Dr Aamer Khan

Quality Report

The City Medical Practice
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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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8
Outstanding practice	8

Detailed findings from this inspection

Our inspection team	9
Background to Dr Aamer Khan	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We inspected Dr Aamer Khan, The City Medical Practice, on the 11th November 2014 as part of our new comprehensive inspection programme. We have rated the practice as good.

Our key findings were as follows:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- An advanced nurse practitioner had been recruited to improve the management of long term conditions.
- The practice was proactive in monitoring and recalling children for scheduled immunisations.
- Women were given advice and information to encourage them to participate in cervical screening programmes.

We saw several areas of outstanding practice including:

- The practice had a register of patients with complex care needs and a relatively high use of other health and social care services. These patients were offered priority access to appointments and advice so as to minimise the use of emergency services.
- The practice had employed staff with both clinical expertise and language skills appropriate for the predominantly Asian and East European population. Eleven different languages were spoken by the staff and health advice information was available in Urdu, Bengali, Gujarati and English.
- One of the GPs had completed additional training in psychiatry and the practice liaised with mental health support workers to increase the number of patients with mental health concerns who received physical health checks.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

Summary of findings

- Put in place procedures to check that patients referred for a hospital appointment had been followed up and an appointment arranged.
- Update the practice complaints procedure to include the correct contact details for the Care Quality Commission and Parliamentary and Health Ombudsman.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Staff had received safeguarding training appropriate to their role and were aware of the how to report safeguarding concerns. Risks to patients were assessed and well managed. Systems were in place to maintain a safe working environment.

Are services effective?

Good

The practice is rated as good for providing effective services. A number of new staff had been recruited to strengthen the clinical team. Quality outcome data showed continuing improvements in performance. Staff took account of NICE and other good practice guidance. The needs of patients were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health. Staff received training appropriate to their roles and there were arrangements through annual appraisal to identify and plan further training to meet the needs of patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Comments made by patients showed they rated the practice staff highly. Patients said they were treated with dignity and respect and they felt involved in decisions about their care and treatment. Information to help patients understand the services available was provided in a variety of languages. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The needs of the local population were well understood. The practice engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services. The practice worked with other services to support patients with complex care needs. A range of enhanced services were offered, for example, in dementia and end of life care. The practice had adopted local initiatives to improve the diagnosis and management of diabetes. The practice was proactive in monitoring and recalling children for scheduled immunisations. Women were given advice and information about cervical screening programmes. The practice worked with mental

health support workers to increase the number of patients with mental health concerns who received physical health checks. Patients said they found it easy to make an appointment and that urgent appointments were available the same day.

Are services well-led?

Good

The practice is rated as good for being well-led. Staff were clear about their roles and responsibilities. There was a strong leadership structure and staff felt supported. There were appropriate policies and procedures setting out the systems, procedures and standards expected at the practice. Staff met regularly to review performance and there were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients and worked with the patient participation group (PPG) to improve the service.

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 quality outcome data showed the practice performed better than the CCG and England averages for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. A range of enhanced services were offered, for example, in dementia and end of life care. It was responsive to the needs of older people and provided home visits.	**Good**
People with long term conditions The practice is rated as good for the care of people with long-term conditions. An advanced nurse practitioner had been recruited to improve the management of long term conditions. The practice had adopted local initiatives to improve the diagnosis and management of diabetes. Patients were encouraged and supported to manage their own health needs. Longer appointments and home visits were available when needed. There were effective systems to recall patients for annual reviews and check their health and medication needs were being met.	**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 who were at risk. The practice was proactive in monitoring and recalling children for scheduled immunisations. Women were given advice and information about cervical screening programmes.	**Good**
Working age people (including those recently retired and students) The practice is rated as good for the care of working-age people. The needs of the working age population had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. 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.	**Good**
People whose circumstances may make them vulnerable The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice had carried out annual health checks for all the patents with a learning disability	**Good**

Summary of findings

and routinely offered them longer appointments. The practice worked with other services to support patients with complex care needs and offered priority access to appointments or advice so as to minimise the avoidable use of emergency services.	
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). A register was maintained of patients with mental health problems. One of the GPs had completed additional training in psychiatry and the practice worked with mental health support workers to increase the number of patients with mental health concerns who received physical health checks.	**Good**

Summary of findings

What people who use the service say

Before our visit we asked the practice to place CQC patient comment cards and a collection box in the practice waiting area for patients to complete. On the day of our inspection we found there were 44 completed CQC comment cards. The majority (40) were complimentary about the practice and only four contained comments which were not entirely positive, two of these being about seeing different doctors. Of the other 40 completed cards many patients wrote that their experience when contacting and attending the practice had been good. Several commented on the friendliness of the staff and their caring and respectful manner. A number also commented on how much the practice had improved in the last year.

