

Wye Valley Surgery

Quality Report

Wye Valley 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 service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall.

At our previous inspection in April 2015 the practice had an overall rating as Requires Improvement. We carried out a desktop follow up inspection in January 2016 to ensure improvements had been made and to review if the service was meeting regulations. We found the practice had made improvements and as a result we updated the overall rating to Good.

Following the November 2017 inspection, the key questions are rated as:

- Are services safe? – Requires improvement
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Requires improvement
- Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

- Older People – Requires improvement
- People with long-term conditions – Requires improvement

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

We carried out an announced comprehensive inspection at Wye Valley Surgery in High Wycombe, Buckinghamshire on 2 November 2017. 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 Wye Valley Surgery 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 had defined and embedded systems, processes and practices to minimise risks to patient safety. However, we found these systems had not monitored patient safety alerts.

Summary of findings

- Staff had received training appropriate to their roles and the population the practice served. Any further training needs had been identified and planned.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We received positive feedback from external stakeholders and patients who access GP services from the practice.
- Patient feedback regarding access was improving, however, results from the most recent national GP survey shows satisfaction for access to appointments was still lower when compared to local and national averages.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. For example, telephone access had been a historic concern within the practice. As a result, the practice reviewed the telephone system and invested in a new cloud based digital system to support improvements to telephone access.
- The practice had clear and visible clinical and managerial leadership and supporting governance arrangements.

- There was a strong focus on continuous learning and improvement within the practice and local community. For example, the practice told us they were negotiating new modern premises with the aim of creating a Primary Care Hub within the town centre.

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

- Ensure care and treatment is provided in a safe way to patients. For example, ensure safety alerts are received into the practice and implement a system to ensure they are acted upon. Thus ensuring there is a review of all patients that may have been affected by the safety alerts.

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

- Continue to review the number of patients attending the cervical screening programme, with a view to increase uptake rates.
- Continue to seek feedback and improve engagement with patients and patient participation group whilst reviewing the outcomes of patient feedback including patient surveys to determine appropriate action with a view to improving the patient experience.

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

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

Wye Valley Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Wye Valley Surgery

Wye Valley Surgery is located in the centre of High Wycombe in Buckinghamshire. The practice is one of the practices within Chiltern Clinical Commissioning Group (CCG) and provides primary medical services to approximately 10,500 registered patients.

Services are provided from:

- Wye Valley Surgery, 2 Desborough Avenue, High Wycombe, Buckinghamshire HP11 2RN.

Online services can be accessed from the practice website:

- www.wyevalleysurgery.co.uk

According to data from the Office for National Statistics, Buckinghamshire has high levels of affluence and low levels of deprivation. However, Wye Valley Surgery is located in a pocket of high deprivation and the local area experiences challenges including substance misuse and severe mental health problems. People living in more deprived areas tend to have greater need for health services.

The practice population has a significantly higher proportion of patients aged under 18 when compared to the local CCG and national averages whilst there is a lower proportion of patients aged 65 and over.

There are a high percentage of patients from ethnic minority backgrounds and a large proportion of the patients speak English as a second language. The practice has a transient patient population; patients are often outside of the country for long periods. This has an impact on screening and recall programmes

The practice has the highest proportion of unemployed patients registered in the area, 6.4% of patients are unemployed compared to the CCG average (3%) and national average (4%).

Are services safe?

Our findings

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- There was not a process or system to ensure that appropriate actions were taken in response to all applicable patient safety, medicine safety and device alerts.

Safety systems and processes

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

- The practice conducted safety risk assessments. We saw examples of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. We also saw additional training which was specific to the needs of the local community. For example, there was Female Genital Mutilation (FGM) awareness training and radicalisation

awareness training including warning signs and legal obligations for reporting any suspected or identified cases. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control including yearly infection prevention control audits.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. We saw a significant event review of an incident and subsequent actions when a non-registered patient attended the practice and collapsed within the practice and required urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, there was a sepsis toolkit. Sepsis is a rare but serious complication of an infection. Without quick treatment, sepsis can lead to multiple organ failure and death.
- 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.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Are services safe?

