

# Dr Rina Miah

## Quality Report

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Date of inspection visit: 3 November 2015  
Date of publication: 24/12/2015

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Haven Surgery on 3 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Patients said they found it easy to make an appointment although not always with their choice of GP. There were urgent appointments available the same day and routine appointments available the next day for GPs and Nurses.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available and easy to understand.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patient's needs.

We saw some areas of outstanding practice:

- The practice had established an active social media page and a leaflet specifically for younger patients. The practice was proactive in offering services closer to home for their patients and provided the additional services such as acupuncture and minor injuries treatment. The practice ran a coffee morning

# Summary of findings

to encourage uptake of flu vaccinations, and also to fundraise for the local community centre and hospice. The practice had good community links and engagement, for example:

- A quarterly publication in the 'Burnhope Wheel' which was a newsletter circulated to all households in the practice area.
- Liaison with the local school where the GP had given talks to young people about healthy living, diet,

exercise and oral care. The practice had run a competition with the school children to increase their awareness of the importance of diet and exercise and also to engage with the parents of the children and encourage them to join the Patient Participation Group (PPG).

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. 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. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed most patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they would always be seen if they needed an appointment. Urgent appointments were available the same day, routine appointments were available the following day. Pre-bookable appointments were available up to one month in advance. The practice had good facilities and was equipped to treat

Good



# Summary of findings

patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. They had a clear vision and strategy. Staff knew about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group met with the practice quarterly. Staff had received inductions, regular performance reviews and attended staff meetings and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice had worked in collaboration with the PPG and organised a befriending service for the older people.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management. Patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Patients were seen in multidisciplinary clinics with a podiatrist, nurse and dietitian. We were told that patients with more than one chronic condition were invited to have their reviews in one visit.

Good



### Families, children and young people

The practice is rated as 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 A&E attendances. Immunisation rates were comparable to local averages for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw good examples of joint working with midwives, health visitors and school nurses. We were told that the practice had good links with the school nearby and one of the GPs had done some healthy living sessions in school assembly. Appointments for children were always available as needed. The practice had set up a social media page to help to engage with its younger patients.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this group had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice was pro-active in trying to provide services closer to home and also offered acupuncture, a minor injuries service and a warfarin monitoring service.

## **People whose circumstances may make them vulnerable**

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients with a learning disability and had carried out annual health checks for these patients. The practice had a small number of patients from the travelling community and held a register and staff had received extra training to help them support these patients appropriately.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. We were told that people with literacy problems had an alert on their records so that staff were aware and able to meet their needs.

## **People experiencing poor mental health (including people with dementia)**

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. All staff had received extra training in dementia and were 'dementia friends'. The practice had recognised that their diagnosis rate for dementia was below national and local averages and had addressed this. In August 2014, the practice dementia diagnosis rate was low compared to the national target of 67%. By March 2015 this had increased to 91.8%.

## Summary of findings

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. They had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 101 responses from a survey of 250 forms which represented a response rate of 40.4%. This equates to 5.96% of the practice list size.

The practice scored higher than average in terms of patients being able to access appointments. For example:

- 96% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%
- 91% of respondents describe their experience of making an appointment as good compared with a CCG average of 77% and a national average of 73%
- 87% of respondents were satisfied with the surgery's opening hours compared with a CCG average of 77% and a national average of 75%

- 91% of respondents described their experience of making an appointment as good compared with a CCG average of 77% and a national average of 73%

However; results indicated the practice could perform better with regard to patients speaking to or seeing the same GP. For example:

- 52% of respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards and spoke with 10 patients. Patients told us they found the staff friendly and professional. Patients stated they found it easy to get an appointment although not always with a GP of their choice. Staff were consistently described as polite, helpful and caring.

# Dr Rina Miah

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a CQC pharmacy inspector, an Expert by Experience and a Practice Manager specialist advisor.

### Background to Dr Rina Miah

The Haven Surgery is a rural dispensing practice based in a purpose built building. The practice is in an ex-mining village in County Durham. The practice provides services predominantly to patients within the village of Burnhope. The practice also provides services to a small number of patients from the Travelling Community.

The practice has a Personal Medical Services (PMS) contract and also offers enhanced services for example; the childhood vaccination and immunisation scheme. There are 1672 patients on the practice list and the majority of patients are of White British background.

The practice is a single handed GP practice. There is one salaried GP. There is one Practice Nurse and one Health Care Assistant. There is a Practice Manager and dispensing, reception and administration staff.

The practice is open between 8.00am and 6pm on Mondays, Tuesdays, Thursdays and Fridays and between 8.00am and 12.30pm on Wednesdays.

Patients requiring a GP outside of normal working hours are advised to contact the GP Out of Hours service provided by North Durham CCG.

### 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. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

### How we carried out this inspection

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

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

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

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

## Detailed findings

The inspector:-

Reviewed information available to us from other organisations e.g. NHS England.

Reviewed information from CQC intelligent monitoring systems.