The responses received at the time of our inspection visit contrasted with the experiences of some patients who had responded to the national GP Patient Survey carried out earlier in the year. The most recent results, published in July 2014, reflected the responses received from 61 patients out of a total of 426 questionnaires sent out. In the survey the practice was rated better than the CCG average for the services provided by the reception and nursing staff but worse than the CCG average for availability of appointments and care provided by the GPs. The responses received represent a low proportion (less than 3%) of the total practice population of 2220 patients and therefore should be interpreted with caution. However, when considered with responses from the previous two years there were improved satisfaction levels for; telephone access, opening hours and booking appointments.

Areas for improvement

Action the service SHOULD take to improve

Put in place procedures to check that patients referred for a hospital appointment had been followed up and an appointment arranged.

Update the practice complaints procedure to include the correct contact details for the Care Quality Commission and Parliamentary and Health Ombudsman.

Outstanding practice

The practice had a register of vulnerable patients who had complex care needs and a high used of other health and social care services. Patients were offered priority access to appointments or advice so as to minimise the avoidable use of emergency services.

The practice had employed staff with both clinical expertise and language skills appropriate for the predominantly Asian and East European population. Eleven different languages were spoken by the staff and health advice information was available in Urdu, Bengali, Gujarati and English.

One of the GPs had completed additional training in psychiatry and the practice liaised with mental health support workers to increase the number of patients with mental health concerns who received physical health checks.

Dr Aamer Khan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector and a GP Specialist Advisor.

Background to Dr Aamer Khan

Dr Aamer Khan, also known as The City Medical Practice, is one of four separate medical practices providing services from Whetley Medical Centre in Bradford. The practice has a relatively high population of younger adults. Approximately 33% of the practice patients are under 18 years of age and approximately 6% are over 65 years of age. These figures are broadly similar to the Bradford City CCG average but significantly different to the respective England averages of 21% and 17%. The practice is in the most deprived 10% of areas in England

Dr Khan joined the practice (formerly known as Dr Masood or Whetley Medical Centre) in 2011 as a salaried doctor and took over as the Managing Partner in March 2013 following the departure of Dr Masood. Over the last 18 months attention has been given to improve the services provided to the predominantly Asian and East European population. Improvements have been made in the availability and access to appointments, the uptake of cervical screening and childhood immunisations, which are now exceeding the 90% target. There have also been a number of administrative and clinical staff changes.

The practice provides primary care services, under the terms of a General Medical Services contract, for approximately 2,220 patients. In addition the practice has also contracted to provide a number of Enhanced Services and participate in Local Improvement Schemes, including; alcohol reduction, learning disabilities health checks, timely diagnosis and support for dementia, avoiding unplanned admissions and proactive management of vulnerable people and high risk patients.

In addition to Dr Khan there are two regular doctors at the practice, one male and one female. They are supported by an advanced nurse practitioner, a practice nurse, a healthcare assistant, midwife and an experienced administrative team. The practice is open from 8.00am to 6.30pm each weekday. Surgeries run from 9.00am to 11.00am and 3.30pm to 5.30pm each morning and afternoon. The practice opens on Saturday mornings as part of the NHS winter pressures initiative. Emergency out of hours services are provided by Local Care Direct.

There are weekly health visitor clinics, smoking cessation clinics and a visiting debt advisory service. The practice also offers specialist clinics for, asthma, diabetes, heart disease, health screening weight management, well women and immunisations.

The practice is registered to carry out; the treatment of disease disorder or injury, diagnostic and screening procedures and maternity and midwifery services from the following address:-

The City Medical Practice, Whetley Medical Centre, 2 Saplin Street, Bradford, BD8 9DW.

Why we carried out this inspection

We carried out a 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 provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 November 2014. During our visit we spoke with medical, nursing and administrative staff and patients who used the service.

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

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

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

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

Good

Are services safe?

Our findings

Safe track record

Staff were aware of their responsibilities to raise concerns, and knew how to report incidents. There were systems to monitor and assess the safety of the services provided to patients and to support the delivery of good clinical care. A range of different information sources were used to identify risks and improve patient safety. These included, risk stratification tools (to predict patient's future health needs), quality outcomes (QOF) data, clinical audits, significant incident analysis, national patient safety alerts and complaints about the service.

