atrial Fibrillation (AF)' project. Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. Aligned to the 'Excellence in Atrial Fibrillation' project, we saw a recently completed clinical audit which reviewed stroke prevention and showed significant improvement in the identification and management of patients at risk of a stroke linked to AF.

The practice used the information collected for the Quality Outcome Framework (QOF), local performance scheme (known as Primary Care Development Scheme) and performance against national screening programmes to monitor outcomes for patients. The QOF incentive scheme rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

- The most recent published Quality Outcome Framework (QOF) results showed 97% of the total number of points available had been achieved, compared with the CCG average (96%) and the national average (98%).
- The exception reporting rate was 3% compared with the CCG average (4%) and the national average (6%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).
- The practice was working with the CCG and introduced a care and support approach, known as PCDS, for the care of many long-term conditions and was a significant shift away from QOF reporting.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Members of the reception team were also trained in the role as a Care Navigator. One of the Care Quality Commission comment cards we received highlighted the value of this role which provided assistance in identifying and accessing the systems and support that are available locally. Staff provided feedback that they enjoyed this extended role and opportunity to support people to make positive choices to promote good health and emotional wellbeing.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported local and national priorities and initiatives to improve the population's health, for

example, stop smoking campaigns, reduce alcohol consumption schemes, healthy sexual relationships, tackling adult and child obesity. The practice were aware and endeavoured to improve the local health priorities, for example, the local area had a higher infant mortality rate when compared to the national average and a higher rate of premature deaths from cancer, cardio vascular disease and respiratory disease when compared to the national average.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood the variety of patients' personal, cultural, social and religious needs within the Aylesbury area.
- The practice gave patients timely support and information.
- The vast majority of feedback from patients was positive about the elements of care the practice provided. The Care Quality Commission (CQC) comment cards, written patient testimonials we received and all five of the patients we spoke with were positive about the elements of care they had experienced. Patients comments highlighted during appointments they felt the staff were helpful, caring and treated them with dignity and respect.
- Before and after the inspection, we received feedback from three local care and nursing homes which Whitehill Surgery provides GP services for. We also spoke with the specialist residential continuing rehabilitation centre for people with acquired brain injuries who accessed GP services from the practice. Feedback was mixed, most told us the practice was compassionate to patients needs and treated them with dignity and respect. We discussed this with the practice and saw the practice had planned meetings with the care homes to address any areas that required improvement and improve the patient experiences.
- Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with others both locally and nationally for its satisfaction scores on consultations with GPs and nurses.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. Although there was little awareness of the

Accessible Information Standard, we saw the systems the practice had embedded ensured that people who had a disability, impairment or sensory loss received information that they can easily read, understand and get support so they can communicate effectively with the practice.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information that they are given.

- Staff communicated with people in a way that they could understand, for example, communication aids such as a hearing loop and easy read materials were available.
- Practice staff, predominantly the Care Navigators helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- There was a Carers Champion and the practice proactively identified carers and supported them.
- The annual national GP patient survey showed patients felt they were involved in decisions about their care and treatment.

Privacy and dignity

The practice respected respect patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged and recorded behaviour that fell short of this. The practice supports the Government's 'Zero Tolerance' campaign for Health Service Staff which states that GPs and their staff have a right to care for others without fear of being attacked or abused.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

The practice was rated as requires improvement for responsive because:

- Patient feedback on access to the practice was below local CCG averages and national averages. Patients including external stakeholders who contributed their views to the inspection also perceived difficulty in accessing GP appointments.

Responding to and meeting people's needs

The practice organised and endeavoured to deliver services to meet patients' needs. It took account of most patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. This included the growing population, the increase in long term conditions prevalence and the subsequent increased demand on primary care services.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises at the main practice and the branch practice were appropriate for the services delivered.
- The practice provided care coordination for patients who are more vulnerable or who have complex needs. This included support to access services both within and outside the practice. However, feedback regarding access and responsiveness from some of the care and nursing homes advised of numerous concerns and a lack of effective coordination.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice provided GP services to three local care homes for older people (approximately 130 patients). We spoke with the representatives from the homes; they advised that in recent times the practice had not been as responsive as in previous years, this included delays and frustrations.