Carried out an announced inspection visit on 3 November 2015.

Spoke to staff and patients.

Reviewed patient survey information.

Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. All complaints received by the practice were recorded. The practice carried out an analysis of the significant events and they were entered onto the SIRMS system (Safeguarding Incident Reporting and Management System). This electronic reporting system allowed the practice to collate information easily.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. An example of this was an improvement in the sample collecting process following a patient sample that was sent for the wrong test. Patients now are required to complete a slip detailing the test required by the clinician and put this in the bag with the sample.

Safety was monitored using information from a range of sources, including the National Patient Safety Agency and the 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.

### Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and they had completed level 3 safeguarding training for children. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice used a tool kit in consultations, which was a practical working guide and covered best practice guidance, clinical governance and legal aspects of child and adult safeguarding.

- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring check (DBS). 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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 and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice had liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control lead. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. A recent infection control audit had highlighted that liquid soaps were not wall mounted and this had been rectified by the practice. They had carried out Legionella risk assessments and regular monitoring.
- Arrangements for managing medicines were checked at the surgery. Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. Staff showed us the standard operating procedures for managing medicines (these are written instructions about how to safely dispense medicines). We saw that requests for repeat prescriptions were dealt with in a timely way. Systems were in place for reviewing and re-authorising repeat prescriptions, providing assurance that prescribed medicines always reflected patients' current clinical needs.

The surgery had a protocol for dispensing which stated that GPs checked and signed repeat prescriptions before the medicines were dispensed and issued to patients. We

## Are services safe?

found that this was not happening in practice on the date of our visit. Overall this meant that patients did not receive medicines safely because GPs did not have the opportunity to do a clinical check before they were dispensed. The practice reviewed this process during the inspection and reminded staff that all prescriptions need to be reviewed and signed by the GP before dispensing.

The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.

We saw records showing all members of staff involved in the dispensing process had received appropriate training.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff.

Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance.

Emergency medicines were available and regularly checked to ensure they were

suitable for use, when needed.

- Recruitment checks were carried out and the three files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 that 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 consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator and oxygen available on the premises.

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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients who were prescribed antibiotics. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice monitored the process for seeking consent by records audits. This helped to ensure the practice met its responsibility within legislation and followed national guidance.

### Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol and smoking cessation. Patients were then signposted to the relevant service. A counsellor, podiatrist and dietitian were available on the premises as the practice made a room available for them.

The practice's uptake for the cervical screening programme was 85%, which was higher than 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 their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under twos was 100% and in five year olds from 84% to 95%. The practice had organised a coffee morning to encourage uptake of flu vaccinations. Flu vaccination rates for the over 65s were 80%, and at risk groups 71%. These were higher than national averages.

The practice had recognised that their diagnosis rate for dementia was below national and local averages and had

addressed this. All staff had received additional dementia training and were dementia friends. In August 2014, the practice dementia diagnosis rate was low compared to the national target of 67%. By March 2015 this had increased to 91.8%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up consultations on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients with long term conditions such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes had individual care plans.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to help ensure that they understood, planned and met patient's complex needs. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice had a quarterly article in the local newsletter the 'Burnhope Wheel' and provided health promotion advice to the local community.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99% of the total number of points available.

# Are services effective?

(for example, treatment is effective)

This was 553 out of a total of 559 points available. The exception reporting rate was 4.6%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 – 2015 showed,

- The percentage of patients with hypertension having regular blood pressure tests was higher than the local and national average.
- Performance for mental health related indicators were higher than the local and national average.
- The dementia diagnosis rate was higher than the local and national average.
- QOF results in 2014/2015 were higher or the same as local and national averages in all domains apart from HbA1c measurement in diabetes. We were told that one of the GPs was to be trained in insulin initiation to help address this.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and patient's outcomes. The practice had undertaken 9 audits in the last year. These were full cycle audits and had been repeated with results measured. Psoriasis and the link with increased cardiovascular risk and antibiotic prescribing were two of the topics covered by audit. Findings were used by the practice to improve services. An example of this was the implementation of cardiovascular risk assessments for patients who were diagnosed with psoriasis, as research had shown a risk in this patient group. This had led to the identification and treatment of 2 patients with pre-diabetes and diabetes whose diagnosis and management would have been delayed without the audit.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality. Infection control was to be included in the induction process for future members of staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring and clinical supervision. There was facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training; this included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff had also received extra training to help with vulnerable patient groups. The training included awareness of dementia and the Travelling community needs.

One of the GPs was to be trained in insulin initiation to help to reduce referrals to secondary care.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We were told that staff were aware of the patients who were visually impaired. The practice had arranged a hearing loop for patients who were hearing impaired. There was disabled access in the building.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Chaperone information was available in the waiting room. Chaperones were offered to patients and all staff who acted as chaperones had received training. Breastfeeding and baby changing facilities were available.

We were told that a room would be made available for patients who wanted to discuss sensitive issues in confidence or appeared distressed.