Learning and improvement from safety incidents

The Practice had a system in place for reporting, recording and monitoring significant incidents. We reviewed the practice's significant incident records for the last two years. For each recorded incident there was a summary of the investigation carried out, details of the learning or actions required and where appropriate how the information had been shared to improve safety. For example, in one incident a vaccination error had been identified. Following investigation, the practice procedures had been reviewed and updated to reduce the risk of a further error. The incident was also reported to NHS England and the patient contacted and reassured that there should be no adverse effects.

Reliable safety systems and processes including safeguarding

Systems were in place to manage and review risks to vulnerable children, young people and adults. A register of at risk patients was accessible to authorised staff. Contact details for the relevant local safeguarding organisations were displayed throughout the practice. Staff had completed appropriate role specific training in the safeguarding of children and adults, including Level 3 training as currently recommended for general practitioners. Staff knew how to recognise signs of abuse. They were aware of their responsibilities regarding reporting and documenting safeguarding concerns and how to contact the relevant agencies. Safeguarding concerns about specific patients were discussed with health visitors, at practice clinical meetings.

A chaperone policy was in place and displayed on the waiting room noticeboard and in the consulting rooms. Staff who acted as chaperones had undergone specific training and understood their responsibilities including when and where to stand so as to maintain the patient's dignity.

Medicines management

Systems were in place to check that sufficient stocks of emergency medicines were available and suitable for use, including those carried by doctors during home visits. A key locked medicine refrigerator was available for the storage of vaccines and other temperature sensitive medicines. Access to the stored medicines was restricted to authorised staff. Daily records were maintained of the internal refrigerator temperatures and alternative cold storage facilities were available in the event of a failure in the cold chain.

Patients were able to request repeat medication using the practice's on-line prescription request service, by fax or in person. In certain circumstances housebound patients were able to request repeat medication by telephone. Automated alerts were generated each week identifying patients due for a medication review and sent to the lead GP. Patients on repeat medication were reviewed twice yearly. The reviews included checks on patient compliance with the medicine dosage instructions.

An employed pharmacist was available to advise on prescribing matters and carry out medication audits and recommend changes in prescribing practice. There was also evidence to show that patients were helped to safely use their medicines to achieve the best possible outcomes (sometimes referred to as medicines optimisation).

Cleanliness and infection control

The practice had nominated a member of the nursing team as the lead for infection control. The premises were visibly clean and in a good state of repair. Treatment areas were fitted with impermeable floor coverings. Hand washing sinks, soaps and gels were available. Clinical and non-clinical waste was appropriately segregated and disposed of by an authorised waste contractor.

Staff had received specific training in infection control procedures and were aware of procedures to reduce the risk of infection, for example when accepting samples from patients or cleaning spillages. Daily cleaning of the practice

Are services safe?

was carried out by staff employed by the local NHS Community Care Trust. Quarterly audits of infection control arrangements had been completed and where appropriate improvement actions carried out. Colour coded cleaning equipment was available and appropriately stored ready for use. Privacy curtains were laundered at appropriate intervals. Cleaning schedules and checklists were in use to provide assurance that cleaning had been carried out to the required standard. However, we noted there were some gaps in the daily cleaning records and the practice may find it useful to review their monitoring of the cleaning contract.

Equipment

The practice had established systems and procedures to keep people safe. Staff were provided with appropriate equipment and materials to enable them to carry out their role and had received training in its use. Equipment, including portable electrical equipment, was appropriately tested and maintained. Systems were in place to regularly check emergency equipment and the batch and expiry dates of emergency medication.

Staffing and recruitment

The practice had reviewed staffing levels and skill mix so that people received safe care and treatment at all times. Recruitment procedures were in accordance with current legal requirements and included, checks on the right to work in the UK, proof of identity, employment history and criminal records checks (also known as Disclosure and Barring checks).Two salaried GPs (one male and one female) provided the majority of clinical sessions. They were supported by an advanced nurse practitioner, practice nurse and healthcare assistant. Staff had been recruited with skills and experience appropriate for the needs of the practice population. For example, the majority of patients were of Asian or East European origin and the practice had recruited staff who had both clinical expertise and the ability to communicate with patients whose first language was not English.

