Dr Dickson and Partners (Norden House Surgery)

Inspection report

Norden House Surgery
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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?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall.

The previous inspection was in April 2016 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? – Good

Are services well-led? - Good

We carried out an announced comprehensive at Dr Dickson and Partners, more commonly known as Norden House Surgery in Buckinghamshire on 14 May 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.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation. The practice was fully aware of the developments within North Buckinghamshire and local health economy.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.

The areas where the provider **should** make improvements are:

- Continue to review and seek to improve the leadership arrangements, staff engagement and staff satisfaction within the dispensary team.

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 and a member of the CQC medicines team.

Background to Dr Dickson and Partners

Dr Dickson and Partners is more commonly known as Norden House Surgery and is a dispensing practice in Winslow, Buckinghamshire.

The practice is a semi-rural practice within Buckinghamshire Clinical Commissioning Group (CCG) and provides primary medical services to approximately 9,500 registered patients.

Services are provided from one registered location in two adjacent buildings:

- Norden House Surgery, Avenue Road, Winslow, Buckingham, Buckinghamshire, MK18 3DW
- Winslow Health Centre, Avenue Rd, Winslow, Buckingham, Buckinghamshire, MK18 3DP

The practice website is:

- www.nordenhousesurgery.co.uk

During the May 2018 inspection we visited both premises, Norden House Surgery and Winslow Health Centre.

According to data from the Office for National Statistics, Winslow in Buckinghamshire and the surrounding areas has a high level of affluence and minimal economic deprivation. The practice population has a significantly higher proportion of patients aged 50-84 compared to the national average. The practice population also has a proportion of patients in a local care home (approximately 30 registered patients).

Care and treatment is delivered by four GP Partners (two male, two female), four salaried GPs (one male, three female), a nurse team leader, an advanced nurse practitioner and a team of practice nurses and health care assistants. One of the GPs is the designated dispensary lead and the dispensary team consists of five dispensers.

A practice manager, a deputy practice manager and a data and project manager are supported by a team of reception and administrative staff who undertake the day to day management and running of the practice.

The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

The practice has core opening hours between 8am and 6.30pm every weekday. Extended hours appointments are available including early morning appointments between 7am and 8am on Tuesday, Wednesday and Thursday. Further extended hours appointments are

available through the local GP alliance in North Buckinghamshire which provides appointments 8am-8pm every weekday and Saturday morning appointments.

The dispensary has core opening hours between 9am and 6pm every weekday. There are plans to align the dispensary opening hours to include the extended hour's opening times.

Out of hours care is accessed by contacting NHS 111.

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

Good

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. One of the GP Partners was the safeguarding lead within the practice. We saw they had adapted national guidance to include community and population specific safeguarding elements which could impact the patient population. 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 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 and comprehensive system to manage infection prevention and control. One of the buildings (Norden House Surgery) was located in a converted house, built in 1890. The premises had been adapted and refurbished but resulted in additional and more regular reviews and audits of infection prevention control. We saw subsequent action was taken to address any improvements identified. Furthermore, we saw the practice liaised with the local infection prevention teams to keep up to date with best practice.
- 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 and epidemics. This included monitoring the number of staff working in the dispensary. Given the rural location of the practice, we also saw arrangements for monitoring the skill mix in extreme weather circumstances, for example, heavy snow.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and 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. We saw evidence of a recent medical emergency which was highlighted by a receptionist. The receptionist had recognised the concern and presentation of symptoms in a patient and arranged for an immediate GP appointment who managed the symptoms before an onward referral to the emergency services.
- 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 a documented approach to managing test results.
- 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

Good

Are services safe?

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 and dispensed medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. We saw patient literature in the waiting areas which clearly explained safe and appropriate antibiotic usage.
- 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.
- Arrangements for dispensing medicines at the practice kept patients safe.
- The practice dispensed to approximately 47% of its patients (4,451 out of 9,500) and dispensed approximately 7,500 items each month. The practice had a designated GP lead for the dispensary. The dispensary had documented processes which they referred to as standard operating procedures (SOPs). All staff involved in the procedure had signed, read and understood the SOPs and agreed to act in accordance with its requirements. SOPs covered all aspects of work undertaken in the dispensary. However, there had recently been management and leadership changes within the dispensary; as a result there was an unclear process to monitor compliance with SOPs. The practice was aware of this and had an action plan to resolve the issue. The practice had signed up to the Dispensary Services Quality Scheme (DSQS). DSQS is a quality framework, with patient safety and safe dispensing at its centre. The most recent DSQS audit was completed in January 2018 with no concerns reported.
- The practice held stocks of controlled drugs (medicines that required 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 practice and dispensary staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. Staff in the dispensary were aware of how to raise concerns around controlled drugs. We saw there was a small stock of controlled drugs awaiting destruction. The system to manage the destruction of these controlled drugs aligned to recently amended local arrangements.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments 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 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 practice commitment to learn from community events and other locally recorded incidents. For example, we saw a full review of two non-practice events in the community which resulted in additional awareness training to support patients with severe mental health problems for all practice staff.
- We reviewed the significant event log and saw events had been recorded correctly in a timely manner and required actions shared and completed. However, it was brought to our attention of a recent incident which had not yet been recorded. We discussed this incident with the practice and they provided rationale for the delay in the documentation and further evidence of completed actions following this incident.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. The practice manager and GPs received and reviewed the details of the alerts. If required the alert and required actions were shared with members of staff including the