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. We saw patient literature in the waiting areas which clearly explained safe and appropriate antibiotic usage.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately; this was predominantly managed by the two pharmacists with support from the GP prescribing lead. We saw the practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- 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 that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. 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. For example, we reviewed a significant event which highlighted a rare presentation of symptoms. We saw the practice had purchased an item of specialist equipment, to ensure the practice could appropriately respond if there was a similar presentation in the future.
- We reviewed medicine and other safety alerts and found they were recorded, and shared with relevant staff. We saw alerts were then discussed at meetings. However, we identified an instance where action was not taken to identify if any patients were on a combination of medicines which was subject to an alert in April 2017. We saw that this specific alert had been logged by the practice but had not been acted on. On review, we saw this alert was applicable to six of the practice patients.

Are services effective?

(for example, treatment is effective)

Our findings

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

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 (GPs, nurses, pharmacists and the paramedic) assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' 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.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

We reviewed prescribing data from the local clinical commissioning group (CCG). We found the practice performed better when compared to local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.36. This was better when compared to the CCG average (0.76) and national average (0.98). Hypnotics, more commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep and to be used in the treatment of insomnia, or surgical anaesthesia. Hypnotics should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.87. This was better when compared to the CCG average (0.99) and national average (1.01). Furthermore, the number of antibiotic items (Cephalosporins or Quinolones) prescribed was better (1.96%) when compared to local (4.48%) and national averages (4.71%). The practice demonstrated awareness to help prevent the development of current and future bacterial resistance. Clinical staff and prescribing data evidenced the

practice prescribed antibiotics according to the principles of antimicrobial stewardship, such as prescribing antibiotics only when they are needed (and not for self-limiting mild infections such as colds and most coughs, sinusitis, earache and sore throats) and reviewing the continued need for them.

Older people:

- The practice provided GP services to a local residential home, approximately 55 patients. A GP and paramedic held a weekly session at the home to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and one of the practice pharmacists worked with the GP to undertake medication reviews.
- Patients aged over 75 were invited for a health check. This included a medication review, annual chronic disease check, blood tests and immunisations if required. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- The number of patients registered at Wye Valley Surgery with a long-standing health condition was 55%. This was higher when compared to the local CCG average (50%) and similar to the national average (53%).
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, the nurse who ran a specialist diabetes clinic had received additional training to initiate and manage therapy with insulin within a structured programme that includes dose titration by the person with diabetes.

Are services effective?

(for example, treatment is effective)

- Performance for diabetes related indicators showed the practice had achieved 93% of targets which was similar when compared to the CCG average (95%) and the national average (91%).

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 have performance measured per GP practice; each has a target of 90%. The practice achieved the target in all four areas; in three of the four areas the practice scored 95%. 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.

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

- The practice's uptake for cervical screening was 69%, which was lower when compared to the local CCG (82%) and national average (81%). Patients who did not attend for screening were followed up by the practice. Alongside opportunistic screening and a recall system in place with first and second letter reminders sent directly to patients, the practice had organised monthly Saturday cervical smear clinics. These additional clinics were following a review of historic cervical cancer screening data which had indicated a trend of low numbers of attendees from ethnic minority backgrounds. Although not exclusive, these Saturday smear clinics were aimed at women from ethnic minority backgrounds to increase uptake. Although below the local and national averages, the most recent cervical screening was a 5% improvement on the previous years data.
- The practice had systems for eligible patients to have the meningitis vaccine. The meningitis ACWY vaccines offers protection against four types of bacteria that can cause meningitis– meningococcal groups A, C, W and Y. Young teenagers, sixth formers and "fresher" students going to university for the first time are advised to have the vaccination.

- 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 homeless people, travellers and those with a learning disability.
- There were 31 patients on the Learning Disabilities register and 21 of these patients had received an annual health check. The remaining 10 patients had been contacted on further occasions inviting them to attend a health check.

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

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher when compared to the local average (87%) and the national average (84%).
- 81% 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 lower when compared to the local CCG average (93%) and national average (90%).
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 98% of patients experiencing poor mental health had discussed and had advice about smoking cessation. This was similar when compared to the local CCG average (94%) and national average (95%).