Monitoring safety and responding to risk

Risk assessments were carried out and risk management plans developed in line with national guidance, for example using risk profiling or risk stratification tools. Monitoring of patients prescribed 'amber drugs' (drugs administered under the shared care of a hospital consultant and the patient's GP) were supported by regular audits. All new cancer diagnoses were reviewed to check whether any could have been detected earlier. Through monitoring of risk the practice had prioritised improvements in the management of diabetes and provision of palliative care. Improvements in these areas had been linked to the recruitment and further training of staff.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Staff had received basic life support training. Emergency oxygen and automated defibrillator (used to attempt to restart a person's heart in an emergency) were available and ready for use. Emergency medicines were available, including those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Emergency procedure flowcharts were displayed in the treatment rooms.

The practice had carried out fire risk assessments and staff had received fire evacuation training. The fire alarms were tested weekly and there were records showing the fire drills had been practiced, staff had responded to alarms appropriately and assembled at designated locations outside the building.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patient's needs were assessed and their care planned and delivered in line with evidence-based guidance, standards and best practice. For example the practice had adopted the National Institute for Health and Clinical Excellence (NICE) recommendations that patients with diabetes should receive nine key tests at their annual diabetes review. These checks ensured diabetes was well controlled and the risk of long-term complications was reduced.

Nationally reported quality outcome data showed the practice performed better than the CCG and England averages for conditions commonly found in older people, such as; chronic obstructive pulmonary disease, dementia, heart failure stroke, and rheumatoid arthritis.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Information about the outcomes of care and treatment was routinely collected and compared with information about other practices in the Clinical Commissioning Group (CCG) area and West Yorkshire region. The practice had compared its performance against other practices in the CCG area and had prioritised areas for improvement. For example, the uptake of cervical screening and influenza vaccinations and a reduction in the prescribing of antibiotics. There was also evidence that influenza vaccination, childhood immunisations and cervical smear rates had improved. An Advanced Nurse Practitioner had been recruited to lead on the management of long term conditions. A Pharmacist attended the practice every week to review medication, follow up patients discharged from hospital and advise the GPS about recent medication safety alerts.

The practice had systems in place for the completion of clinical audits. For example audits of patients with angina had been completed in accordance with NICE guidance and used to optimise the medication patients were prescribed. The findings from audits of patients with heart failure had been discussed with a hospital consultant and used to improve treatment protocols.

Effective staffing

Staff had the qualifications, skills, knowledge and experience to carry out their role. Checks on their qualifications, experience and suitability were completed before appointment. Once in post they had access to further training and support. There were systems to ensure all staff underwent an annual appraisal and review of their training and development needs. The GPs at the practice had either completed their General Medical Council (GMC) revalidation or had only recently been included on the GP Register and were not yet required to undergo revalidation.

There had been a number of new staff appointed in the previous 18 months to improve the care and treatment of patients. The clinical team had been strengthened and included an advanced nurse practitioner, practice nurse, healthcare assistant and a pharmacist. The practice had also appointed a data quality manager to validate and improve the accuracy of records and recall arrangements for patients requiring reviews, screening or immunisation. There had been a conscious strategy to employ staff with both clinical expertise and language skills appropriate for the practice population.

There were monthly multi-disciplinary team and practice meetings to discuss performance and review clinical issues such as significant events or audits. Staff were supported to improve their clinical practice. For example, an audit had identified a patient who had not received a Vitamin B12 injection at the appropriate time. The reason for the omission had been identified, checks were carried out to ensure no other patients had been missed and additional time and support in the management of administrative tasks had been given to the clinician responsible. Revised practice protocols had also been put in place to ensure staff were automatically alerted to any delays in the administration of B12 injections.

Working with colleagues and other services

There were systems in place to ensure hospital test results and patient letters were directed to the appropriate GP for checking. Any patients with abnormal test results were followed up and copies of letters and results were attached

to the relevant patient electronic record for future reference. Results which did not match existing patient records were queried and the laboratory requested to confirm the correct information had been recorded.

Records were also kept of all patients who had been referred for an outpatient appointment using the NHS 'Choose and Book' system. We were told patients were given an explanation of how to book a convenient out-patient appointment, however, there were no procedures to monitor the number of patients who had requested an appointment. We saw that 41 patients had not yet booked an appointment, including one which dated back to July 2014. Although the patient had been seen in the practice since July, their failure to book an appointment had not been noted.

Information sharing

The practice made good use of the clinical IT system to share information and support staff to deliver effective care and treatment. Administrative and reception staff were able to use the system to identify vulnerable or high risk patients and prioritise them for appointments. The practice had also set up a priority telephone messaging system which enabled other health and social care organisations to immediately alert the practice to contacts made by patients on the high risk register.

