

# John Ryle Medical Practice

## Quality Report

Clifton Cornerstone  
Southchurch Drive  
Clifton  
Nottingham  
NG11 8EW

Tel: 0115 9212970

Website: [www.johnrylemedicalpractice.co.uk](http://www.johnrylemedicalpractice.co.uk)

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at John Ryle Medical Practice on 16 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and near misses, and we saw evidence that learning was applied.
- The practice used proactive methods to improve patient outcomes. For example, education courses were offered to patients with long term conditions such as diabetes and working with the local diabetes specialist nurse to improve the wellbeing of patients. There was evidence of improved engagement with patients who have diabetes.
- Feedback from patients about their care was consistently positive. Data from the national GP

survey was consistently high and this included confidence in care provided by GPs, where 98% of patients surveyed said they had confidence and trust in the last GP they saw or spoke to.

- There was evidence of planned and co-ordinated patient care with the wider multi-disciplinary team to plan and deliver effective and responsive care to keep vulnerable patients safe.
- The practice actively reviewed complaints to see if there were any recurrent themes, and identified issues where learning could be applied to improve patient experiences in the future.
- The practice had a clear vision which had improving health and wellbeing as its top priority. There was strong and visible clinical and managerial leadership with effective governance arrangements, and staff told us that they were well-supported and felt valued by the management.

However, the areas where the provider should make improvement are:

- The provider should consider providing opportunities for all staff to meet.

# Summary of findings

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an open culture in which all safety concerns reported by staff were dealt with effectively, and a system was in place for reporting and recording significant events.
- The practice had robust processes in place to investigate significant events and lessons were shared at monthly team meetings, to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were designated leads in areas such as safeguarding children and infection control with training provided to support their roles.
- Risks to patients were recognised by all staff and were well managed. The practice had systems in place to deal with emergencies, and arrangements for managing medicines were robust.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- Data showed that the practice was performing consistently in line with local practices on the Quality and Outcomes Framework (QOF). Patient outcomes for indicators such as heart failure and mental health were better than the local CCG averages.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. There were regular multi-disciplinary meetings with community matrons and care coordinators to discuss patients at risk of admission to hospital.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 87% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the CCG and national average of 82%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were strongly positive and aligned with our findings.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said there was a considerable wait to make an appointment with a named GP. However, they found the unlimited urgent same day appointments helpful.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of services within its premises. Patients were encouraged to self-refer to the service as well as to podiatry and physiotherapy services. Other clinics held in the practice included diabetic retinopathy screening.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings for the different staffing groups.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was engagement with the patient participation group which looked at ways to improve patient experience.
- There was evidence of continuous improvement through shared learning from the collaboration with neighbouring practices on peer reviews, research projects and altering their services to provide consistent health care to the residents of the area.

# 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.

Good



- The practice had a significantly high elderly population with approximately 17% aged over 65 years, compared to the CCG average of 11%. They offered proactive, personalised care to meet the needs of the older people in their population.
- GPs were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Staff told us they made use of their close proximity with the district nurses to communicate daily on patients under their care.
- The practice provided medical services to elderly patients resident in care homes. Feedback from a care home where approximately eight residents are registered patients indicated that GPs carried out review visits and responded to urgent requests promptly when needed. They told us the GPs worked effectively with other healthcare teams to ensure patient needs were met and referrals to other services were made promptly.
- All patients aged over 75 years old had a named GP for continuity of care.
- Data from 2014/15 showed 71% of eligible patients aged over 65 years were given flu vaccinations.
- Staff told us they noted low admission rates relating to elderly patients, despite high elderly population of the practice. They attributed their success to the care and easy access to services offered to by the practice.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 92% on QOF in 2014/15. This was in line with the CCG average of 92% and the national average of 95%. The practice told us they their QOF performance had improved to 96% for 2015/16 but this data was not yet verified and published. The practice staff attributed their success to their recall system for people with long term conditions. A structured annual review was carried out to check their health and