Good

Are services safe?

dispensary. When alerts concerned medicines the relevant clinician and the data and project manager carried out patient searches to determine whether there were any potential risks to patients.

Please refer to the Evidence Tables for further information.

Good

Are services effective?

We rated the practice and all of 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.
- We saw the designated GP for the care home had developed an IT link with the computer system at the care home. This provided immediate access to care records, helped with the construction of health care plans, and created continuity in care. The GP had also set up mobile procedures and protocols for the home to contact GPs in and out of hours.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Given the rural nature of the catchment area and the lack of public transport, the practice was aware of the significant number of patients aged over 75 that have little contact with their General Practice until there was a crisis. This led to the development of a service specifically for older people. Norden House Surgery commenced the management of North Bucks over 75's team in January 2016. This was a collaborative project with local practices with Norden House Surgery leading the project. The aim of the project was to transform care of the elderly in the locality and included supporting those aged over 75 to live independently in their own homes. We saw the practice reviewed and audited the efficiency of the service; we saw recent data which indicated the service had slowed the rate of frailty progression and vulnerability by early identification and early intervention and also reduced hospital admissions.
- 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice provided GP services to a local care home for older people. The designated GP point of contact for the home had facilitated various training sessions, to support care home staff in their decision making and to ensure the best outcomes for patients.
- 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. For example, clinicians had the 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 GPs and nursing team worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people

with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

- 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).

Families, children and young people:

- Childhood immunisation rates for the vaccinations given were higher when compared to the national averages. For children under two years of age, four immunisations are measured; each has a target of 90%. The practice achieved the target in all four areas; in three of the four areas the practice scored over 98%. Similarly, immunisation data for children aged five, was higher than national averages.
- 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 79%, which was in line with the 80% coverage target for the national screening programme. The uptake was above the local CCG average and national average.
- The practices' uptake for breast and bowel cancer screening was above 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. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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 people who were rurally and socially isolated and those with a learning disability.
- There were 57 patients on the Learning Disabilities register; all 57 had been invited for an annual health check. We saw 43 of the 57 (76%) 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.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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.
- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the local CCG average and national average.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher when compared to the local CCG average and the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 95% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was higher when compared to the local CCG average and the national average.

Good

Are services effective?

- 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.

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.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in national improvement initiatives. For example, the practice was involved in the National Cancer Diagnosis Audit. The aim of this national audit was to provide new insights to improve services and pathways and help to diagnose cancers earlier and improve cancer outcomes.
- We also saw opportunities to participate in benchmarking and peer review were pursued. For example, we saw a recently completed clinical audit which reviewed potassium levels in patients. The practice reviewed high potassium levels known as hyperkalaemia in their patient population and also requested data from a nearby practice with a similar patient demographic to benchmark their results. The aim of the audit was to assess the clinical appropriateness of reporting of hyperkalaemia, the most significant clinical risk of hyperkalaemia being cardiac arrest.

The practice used the information collected for the Quality and Outcome Framework (QOF), local performance scheme (known as Primary Care Development Scheme) and performance against national screening programmes to monitor outcomes for patients. We saw there was a system in place to frequently review QOF data and recall patients when needed. The practice used the electronic system to alert clinical staff to collect QOF data when patients attended for a consultation or a home visit was carried out.

- The most recent published Quality Outcome Framework (QOF) results showed 99% of the total number of points available had been achieved, compared with the local CCG average (98%) and the national average (97%).
- The exception reporting rate was 5% compared with the local 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 local 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. We saw PCDS performance data for the previous 12 months, which indicated the practice was above many targets and on track to achieve the other remaining targets. For example, the practice was 19% above the target for common mental health illness indicators and 10% above the target for preventative diabetes indicators.