Consent to care and treatment

Staff had received appropriate training and understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. We saw evidence in practice meeting records which showed that consent issues, including when providing care and treatment to children, had been discussed. The practice clinical IT system included alerts for staff to indicate patients aged between 12 and 16 years of age to consider the ability to consent to treatment. This is also referred to as the Gillick competence.

Health promotion and prevention

A range of health advice information was available in the patient reception area. All new patients registering with the practice and those aged over 40 were offered a health check, provided with advice and where appropriate referred to other services to support them to live healthier lives. A health open day had been held at the practice. Patients were able to seek advice on smoking cessation and healthy living. This included signposting to social networks in the area and an opportunity to sign up for free trial membership at a local gym.

The practice worked with other services to promote healthy living among its patients. For example, health visitors, district nurses and a benefits advice counsellor attended monthly practice team meetings. There were comprehensive and effective screening and immunisation programmes. Housebound patients were offered a home visit. The practice was proactive in following up patients that had not attended for reviews, including taking advantage of opportunities to offer immunisations whist patients attended the practice for other appointments. All the patients on the practice's learning disability register who were due for an annual review had received an annual health check.

Female patients were invited to meet with a female nurse to discuss the benefits of cervical screening. This had helped improve the take up of screening amongst this group of patients. There was evidence of joint working with other local services and commissioners to ensure that the services provided support the practice population to improve their health. For example, the practice supported the Bradford Beating Diabetes programme. The NHS 'Shared Decision Making' tool was used to support diabetes patients and help them make decisions about the treatment options available to them.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The practice staff understood and took into account people's personal, cultural, social and religious needs. There was a prayer room available for staff and patients to use. Patients told us staff listened to their concerns and were supportive, for example, in arranging home visits. Staff had met to discuss how good teams work together and the behaviours that were important in ensuring good patient care. We saw how reception staff took time to interact with patients in a respectful and considerate manner. Staff had received chaperone training and understood how to ensure a patient's privacy and dignity were maintained during examinations.

Care planning and involvement in decisions about care and treatment

Staff recognised when patients and their carers needed additional support to help them understand or be involved in their care and treatment. They had the knowledge and language skills to communicate with patients and help them understand their condition and treatment. Many of the staff were multilingual and between them they spoke 11 of the languages used by the local Asian and East European population. When required the staff could also access a translation service. Health advice information leaflets were available in Urdu, Bengali, Gujarati and English.

Patients told us the staff took time to explain their condition and treatment. They were helped to be involved in their own care or the care of relatives. For example, the practice was proactive in working with families caring for relatives receiving end of life care and supporting them so as to reduce the risk of emergency hospital admissions.

Patient/carer support to cope emotionally with care and treatment

Staff understood the impact that a person's care, treatment or condition would have on their wellbeing and on those close to them, both emotionally and socially. Patients were given appropriate and timely support and information to cope emotionally with their care, treatment or condition. Parents we spoke with told us how the staff had helped and supported them when their child needed treatment. We were also told that the GPs made regular visits to patients receiving palliative care and families who had recently been bereaved.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Information about the needs of patients was used to inform how services are planned and delivered. The practice population had proportionally more younger patients (under 18) and lower numbers of older patients (over 65) than the Clinical Commission Group (CCG) or the England averages. The main health issues for the practice population were associated with the use of tobacco and alcohol. The practice was also alert to cultural differences within the community and potential impact of traditional attitudes toward healthcare. The staff had sought to overcome these barriers by supporting patients to better understand the benefits of screening, immunisation and healthy lifestyles. The practice participated in the Bradford CCG's Beating Diabetes project and had been successful in identifying patients with undiagnosed diabetes.

The practice maintained a register of vulnerable patients with complex care needs and a high use of other health and social care services. Patients on the register were offered priority access to appointments or advice so as to minimise the avoidable use of emergency services. Each patient, or their carer, had been contacted and given advice on how to contact the practice and if necessary arrange a home visit. By identifying these patients and supporting them to access appropriate care the practice, with other partner organisations, had sought to improve the care and treatment provided and reduce the number of emergency admissions to hospital.

Tackling inequity and promoting equality

The practice was located in a health centre. There were reserved parking bays near the entrance doors for patients with disabilities. An entrance ramp led to automatic doors which opened into a large reception area with space to accommodate wheelchairs and pushchairs. There was an accessible toilet and a separate room with baby changing facilities. The ground floor consulting and treatment rooms were accessed via secure doors and staff were available to assist patients with mobility problems.