Monitoring care and treatment

The practice reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. For example, we reviewed the practices audit with regards the National Cancer Diagnosis Audit. The main objective of the audit was to review the pathways to cancer diagnosis for all cancer types.

Are services effective?

(for example, treatment is effective)

The practice was involved in quality improvement activity; we saw completed clinical audits for minor surgery, respiratory disease, women's health and cancer. The practice acknowledged there had not been a planned approach or programme of clinical audits. This was being addressed and would include members of the nursing team completing audits within their specialist fields.

The most recent published Quality Outcome Framework (QOF) results were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was 8% compared with the local CCG average of 8% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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 told us they were encouraged and given opportunities to develop. We saw a variety of training certificates which demonstrated training had been completed.
- 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 nurse revalidation. For example, the health care assistant had completed all the requirements of the Care Certificate. The Care Certificate is designed for non-regulated workers and gives confidence that workers have the same induction - learning the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

- The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, for example the non-medical prescribing pharmacist was supported by the clinical pharmacist and the GP prescribing lead.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Co-ordinating 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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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. This included six weekly Multi Agency Group (MAG) meetings and where appropriate documentation uploaded onto the Buckinghamshire Co-ordinated Care Record web portal to improve identification of patients on the end of life care pathway. The Bucks Co-ordinated Care record (BCCR) is an electronic record, where patients can record individual wishes and preferences about their care.

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.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, flu campaigns, healthy eating, stop smoking campaigns and tackling obesity.
- Information from Public Health England showed 98% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was similar when compared with the CCG average (98%) and the national average (94%).
- Further data from Public Health England indicated success in patients attending national screening programmes. For example, 75% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (76%) and the national average (73%).

Consent to care and treatment

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

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

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- Written and verbal patient feedback commented practice staff gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 19 patient Care Quality Commission comment cards we received and the four patients we spoke with were positive about the service experienced.

We also received positive feedback from external stakeholders who access GP services from the practice. For example, the care home and the school highlighted practice staff, specifically the GPs and paramedic were good at listening and commented the GPs were respectful, supportive, compassionate and caring.

This did not align with the majority of the results in the July 2017 annual national GP patient survey. There had been 348 surveys sent out and 126 were returned. This represented approximately 1.2% of the practice population.

- 85% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average (89%) and the national average (89%).
- 78% of patients who responded said the GP gave them enough time; CCG - 86%; national average - 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 85%; national average - 86%.

- 80% of patients who responded said the nurse was good at listening to them; (CCG) - 91%; national average - 91%.
- 78% of patients who responded said the nurse gave them enough time; CCG - 92%; national average - 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 95%.
- 79% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 69% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; national average - 87%.

These scores were an improvement on previous years results. To further improve patient satisfaction, all patient facing staff had completed external customer service training. Feedback from staff who had completed this training advised it was constructive, helpful and learning these new skills equipped the team to support patients in a caring, compassionate manner.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- There was significant ethnic diversity within the patient population, notably patients with an Asian background and a growing number of Eastern European patients. All staff we spoke with were aware that translation services were available for patients who did not have English as a first language. During the inspection, we saw notices informing patients that this service was available. Patients were also told about multi-lingual staff that might be able to support them, including practice staff speaking the three main South Asian languages and Polish.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available. Whilst endeavouring to increase the number of Asian females

Are services caring?

attending the cervical cancer screening programme, the practice produced a clear easy read patient information leaflet which explained the procedure in the three main languages of South Asia.

- Staff helped patients and their carers find further information and access community and advocacy services, including information and patient literature from Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire). They helped them ask questions about their care and treatment.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 108 patients as carers, this equated to approximately 1% of the practice list.

- Wye Valley Surgery was working with another local GP practice and finalising a project to introduce Care Navigators into the practices. Once launched the Care Navigators would help to connect vulnerable patients with care and support in the community, and provide coordinated, effective non-medical support.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients satisfaction to questions about their involvement in planning and making decisions about their care and treatment was lower when compared to local and national averages:

- 80% of patients who responded said the last GP they saw was good at explaining tests and treatments; CCG - 88%; national average - 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 74% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 78% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

These results were an improvement on previous years results. For example, there was an 8% improvement on patient satisfaction regarding GPs explaining tests and treatments.