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. We saw the nursing team responsible for the management of long term conditions had completed care and support planning training. This training was in conjunction with the local CCG and aligned to the local care and support objectives. Staff told us this training enabled them to achieve positives conversations and consultations in supporting self-management for individuals with long term conditions.
- Members of staff with lead roles had additional training to support their extended roles. For example, the lead GP for female health had recently completed a Diploma from the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists.
- 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. For example, we saw a recently completed learning package specifically for nurses to recognise low level mental health problems. One of the nursing team we spoke with advised of the benefits of this training as they are often the first point of contact for the care of a person with a mental health illness.

- 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. We saw all the nursing team had additional clinical qualifications and the induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was an approach for supporting and managing staff when their performance was poor or variable.
- Records showed that all members of staff involved in the dispensing process had received appropriate training.
- The practice participated in the Dispensary Services Quality Scheme (DSQS). All dispensers were trained to NVQ level 2 and had a minimum of 1000 hours experience in accordance with the requirements of this scheme.

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 took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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. We also saw the practice proactively promoted a local health mobile application and website which aimed to help people find the right service in Buckinghamshire for their health needs, especially when they needed prompt medical support for a non-life-threatening emergency.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes and through the care and support approach to long-term condition management.
- The practice worked closely with a charitable organisation which facilitated activities to help patients live healthier lives. For example, gentle walks designed for those who find walking difficult and exercise and stability classes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and monitoring alcohol consumption.

Consent to care and treatment

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

Good

Are services effective?

- 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.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Verbal and written feedback from patients was positive about the way staff treat people.
- Feedback from external stakeholders (the local care home) which accessed GP services from the practice was positive.
- Staff understood patients' personal, cultural and social needs.
- Due to the location of the practice, the community ethos and long standing GP team, staff had developed good knowledge of patient personal circumstances. We were given many examples of where patients had been treated in an understanding and compassionate way. For example, when a family known to the practice was bereaved, the practice immediately recognised that further support was necessary and arranged for this without delay.
- The practice gave patients timely support and information.
- The practice was consistently inline and in many areas higher in the GP national survey than other practices in the clinical commissioning group (CCG) and national averages for questions related to kindness, respect and compassion.
- The practice had developed a telephone befriender and a support scheme to address social and rural isolation. The service was available to people in the local area and the wider community of North Buckinghamshire and was a joint venture between the practice and a local charitable incorporated organisation. The service was run by a group of volunteers who were co-ordinated by a member of staff at the practice. At the time of the May 2018 inspection, there were 25 volunteers and 30 people accessing the telephone befriender service. A member of staff at the practice had established governance and management arrangements to ensure the safe and effective running of the service.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (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 and easy read materials were available.
- Staff proactively helped patients and their carers find further information and access community and advocacy services. This included services in Winslow and further afield in Buckingham, Aylesbury and Milton Keynes.
- The practice proactively identified carers and supported them.
- The practice was consistently inline and in many areas higher in the GP national survey than other practices in the CCG and national averages for questions related to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception and dispensary staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. This was promoted through a clear and visible notice to patients which indicated a private room will be provided for that conversation to take place.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- There was a screened wall between receptionists answering calls on the phone and those manning the desk so that telephone conversations were not overheard by those sitting in the waiting area.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Services were provided from two adjacent buildings, Winslow Health Centre was fully accessible for people with disabilities and mobility difficulties. However, the layout of Norden House Surgery resulted in limited disabled facilities; we saw patients who had difficulty managing stairs were able to see their usual or preferred GP in one of the three ground floor consulting rooms.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access a range of services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example a delivery service, weekly or monthly blister packs, large print labels.

Older people:

- The practice provided GP services to a local care home for older people. There was a designated GP point of contact for the home (supporting approximately 30 patients). Contact details of the designated GP were shared with the relevant staff, enabling continuity of care and quick access to the right staff at the practice. The designated GPs held regular visits to the homes and also provided appointments on an ad-hoc basis. We spoke with the representatives from the home; they advised the practice was highly responsive. Regular meetings were held at the home with the focus of the meetings to support and educate to ensure the most appropriate care pathway was followed to ensure the best outcomes for patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice also accommodated home visits for those who had difficulties getting to the practice due to the location and limited local public transport availability.
- There was a medicines delivery service for patients who met the criteria, for example, aged over 60 and who experienced difficulty collecting medicines.

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. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice provided an anti-coagulation clinic for patients receiving a medicine used in the prevention of blood clots. At the time of our inspection, 147 patients accessed this clinic.

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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary and appropriate.

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, active participation with

the GP alliance to provide a range of extended opening hours and Saturday appointments for those patients unable to attend the practice during traditional working hours.