The practice had assessed the needs of different groups and used the information to plan the services available. For example, an advanced nurse practitioner had been recruited to support the GPs with postnatal mother and baby checks and childhood immunisations. A register was maintained of patients with mental health problems. One of the GPs had completed additional training in psychiatry and the practice liaised with mental health support workers to increase the number of patients with mental health who received physical health checks.

Access to the service

The practice was open each weekday from 8.00am until 6.30pm and on Saturday mornings. Surgeries operated throughout the day. Patients were able to book an appointment in person at the practice reception, on-line via the practice website or by telephoning the practice. The patients we spoke with during our visit told us they were able to obtain a convenient appointment. Patients with children were particularly complimentary about the care and support they received and availability of appointments. One told us that children were always seen and they were never made to feel uncomfortable about asking for an urgent appointment. Patients found the reception staff courteous and helpful.

On the morning of our visit we were told the next available urgent appointment which could be booked was in the afternoon. The next non-urgent or routine appointment was the following day. We were told that when all the available appointments had been taken the reception staff could ask the GP on duty to see additional patients. In certain circumstances telephone consultations were also available, for example to discuss test results.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. This included timescales for acknowledgement of the complaint and provision of a written response. The practice manager was designated as the person responsible for handling all complaints about the practice. Summary information about the complaints procedure was included in the practice leaflet. Reception staff were aware of the complaints procedure and how to assist patient to make a complaint. The practice also had available a more detailed guidance document explaining how to make a complaint about NHS services. The advice on escalating a complaint was however out of date and the practice should review and update the contact details for the CQC and Parliamentary Health Ombudsman provided to patients.

We spoke with three patients during our visit. None had had any cause to complain about the practice. We checked

the complaints files and saw that the practice had received five complaints in the previous 12 months. There were copies of acknowledgement letters and the responses given following investigation of the complaint.

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

Since taking over the practice Dr Khan had sought to establish a clear vision for The City Medical Practice. Staff described the practice culture as caring, flexible and courteous to patients. The management, organisation, staffing, systems and procedures were being aligned with Dr Khan's other practices in the BD8 postcode area of Bradford. There was a focus on building a flexible and skilled staff team, the provision of safe care through a system known as 'treat to target'. The strategy aimed to ensure collaborative working, provide evidence based care and treatment, consistent clinical decision making and empowerment of patients to better understand their condition and its management.

Governance arrangements

There was an effective governance framework to support the delivery of good quality care. Staff were clear about their roles and they understood what they were accountable for. They had a good understanding of the performance of the practice through monitoring of quality outcomes, the use of regular audits and the views of patients. Comments made about the practice and the findings from patient surveys had been taken seriously. The practice had put in place an action plan to address areas of concern and discussed progress with the local NHS England Area Team. There were regular clinical and practice team meetings. Items for discussion included updates to legislation, clinical guidelines, multiagency working and topical concerns such as Ebola. However, whilst the minutes of team meetings included a summary of the agreed actions and implementation date there was no formalised overarching strategic plan. It was therefore unclear how priorities were decided and how overall progress was being monitored.

Leadership, openness and transparency

The GPs understood the challenges in achieving good quality care and could identify the actions needed to address them. The practice culture centred on the needs and experience of patients. Staff told us they felt valued and the GPs and managers were supportive. They were asked for their views on felt they were listened to.

Practice seeks and acts on feedback from its patients, the public and staff

Staff felt involved in the management of the practice and said their views were taking into account in the planning and delivery of services. The practice Patient Participation Group (PPG) had 12 members. We were told six or seven usually attended meetings. The PPG met three times in 2013. The last recorded group meeting was in February 2014, however a virtual meeting was convened in March 2014 to review the PPG's patients survey.

There were minutes to show that the practice had discussed improving telephone access and availability of appointments with the PPG. The practice had reviewed the findings of the National GP Patient Survey, a separate patient survey carried out by the PPG, in March 2014, patient comments made using the 'Improving the practice' questionnaires which were available in the reception area, feedback posted on the practice website and comments made by staff as part of their annual appraisal. The responses from patients at the time of our visit indicated that the actions the practice had taken in response the feedback were being recognised and had were leading to continual improvements in the service.

Management lead through learning and improvement

Staff met together regularly to review performance and improve the service. There was a culture of continuous learning and improvement. Clinical information, audit results, reviews of significant events and comments or complaints made by about the service were used to improve the quality of services.