

Baildon Medical Practice

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		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 Baildon Medical Practice on Tuesday 20 September 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.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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.

We saw several areas of outstanding practice including:

- Phlebotomists were being encouraged to develop and maintain their skills with an effective training programme
- The practice had a separate patient 'Health Promotion' room
- The practice was 'Eco Environmentally' aware, e.g. solar panels, cycle rack, electric car point
- The practice has taken initiatives to reduce the impact on the environment and promote well-being for both staff and patients. For instance, the practice has solar panels for power, there were cycle racks and an electric charge point for cars.

Summary of findings

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.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental 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 within 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. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear 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 (PPG) was active. 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. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

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 and 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 people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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. Immunisation rates were relatively high 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, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. The practice prioritised appointments for young children and told us they would be seen on the same day.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

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 reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 82% to date of these patients had received a follow-up.

The practice regularly worked with multi-disciplinary teams in the case management of adults whose circumstances may make them vulnerable. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in children and adults whose circumstances may make them vulnerable. 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Around 65% of people experiencing poor mental health and 62% with dementia had received an annual physical health check. All dementia patients were automatically included on the unplanned admissions register.

The practice has a computer based resource of support groups and voluntary organisations and helped patients access these services. It had a system in place to follow up patients who had attended accident and emergency (A&E) due to experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 for the most recent data showed the practice was performing in line with local and national averages. Of 258 surveys issued there were 133 responses representing a response rate of 52%. Of these responses:

- 88% find it easy to get through to this surgery by phone compared with a CCG average of 62% and a national average of 73%.
- 93% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 68% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 49% and a national average of 60%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.
- 97% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.

- 69% describe their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 90% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 73%.
- 87% feel they don't normally have to wait too long to be seen compared with a CCG average of 56% and a national average of 58%.

The responses are generally well above other practices.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. Comments included how the service received was excellent and the decor of the modern new building.

Baildon Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector, a second CQC inspector and three specialist advisors (a GP, a practice manager and a practice nurse). Our inspection team also included an Expert by Experience who is a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive.

Background to Baildon Medical Practice

Baildon Medical Practice is registered with CQC to provide primary care services, which includes access to GPs, family planning, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures. It provides GP services for patients living in the Baildon area of Bradford.

The practice has seven GPs (four male and three female), a management team, practice nurses, phlebotomists, and administrative staff.

The practice is open 8:15am to 6:30pm on Monday to Friday with a later opening for pre bookable appointments on Monday until 7:30pm. Patients can book appointments in person, via the phone and online. Appointments can be booked three months in advance for both the doctor and nurse clinics. Out of hours services are provided by Local Care Direct. Calls are diverted to this service when the practice is closed.

The practice has a Personal Medical Services (PMS) contract. This is the contract between general practices and NHS England for delivering services to the local community.

The practice is part of NHS Bradford Districts Clinical Commissioning Group (CCG). It is responsible for providing primary care services to 9,100 patients.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme covering Clinical Commissioning Groups throughout the country.

We carried out an announced comprehensive inspection of this service 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 in accordance with the Care Act 2014.

Please note when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) data. This is a system intended to improve the quality of general practice and reward good practice. This relates to the most recent information available to CQC at that time.

Detailed findings

How we carried out this inspection

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

- 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
- Mothers, babies, children and young people
- The working age population and those recently retired

- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before our inspection we carried out an analysis of the data from our intelligent monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients through eight face-to-face interviews. We spoke with GPs, the practice manager, the patients service manager, a nurse practitioner and receptionists.

We observed how staff treated patients when they visited or phoned the practice. We reviewed how the GP made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. All complaints received by the practice were entered onto the system and were treated as a significant event if appropriate. People affected by significant events received a timely response and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

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.

A significant event occurred that involved the recording of alerts on patient notes. Following this incident a new policy relating to the recording on patient notes was introduced. Learning outcomes were shared with the practice via meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies 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 lead member of staff for safeguarding. The GPs 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.
- A notice was displayed in the waiting room, advising patients that staff could act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received an enhanced disclosure and barring check (DBS). (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).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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 and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection prevention control protocol 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 audit in August 2015 scored the practice above 91%.
- The risks associated with medicines management were minimised. This included arrangements for the storage and management of emergency drugs, vaccines, and controlled drugs. 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. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the six files we reviewed 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

Are services safe?

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. We saw a copy of a priority rota which ensured all key areas and positions in the practice were always covered.

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 in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. 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. The plan has been effectively used on two occasions when the IT system was unavailable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

One of the GPs was the nominated individual to receive NICE guidance changes and alerts. Nice guidance changes that are relevant to the practice are implemented through the practice leads. For example after discussion all the GPs were now working to the new NICE guidance for cardiovascular risk assessment so that they present consistent information to the patients. The practice is also planning an education meeting led by the cancer lead regarding the new NICE cancer referral guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (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. Year end results 2014/15 were 542.42 out of 559 (97%) of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from the end of the financial year 2014/15 showed;

- Performance for diabetes related indicators was 83% which was better than the CCG and national average (77%). The practice had the highest percentage in the CCG.
- The percentage of patients with hypertension having regular blood pressure tests was 90% which was better than the CCG and national average (83%).
- Performance for mental health related and hypertension indicators was 97% which was better than the CCG and national average, 91% and 90% respectively.

- The dementia diagnosis rate was 74% which was below the CCG and national (84%) average.

Clinical audits were carried out to assist in quality improvement, and all relevant staff were involved to improve care and treatment and clinical outcomes. There had been 16 clinical audits undertaken in the last two years, eight of these were completed audits where the improvements made were implemented and monitored. Eight of these were planned clinical audits but not due to be completed until 2016.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that 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.
- Phlebotomists and Practice nurses were being encouraged to develop and maintain their skills with an effective training programme. An example being the improving care for patients with mental health needs.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

Information such as NHS patient information leaflets were 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 understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are 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.