# Summary of findings

medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- QOF achievement on indicators for diabetes was in line with or above CCG averages. For example, the percentage of patients with diabetes, on the register who had their blood pressure taken within the preceding 12 months was 76%, compared to a CCG average of 74% and national average of 78%. The practice worked collaboratively with a community specialist diabetes nurse on their more complex patients with a diabetes diagnosis, and referrals were made to diabetic retinopathy screening to improve outcomes for the patients.
- QOF achievement on indicators for atrial fibrillation and chronic obstructive pulmonary disease were above national averages. The practice achieved 100% on atrial fibrillation, compared to a CCG average of 98% and the national average of 99%.
- There were a large number of leaflets providing education and self-care advice and patients were directed to online resources. The practice actively encouraged patient education sessions for patients with conditions such as diabetes, for example a type 2 diabetes insulin course.
- The practice promoted self-referral to services such as podiatry, physiotherapy and psychological therapies, whose clinics were offered within the premises.
- Longer appointments and home visits were available and offered when needed to aid the management of long term conditions.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- The practice worked closely with midwives, health visitors and family nurses attached to the practice. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- The practice held meetings every three months with the health visitor, and also reviewed any children on a child protection plan at their clinical meetings. Feedback from the health visitor was positive about the practice involvement and supportive staff.
- Immunisation rates were above the CCG averages for standard childhood immunisations. Vaccination rates for children under

Good





# Summary of findings

two years old ranged from 97% to 99% compared against a CCG average ranging from 91% to 96%. Vaccination rates for five year olds ranged from 96% to 100%, compared to the CCG average of 87% to 95%.

- Appointments were available outside of school hours with urgent appointments available on the day for children and babies. Additionally, staff liaised with the paediatricians based in the same building on patients under their care.
- Joint appointments with the GP and practice nurse were offered for the eight week post-natal check. This allowed mothers and babies to have their post-natal check, baby check and first immunisation done in one visit.
- The practice offered a full range of family planning services including fitting of intra-uterine devices (coil) and contraceptive implant fitting.
- The premises were suitable for children and babies. Baby changing facilities were available and the practice accommodated mothers who wished to breastfeed.

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

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone appointments and unlimited same day appointments. However, there were limitations to the opening hours the practice could offer patients due to the lease of the building which restricted times they could open and close, with no weekend opening allowed.
- The practice was proactive in offering additional online services such as online prescription requests, appointments, and accessing medical records to view test results.
- Practice supplied data indicated 342 patients had been invited for NHS health checks targeted at people aged 40 to 74, and of these 30% had attended a review.
- There was a full range of health promotion and screening information in the practice that reflects the needs for this age group. Self-referral was encouraged for accessing psychological services, podiatry and physiotherapy.

Good



# Summary of findings

- The practice's uptake for cervical screening for eligible patients was 82%, which was the same as the CCG average and national average of 82%. They attributed their success to their reception staff's active recall and follow up system.
- Breast and bowel cancer screening data was broadly in line with or higher than CCG and national averages. For example, the proportion of patients who were screened for bowel cancer within six months of invitation was 56%, compared with a CCG average of 50% and a national average of 55%.
- Data from 2014/15 showed 76% of patients aged over 15 years old recorded as current smokers were offered support and treatment within the preceding 24 months.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There were 580 people identified as vulnerable (9% of the practice population).
- Practice supplied data indicated in 2015/16 there were 28 patients on the learning disabilities register, and 25 of them had been reviewed in a face to face consultation. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Feedback from the community matron was positive about coordinating patient care, with joint visits carried out by the GPs and the community matron where necessary.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff told us they were aware of how to access interpreting and text talk services for their patients with hearing impairment, and an interpreter could be arranged for those who could not speak in English through Language Line translation service.

# Summary of findings

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 58 patients as carers (1% of the practice population), and staff told us they were continually working towards identifying more carers, including young carers.

## 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).

- Practice supplied data showed that in 2015/16, 91% of patients diagnosed with complex mental health conditions who had their care reviewed in a face to face meeting in the preceding 12 months.
- In 2014/15, 81% of patients diagnosed dementia had their care reviewed in a face to face meeting in the preceding 12 months, compared to the CCG and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice carried out advance care planning for patients considered at risk of mental health conditions.
- The practice had told patients experiencing poor mental health about how to access various support groups and local voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- A psychotherapy service held counselling clinics at the practice.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 305 survey forms were distributed and 118 were returned. This represented a response rate of 39% and approximately 2% of the total practice population.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 88% of patients described the overall experience of this surgery as good compared to the CCG average of 85% and national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 completed comment cards, 28 of which were positive about the care and attention received from the whole practice team. However, seven patients commented it was not always possible to get an appointment before two weeks and the opening times were not suitable for working patients. There was a common theme around patients being treated with dignity and respect and with compassion and kindness, especially by the reception team.