All of the 42 patient CQC comment cards we received were positive about the service experienced, five had mixed responses. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us that if they needed to be seen that day they would be. The mixed responses related to getting an appointment with their choice of GP and this was also highlighted in the patient survey. We also spoke with members of the Patient Participation Group (PPG). They told us that they were satisfied with the care provided by the practice and said their privacy and dignity was respected.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared with the CCG average of 92% and national average of 89%.
- 93% said the GP gave them enough time compared with the CCG average of 89% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and national average of 95%
- 95% said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 90% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and national average of 90%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and national average of 82%

Staff told us that translation services were available for patients who did not have English as a first language.



## Are services caring?

The practice had a fund of money that had been bequeathed to them by a patient and they used this fund to help vulnerable patients. An example of this was to help a family who had no access to money due to delayed benefits.

The practice was proactively involved with the local community. They had links with the local day centre for patients with dementia and one of the GPs had attended the day centre to learn what they did there and increase the referral rates from the practice. The GP had also given a talk at the local school about healthy living and diet and exercise as the area has higher childhood obesity rates than national figures. We saw that the practice had facilitated a poster competition amongst the children and the GP was due to go back and present a prize at assembly. We were told that the GP wanted to use this opportunity to engage with parents and try to increase the representation of younger patients in the PPG. The practice held a coffee morning during the flu clinic and used this to fundraise for the local community centre and hospice.

### **Patient and carer support to cope emotionally with care and treatment**

The practice had a carers register and carers were given an information pack with useful support contacts.

We were told that bereavement visits or telephone calls were made by the GPs. Bereavement cards were sent out to patients and we were told that a representative from the practice regularly attended funerals.

Information regarding support for patients experiencing mental health issues was available in the waiting room.

We were told that all of the practice staff had received dementia training and had become 'dementia friends'. This had given them a greater insight in what it was like to live with dementia and how they could improve their service.

We were told that the Practice Manager had made a home visit to a patient to discuss a complaint as the patient felt unable to attend the surgery. The Practice Nurse had also made home visits to patients to apply dressings, this helped ensure timely treatment and prevented a visit to secondary care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. The practice participated in the Quality Improvement Scheme. This was implemented by the CCG to enable practices in the area to develop and improve quality of care. This was an incentivised scheme. An example of this was the implementation of post discharge reviews for cancer and COPD patients and risk assessments for readmission.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. This had led to improved access to services. A member of the PPG told us that if they made suggestions to the practice they would be taken on board.

Services were planned and delivered to take into account the needs of different patient groups which gave flexibility, choice and continuity of care. For example;

- Longer appointments of 15 minutes were standard in the practice.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children, vulnerable groups and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Easy read leaflets were available and a hearing loop had been ordered.
- Referrals were made to other organisations such as a 'Singing for Dementia' group, 'Silver Talk', a befriending service and the local day centre. A walking group had been set up in collaboration with the PPG.
- Services were provided that were over and above their contractual obligation such as acupuncture and minor injuries treatment.

### Access to the service

The practice was open between 8am and 6pm on Monday, Tuesday, Thursday and Friday, and 8am to 12.30pm on Wednesday. Pre-bookable appointments up to one month in advance were available. Same day and urgent appointments were also available each day. Telephone consultations were available each day. Routine appointments were available the following day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above average compared to local and national averages. For example:

- 87% of patients were satisfied with the practice's opening hours compared with the CCG average of 77% and national average of 76%.
- 96% patients said they could get through easily to the surgery by phone compared with the CCG average of 75% and national average of 74%.
- 91% patients described their experience of making an appointment as good compared with the CCG average of 77% and national average of 74%.

### Listening and learning from concerns and complaints

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

Information was available to help patients understand the complaints system.

We looked at eight complaints received in the last 12 months and found that they had been satisfactorily handled in a timely way. An example of this was the implementation of an appointment system at the baby clinic after a complaint about waiting times. The practice demonstrated openness and transparency in dealing with the complaints.

# 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, accessible care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Details of the vision and practice values were part of the practice's strategy and business plan.

### Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement in patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.

- The GPs were all supported to address their professional development needs for revalidation and all staff were supported in appraisal schemes and continuing professional development. All staff had learnt from incidents and complaints.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. They had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvement to the practice management team. Examples of this were the implementation of referrals to Health Trainers for lifestyle change advice and 'Silver Link' (a talking befriending service).

Staff told us that there was a patient led culture and that this underpinned the care that was provided. Staff described the practice as having a happy, friendly and open door culture.

### Innovation

The practice team was forward thinking and part of local pilot schemes in collaboration with the CCG to improve outcomes for patients in the area.

They shared best practice through links with the Federation and were looking into new ways of working to meet their patient's needs. These included the sharing of staff between practices in the area in order to make services equitable for their patients. Examples of this were the possibility of a male GP from another practice in the area consulting at their practice to meet patient choice and their practice nurse fitting contraceptive implants at other practices that may not have staff trained to do so.