- The practice website offered a full range of health promotion and screening information which reflected the needs for this age group.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including rurally isolated people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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 proactively identified those patients who were showing signs of dementia and referred them to secondary care when appropriate.

Timely access to care and treatment

Patient feedback collected during the inspection advised they were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results for the national GP patient survey were collated between January 2017 and March 2017 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages with the exception of satisfaction regarding opening hours which was lower.

The practice was fully aware of these results and had completed an in-house survey and audits of the appointment system to seek to improve patient satisfaction. This led to the development of a new appointment system and the employment of an advance nurse practitioner (to increase the skill mix within the team). Furthermore, in December 2017, the local GP alliance in North Buckinghamshire (including Norden House Surgery) started to provide appointments 8am-8pm every weekday and Saturday morning appointments.

Listening and learning from concerns and complaints

The practice took complaints, concerns and comments seriously and responded to them appropriately to improve the quality of care. This included feedback collected via emails, letters, in person, telephone calls and feedback left on NHS Choices website.

- Information about how to make a complaint or raise concerns was available. The practice manager was the designated lead for managing complaints in the practice. Their details including direct telephone details were available in all patient literature.
- Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. All patient feedback was discussed with staff so that they could reflect on their practice and improve the quality of care provided.

Please refer to the Evidence Tables for further information.

Good

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 issues and priorities relating to the quality and future of services. They understood the local and national challenges and were addressing them.
- The GP partners and the practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- During the inspection, it was highlighted by the practice and commented on by the dispensary team that there was an ongoing change management programme and leadership changes in the dispensary.
- The practice had effective processes to develop leadership capacity and skills throughout the practice, including planning for the future leadership of the practice. There were succession plans which included a strategy for staged retirement of GP partners. We also saw live and completed management training for staff who had expressed an interest in managing the practice in the future.

Vision and strategy

The practice had a clear vision and a three year credible strategy plan 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 and the population of North Buckinghamshire. We saw collaborative working with other practices in the local area in order to map out services and provide them in a co-ordinated, streamlined way.
- The strategy plan highlighted seven different strands each with its own action plan to monitor progress against delivery of the strategy. For example, one of the elements was a review of the premises; the practice had submitted four unsuccessful business cases in the last 10 years for new premises. The need for new premises had been identified by a large number of patients and was the practices highest priorities.

Culture

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

- The vast majority of staff stated they felt respected, supported and valued. They were proud to work in the practice. However, dispensary staff told us their job satisfaction had decreased. This had arisen from a culture change following management changes within the dispensary.
- The practice focused on the needs of patients.
- 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 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 an emphasis on the safety and well-being of all staff.
- Despite service provision across two buildings, there were positive relationships between the majority staff and teams.

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,

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Are services well-led?

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including their role in safeguarding, dispensing medicines 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. However, the change management programme in the dispensary had resulted in an unclear system of monitoring compliance with Standard Operating Procedures. This was being addressed by the practice and had been highlighted to the inspection team before the inspection.

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.
- The practice had processes to manage current and future performance alongside patient outcomes. The practice used the information collected for the Quality and Outcome Framework (QOF) and local performance scheme (known as Primary Care Development Scheme) to monitor outcomes for patients. Despite the recent introduction of PCDS, the practice had already ascertained a comprehensive understanding of the scheme.
- 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. Performance information was combined with the views of patients.
- 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. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example, the designated GP for the care home had developed an IT link with the computer system at the home. This provided immediate access to care records, helped with the construction of health care plans, and created continuity in care.
- The practice submitted data or notifications to external organisations as required.
- There were robust 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. At the time of the inspection, the practice was appointing a Data Protection Officer, in line with the new regulation.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was a patient participation group and a patient group known

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Are services well-led?

as 'Friends of Norden House Surgery'. A community group of patients who held regular fundraising events with a view of purchasing equipment for the practice. We saw evidence of purchased pieces of equipment.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice was engaged with the CCG, the local GP network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings.
- The practice monitored monthly feedback from the NHS Family and Friends Test. The most recent returns, 3,188 responses collected between May 2017 and May 2018, indicated that 90% of patients who responded would be 'extremely likely' or 'likely' to recommend the surgery to others.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement, innovation and evolution. For example, the successful over 75 service had evolved into a service now known as the North Bucks Patient Support Service and provided services to a much wider demographic of patients.

- There was a focus on continuous learning and improvement.
- Despite four unsuccessful business cases in the last 10 years for new premises. The practice had continued with further applications and was now working with Bucks County Council with a view to moving to a new purpose built practice with an in-house pharmacy, facilities to become a locality primary care hub and house a 30 bed nursing home.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of audits, incidents and feedback. 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.