Consent to care and treatment

We were told that 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. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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, carers, those at risk of developing a long-term condition and those requiring

advice on their diet, smoking, alcohol cessation and sexual health. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening was 85% for the year 2014/15, which was comparable to the CCG average of 83% and 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 patients to attend national screening programmes for bowel cancer and for breast cancer screening by sending letters and questionnaires for non-responders.

Childhood immunisation rates for the vaccinations given in 2014/15 were comparable to CCG/national averages. For example, quarterly childhood immunisation rates for under two year olds ranged from 93% to 97%, and five year olds from 77% to 87%. The practice was seeking to further improve uptake of childhood immunisation for this year 2015/16 by increasing the letter and phone invitations and reminders to parents of eligible children. Flu vaccination rates for the over 65s were 81%, and at risk groups 45%. These were above national (73%) average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice was a registered 'Yellow Fever Centre'. Yellow fever vaccination can only be administered at designated yellow fever centres.

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 on the telephone and that people were treated with dignity and respect. 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. Reception staff were able to know when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room to discuss their needs.

All of the 47 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated. The practice was above for its satisfaction scores on consultations with doctors and nurses. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% 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 88% and national average of 90%.

- 93% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

The practice is the fourth highest achiever for patient experience in Bradford District CCG, 95% compared with CCG average of 81%. This data was via Ipsos MORI, Ipsos MORI is a leading market research company in the UK and Ireland.

The practice had achieved over 96% (Extremely likely, Likely) for its Friends & Family test result in September 2015 for 'How likely are you to recommend our practice to friends & family if they need similar care and treatment'.

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:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who

Are services caring?

were carers and 1% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This was followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 plan services and to improve outcomes for patients in the area. For example, multidisciplinary working meetings with MacMillan nurses and TARGET (Time for Audit, Research, Governance, Education & Training) meetings. These meetings provide a coordinated relevant, focused, and quality education programme.

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:

- We were told that the female GP saw fewer patients to reflect their different clientele. Allowing for more time in consultation for female patients if required.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and for patients who would benefit from these.
- Urgent access same day appointments were available for children and those with serious medical conditions.
- There was good access for patients with limited mobility or who required a wheelchair, hearing loop and translation services were also available.
- The practice had a lift to improve access for disabled patients.
- The practice offered Physiotherapy, podiatry, counsellors, health trainer, ultrasound services all available within the practice.
- Comprehensive contraceptive services by a trained GP and practice nurse.
- A telephone text messaging service was available for reporting test results.

The practice participated in a regular peer review activity. These reviews were carried out internally, with a neighbouring practice and at locality meetings. A GP and the clinical services manager led on this activity. There were monthly palliative care meetings and now monthly meetings to discuss high risk patients which involve district nurses, community matrons, palliative care nurses and representatives from social care. The management team had good links with respiratory teams, safeguarding teams, learning disabilities and mental health teams.

Access to the service

The practice was open between 8:15am and 6:30pm Monday to Friday. Extended hours surgeries were offered every Monday until 7:30pm. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

Patients were satisfied with the opening hours and the waiting times once they had an appointment and this compared well with other practices. For example:

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 64% and national average of 73%.
- 94% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

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.

We saw that information was available to help patients understand the complaints system e.g. posters displayed and summary leaflet available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice demonstrated:

- Responsive to local and national initiatives as well as recognising the need to expand services through collaboration with practices and regular meetings
- Care closer to home with the planned expansion of in-house services (four additional rooms in construction) which will add more services to the practice
- It had encouraged salaried GPs to become partners
- It was engaged with a Federation (collaborative arrangement with other practices covering 120,000 patients) work in progress

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- All staff had a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- Information governance protocols and policies were widely available on the intranet

Also the practice offered:

- There was a named Caldicott guardian – A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information sharing.
- The practice had appointed a privacy officer protects confidentiality of patient records
- Regular Clinical supervision, clinical governance, practice meetings
- Confidentiality clause in staff employment contracts
- Information governance training on intranet e-modules

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were being planned. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example the practice was:

- Responsive to local and national changes – enhanced services, NICE guidelines
- Staff encouraged to develop and train in new areas, improve skill mix
- Held regular staff and practice meetings
- Compliments shared among staff and collated on intranet
- Responsive to complaints and significant events with learning points discussed and actioned
- Suggestion box for anonymised staff comments to help shape the practice
- Staff uniform had created a good team culture

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. 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. For example, the PPG told us that they organised the Bradford Healthy Heart event, upcoming carers event on the 20 November 2015, production of the newsletter and facilitating patient surveys.

The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had introduced an incentive system for staff to encourage innovation and improvement. The practice offered an employee of the quarter award with a financial reward.

The practice had an effective team and evidence of support and commitment was demonstrated by low staff turnover and high achievements in QOF and other target incentives. The practice had a good record for managing patients with a low number of patient complaints, excellent patient survey results. The practice organised education events on Thursday afternoons to enable training, team development and help the practice achieve targets.

A GP Project Managed the new build, managing the risks involved with the construction. The practice was a BREEAM rated building. BREEAM sets the standard for best practice in sustainable building design, construction and operation and has become one of the most comprehensive and widely recognised measures of a building's environmental performance. It encourages designers, clients and others to think about low carbon and low impact design, minimising the energy demands created by a building before considering energy efficiency and low carbon technologies.

The practice was Eco Environmentally aware, and had installed solar panels, cycle rack, electric car point and a hair dryer in toilets for staff and a staff shower which encouraged staff whom wished to cycle to work.