We also spoke to seven patients including two members of the Patient Participation Group (PPG). Some patients told us they did not like to wait two weeks to see their GP of choice, opting for the same day urgent appointments operated on a 'sit and wait' basis. Most patients we spoke to did not feel rushed during appointments.

The results of the practice Friends and Family Test (FFT) in July 2016 were very positive with 93% of respondents saying they would recommend the practice to their friends and family.

## Areas for improvement

# John Ryle Medical Practice

## 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 and an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

## Background to John Ryle Medical Practice

John Ryle Medical Practice provides primary medical services to approximately 6300 patients through a general medical services (GMS) contract. The practice is located in the Clifton area of Nottingham, approximately five miles from the city centre.

The practice was formed in the 1950s and has been running for over 60 years. It is located in a purpose built centre on a lease from NHS Property Services. The centre incorporates another GP practice, community healthcare teams and social care facilities.

The level of deprivation within the practice population is above the national average. The practice is in the second most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than most areas. Data shows number of people aged over 65 years registered at the practice is significantly higher than the CCG average but in line with the national average, and the proportion of people aged below 18 years old is slightly higher than the CCG and national averages.

The medical team comprises of four GP partners (one female and three males), three practice nurses and three health care assistants. They are supported by an

administration team of ten members, some of whom have dual roles, and a practice manager. It is a teaching practice for first, second and fifth year university medical students as well as allied health professionals.

The practice is open from 8am to 6.30pm on Mondays, 8.30am to 6.30pm on Tuesdays, Wednesdays and Friday; and 8am to 12.30pm on Thursdays. Appointment times start at 8.30am and the latest appointment offered at 6pm daily. The practice does not provide the extended hours service.

When the surgery is closed, including Thursday afternoons, patients are advised to dial NHS 111 and they will be put through to the out of hours service which is provided by Nottingham Emergency Medical Services.

## 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 August 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (GPs, nurse, administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of 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 were provided for specific groups of people and what good care looked 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).

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.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there were recording forms available in the practice. There was a comprehensive incident management procedure in place. The practice carried out a thorough analysis of the significant events. Lessons learned were shared through discussion at routine meetings and training sessions.
- The practice adopted a blame free culture once a significant event had been reported and supported staff through an investigation into the event. All significant events were discussed at weekly meetings with the GPs, practice manager, assistant practice manager and a practice nurse. Actions were then cascaded to the various staff groups. They were reviewed quarterly for common themes and trends. Staff told us they felt comfortable with raising concerns at any time. Meetings were rotated so that staff who work part time had the opportunity to attend. Minutes were recorded and shared with the practice team.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to prevent the same thing happening again.
- There was evidence obtained through patient searches of how they had responded to alerts in checking patients' medicines and taking actions to ensure they were safe. A log was kept of medicines alerts they had received and acted on.

### Overview of safety systems and processes

The practice demonstrated they had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a lead GP responsible for child and adult

safeguarding and staff were aware of whom this was. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had received training relevant to their role and GPs were trained to the appropriate level to manage child safeguarding (Level 3).

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurses all shared the role of infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Bi-annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included proof of identification, references, qualifications, registration with the appropriate body and the appropriate checks through the Disclosure and Barring Service.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Controlled drugs were appropriately secured and managed. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The health care assistants and nurses were trained to administer vaccines and medicines against patient specific prescriptions or directions from a prescriber.

# Are services safe?

- The practice had a system in place for acting on information received from the Medicines and Healthcare Regulatory Agency (MHRA).

## Monitoring risks to patients

Risks to patients and staff were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills overseen and managed by NHS Property Services. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off the practice site.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice staff demonstrated that they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including the local Clinical Commissioning Group (CCG) and National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to keep all clinical staff up to date through clinical meetings and emails circulated by the practice manager. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence of regular meetings where new guidelines were discussed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 92%, compared to a CCG average of 92% and a national average of 95%. Practice supplied data showed they had improved to 96% in 2015/16, although this has not yet been verified and published. GPs told us they reviewed their performance and noted improvements in smoking cessation advice offered to patients and management of patients with diabetes.

They had an exception reporting rate of 8%, in line with the CCG and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Performance in all areas was broadly in line with local and national averages. Data from 2014/15 showed:

- Performance for diabetes related indicators was 81%, compared to the CCG average of 79% and the national average of 89%. The exception reporting rate for diabetes indicators was 8%, lower than the CCG average of 10% and the national average of 11%.