To further increase patient satisfaction, the practice had recently adopted a combination of 10 and 15 minute appointments. These were designed to improve patient satisfaction whilst ensuring patients had enough time to discuss their concerns and any treatment plans.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

The practice was rated as requires improvement for providing responsive services because:

- Patient feedback regarding access was improving, however, results from the most recent national GP survey showed satisfaction for accessing appointments was still lower when compared to local and national averages.

Responding to and meeting people's needs

The practice organised and 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. For example, extended opening hours were available, including early morning appointments, evening appointments and weekend appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. Although services were located on two floors, there was no lift. We saw patients with mobility difficulties were flagged on the patient record system to enable staff to ensure they had a ground floor consultation room.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The GP and paramedic also provided home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- The practice was fully aware of the challenges with the local health economy, specifically the high prevalence of diabetes. In response, there were four specific diabetes clinics each week.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and 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.

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.
- There was an antenatal clinic three afternoons each week and a weekly well baby clinic.
- Wye Valley Surgery provides GP services to a local independent girl's boarding school. There were two designated GP point of contacts for the school (approximately 630 patients). Contact details of the designated GPs were shared with the relevant staff, enabling continuity of care and quick access to the right staff at the practice. The designated GPs held four weekly visits to the school and also provided appointments on an ad-hoc basis. We spoke with the medical centre based at the school following the inspection, they advised the practice were highly responsive and exceeded the schools and pupils medical needs.

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, approximately 65% of patients were aged 44 and under, the practice had early morning, evening and Saturday morning appointments to support working age patients attend appointments.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice website was well designed, clear and simple to use featuring regularly updated information. The website also allowed registered patients to book online appointments and request repeat prescriptions.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice was aware of the growing street homeless community in High Wycombe and supported these patients receive care and treatment on an ad-hoc basis.

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

- The majority of staff had additional dementia training and all staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.
- To ensure patients with dementia received appropriate care and treatment, the practice had completed additional work in diagnosing dementia. We saw the dementia diagnosis rate had improved over the previous two years, from 35% in January 2015 to 82% in October 2017.

Timely access to the service

Patients 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.
- The appointment system was easy to use. During the inspection we saw GP, nurse and paramedic appointments were still available on the day of the inspection and the rest of the week.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower when compared to local and national averages. However, many of the July 2017 survey findings showed improvement on the previous years results and the survey results did not align with written feedback on the 19 CQC comment cards we received and verbal feedback from four patients we spoke with during the November 2017 inspection. Feedback we received referred to wholesale changes and improved levels of satisfaction, specifically around telephone access and availability of appointments.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 45% of patients who responded said they could get through easily to the practice by phone; CCG - 70%; national average - 71%.
- 81% of patients who responded said they were able to get an appointment to see or speak to someone the last time they tried; CCG - 85%; national average - 84%.
- 71% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.
- 57% of patients who responded described their experience of making an appointment as good; CCG - 72%; national average - 73%.
- 25% of patients who responded said they don't normally have to wait too long to be seen; CCG - 56%; national average - 58%.

The practice were fully aware of the low levels of patient satisfaction collected via the GP patient survey. We saw the practice was active in reviewing the concerns and we were told about the improvements they had made to improve telephone access, appointment availability and overall patient satisfaction. For example:

- There was a new telephone system (launched in July 2015) and appointment system (launched in February 2017) which aligned to the requirements of the practice and patient population.

Are services responsive to people's needs?

(for example, to feedback?)