- The practice, specifically the Community Practice Nurse, was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. A Clinical Pharmacist was joining the practice to support patients manage their long-term conditions.
- The practice held regular meetings with the local nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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.
- Parents or guardians calling with concerns about a child, were offered a same day appointment when necessary.

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, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, people living at the local women's refuge, travellers and those with a learning disability. The practice offered these patients longer appointments, if required.
- The practice also provided GP services to a local specialist residential centre and there was a designated GP point of contact for the centre (supporting approximately 21 patients). The designated GP held

Are services responsive to people's needs?

regular visits to the centre and also provided appointments on an ad-hoc basis. We spoke with the representatives from the centre; they advised the practice was highly responsive.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Timely access to care and treatment

Patient feedback from a variety of sources indicated they were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients commented that although improving there were still ongoing concerns regarding waiting times, delays and cancellations.
- The practice ensured patients with the most urgent needs had their care and treatment prioritised.
- Patients reported the new appointment system introduced in November 2016 was easier to use. However, patient feedback stated that there were still some difficulties in accessing appointments.
- Furthermore, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower when compared to local and national averages.
- The practice was aware of the results from the GP patient survey in terms of low levels of patient satisfaction regarding access. The management team commented on changes within the practice and local

health economy which may have affected patient feedback. Changes included key members of staff leaving, staff absence, recruitment difficulties and an annual increase of approximately 1,500 patients.

- The practice had previously used patient feedback, national survey results and in-house survey results to implement a series of changes with a view to improve access. However, the last significant change was the appointment system change in November 2016. Despite the continued low levels of satisfaction, the last time the practice formally monitored feedback from patients and stakeholders, for the purposes of continually evaluating and improving services was in March 2017.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. This included responding to feedback on the NHS Choices website.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. There was an annual review of complaints and feedback was discussed during weekly and monthly meetings.
- The annual review of complaints also included a review of learning and action points from the previous year's review to ensure continued adherence.
- We saw the practice learned lessons from individual concerns and complaints and also from analysis of trends and patterns.
- Despite low levels of satisfaction regarding access and the telephone system, this did not result in a significant number of recorded complaints about these concerns.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about local and national issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The management team, specifically the Senior GP partner and practice manager had a comprehensive understanding about the General Practice Forward View (GP Forward View), with a view to improve patient care and access, and invest in new ways of providing primary care.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- Following discussions at strategy and resilience meetings, the practice had started to move away from the traditional GP partnership model and was moving towards a multidisciplinary workforce in line with General Practice Forward View.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. Despite great pressure and an increase on demand, staff said they were proud to work in the practice.
- We received written feedback from a newly recruited member of staff who praised the culture notably the support and induction they had received, including a personalised welcome induction pack and letter.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us there was an open door, no blame policy and they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- Despite services provided at two different sites, there were positive relationships between staff and teams and staff told us it was 'one team'.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. On announcing the inspection and highlighted throughout the inspection the practice was open and honest about patient access being the main risk and concern within the practice.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were clear arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Data protection training occurred internally for most staff and staff had undertaken additional reading in line with the implementation of the General Data Protection Regulation (GDPR) in May 2018. One recent action following the introduction of the new regulation was the appointment of a Data Protection Officer.

Engagement with patients, the public, staff and external partners

The practice endeavoured to involve patients, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice completed an exercise known as 'Positive Points', an opportunity for all practice staff to provide thoughts on how the services were provided. The exercise stimulated perceptions, about what was good from the patient's point of view and what was good from a staff members point of view. The management team reviewed the results of this exercise to see if there were any areas that could be developed.
- Despite the practice attempts the patient participation group (PPG) had become inactive. The practice had instigated various engagement exercises to restart the group. This included newsletters, annual general meetings and recruitment campaigns online and within the two practices. These exercises had been unsuccessful. However, there was a virtual group which received email correspondence from the practice.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. For example, there was a resource library in the staff room. This library contained masses of

Are services well-led?

information about general practice including a back catalogue of quality improvement initiatives. Staff told us they were encouraged to reflect on these documents as tools for learning.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Patient feedback on access to the service was below local and national average.</p> <p>Patients who contributed their views to the inspection also perceived difficulty in accessing GP appointments.</p> <p>External stakeholder feedback highlighted low levels of satisfaction regarding access to services.</p> <p>This was in breach of regulation 17 (1) (2) (a) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>