- Nurses had completed additional disease management qualifications with a view to increase availability to see more patients presenting with minor illness.
- Two pharmacists were recruited in August 2017 (jointly employed with a neighbouring practice) which enabled patients to receive comprehensive medicines advice. The pharmacists supported the practice to complete medicine management reviews, therefore increasing the availability of GPs to see patients.
- The practice had reviewed the needs of the patients, presenting symptoms and appropriateness of the appointments. As a result in June 2016, the practice recruited a paramedic, who provided care for patients with minor injuries and also those who needed urgent care and was based at the surgery, therefore saving significant numbers of ambulance journeys each year. The paramedic saw urgent cases including minor injuries, chest pain and other cases that might otherwise have gone through 999 or NHS111. Furthermore, the role included attendance at urgent home visits and triage the cases using his skills and where necessary calling the GP to discuss the case. When the paramedic was not there the minor injuries and other care was covered by the Duty GP and by practice nurses (where the injuries were within their competencies).
- A new workflow and correspondence system and supporting processes had been implemented in November 2016. The aim of the new system was to reduce the amount of correspondence the GPs managed with a view to increase GP availability to see patients.

In readiness to monitor and evaluate the completed actions, the practice was reviewing tools to collect and record patient satisfaction. The practice told us there were four distinct areas (known as localities) within the CCG, each of the four localities had a unique patient population with different needs. The practice told us in their locality, collecting patient feedback was a challenge, for example, despite advertising there had been no feedback in the suggestion box within the practice, no NHS Friends and

Family test responses and the response rate for the GP national survey was lower when compared to the locality and CCG average. For example, the response rate for the GP national survey for Wye Valley Surgery was 36%, the locality response rate was 38% and the CCG response rate was 44%.

The practice told us they were reviewing two potential tools to record patient satisfaction, both of the tools would support collection of feedback from the large proportion of the patients who speak English as a second language, for example electronic collection via a mobile tablet computer.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed the practice complaint log and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. For example, telephone access had been a historic concern within the practice. Patient feedback including survey results and numerous formal and non-formal complaints indicated patients frustration and low levels of satisfaction regarding telephone access. As a result, the practice reviewed the telephone system and invested in a new cloud based digital system to support improvements to telephone access. The system enabled patients to cancel appointments without having to wait to speak to a receptionist. The telephone system also had recording facilities to assist staff in improving their customer service techniques. Since the implementation of the new telephone system, there had been no complaints received regarding telephone access.

Are services well-led?

Good 

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

Our findings

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 had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of local and national services. They understood the challenges within the High Wycombe locality and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities. For example, we saw the practice had recently successfully migrated patient correspondence systems. This migration was supported by detailed plans.
- 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 enable collaborative working.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients. There was a whole team endeavour to improve patient satisfaction.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to safety incidents, complaints and previous Care Quality Commission inspection reports. 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 and were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including the paramedic, pharmacists and nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. This was evident in discussions with the practice manager.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. The only exception was the arrangements to manage patient safety alerts.

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

Are services well-led?

Good 

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

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Clinical audit had an impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- 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. For example, the practice jointly employed two pharmacists with a neighbouring practice which enabled patients to receive comprehensive medicines advice.

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. The practice was aware of the challenges in collecting patient feedback and was actively trying to increase the items of patient feedback.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used up to date information technology systems to monitor and improve the quality of care. These systems were now in line with the other local practices in preparation for collaborative working.

- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved staff and external partners to support high-quality sustainable services. However, despite practice endeavours engagement with patients could be improved.

- 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. This was collaborated through our discussions with the school and care homes that access GP services from the practice.
- There was a patient participation group; however the activity of the group and numbers in the group had recently reduced. The practice was aware of this and there was active promotion of the group including promotion in the practice and on the website.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement within the practice and local community. For example, the practice told us they were negotiating new modern premises with the aim of creating a Primary Care Hub within the town centre.
- Staff knew about improvement methods and had the skills to use them. The practice had added new health care professionals to the clinical team to cope with an ever changing and ever increasing demand.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice was active and worked collaboratively with the CCG and the local GP Federation. (A Federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts).

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not assess the risks to the health and safety of service users receiving care and treatment; for example:</p> <ul style="list-style-type: none">• There was not a process or system to ensure that appropriate actions were taken in response to all applicable patient safety, medicine safety and device alerts. <p>This was in breach of regulation 12 (1) (2) (a and b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>