- Performance for mental health related indicators was 87%, compared to the CCG average of 89% and the national average of 93%. The exception reporting rate was 7%, lower than the CCG average of 11% and national average of 11%.
- Performance for hypertension related indicators was 100%, compared to the CCG average of 97% and national average of 95%. The exception reporting rate was 3%, lower than the CCG average of 4% and national average of 4%.

Clinical audits were undertaken within the practice.

- There had been 12 clinical audits undertaken in the last year. One of these was a completed audit where the improvements made were implemented and monitored. The practice completed an audit to review patients who had declined invitations to attend bowel screening. The practice encouraged patients to attend by offering a personalised approach and discussing the procedure with patients. A repeat of the audit indicated improved attendance rates.
- Other audits undertaken in the year but not repeated included the use of warfarin (a medicine which increases the time blood takes to clot), the use of antipsychotic medicines, minor surgery, referrals and waiting times for patients who have been diagnosed with cancer.
- The practice participated in local audits, national benchmarking, accreditation and peer reviews. There was evidence of regular engagement with the CCG on medicines management and involvement in peer reviews.

Staff were proactive in supporting people to live healthier lives, with a focus on early identification and prevention and treatment within primary care. The practice regularly assessed their performance in areas such as admissions and referrals. For example, between April 2014 and March 2015:

- An average of approximately 270 patients per 1000 attended the A&E department, compared to a CCG average of 250 patients per 1000. The practice was ranked 32 out of 59 compared to the other practices in the CCG.

# Are services effective?

## (for example, treatment is effective)

- An average of approximately 93 patients per 1000 from the practice attended the hospital as emergency admissions. The practice was ranked 32 out of 59 compared to the other practices in the CCG.

The practice analysed their performance and continually encouraged patients not to attend A&E and access the same day urgent appointments offered. Staff noted there was a direct bus service from outside the practice to the nearest A&E department which made it convenient for patients to access the hospital.

Vulnerable patients at risk of admission to hospital were managed proactively through the unplanned admissions register enhanced service. The practice had identified 2% of their practice population who were eligible for this criteria. Under this service, all visit requests from patients on the register were triaged promptly and arrangements were in place to ensure they were seen as appropriate. They were discussed at the monthly multidisciplinary meetings attended by a GP, community nurse, community matron and care coordinator with actions recorded for each patient.

### Effective staffing

We saw staff had a range of skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff including locum doctors. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. In addition, there was a health and safety handbook tailored for medical students.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included a training policy, ongoing support, one-to-one meetings, coaching and

mentoring, protected learning time, clinical supervision and facilitation and support for revalidating GPs and Nurses. All staff had received an appraisal within the last 12 months.

- We saw evidence of collaborative working with the district nurses and community matrons, particularly for palliative patients using the Gold Standard Framework (GSF), Nottinghamshire Electronic Palliative Care Co-ordination Systems (ePaCCs) register and Special Patient Notes to ensure effective communication between agencies including the Ambulance Service and out of hours GP service.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made use of the close proximity with the community teams by making referrals promptly and discussing them in person.
- The practice had a system linking them to the hospitals so that they were able view test results completed in hospital instead of waiting to receive discharge letters. The GP out of hours service used the same clinical system as the practice therefore sharing patient information occurred seamlessly.
- GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt, and patients were informed in a timely manner if the initiating GP was away from the practice.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence of meetings with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

# Are services effective?

(for example, treatment is effective)

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We saw evidence of completed consent forms for minor surgery procedures.

## Supporting patients to live healthier lives

Staff were proactive in identifying patients who may be in need of extra support to live healthier lives and promote their health and wellbeing. For example:

- The practice proactively identified patients with dementia to ensure that support was put in place for the patients and their carers in a timely manner.
- The practice offered NHS health checks and alcohol screening to encourage healthy lifestyles and early

detection of any potential long term conditions. In addition to this, the practice referred patients to a range of services such as weight management, smoking cessation and alcohol clinics.

The practice's uptake for the cervical screening programme was 82%, which was the same as the CCG and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 57% of eligible patients were screened for bowel screening in the preceding 30 months, compared to the CCG average of 54% and national average of 58%. There were 71% of eligible patients screened for breast cancer in the preceding 36 months, compared to the CCG average of 70% and national average of 72%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme, and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% (CCG range from 91% to 96%) and five year olds from 96% to 100% (CCG range from 87% to 95%).

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 38 completed comment cards, all of which were entirely positive about the care and attention received from the whole practice team. There was a common theme around patients being treated with dignity and respect and with compassion and kindness. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. This aligned with feedback received from a care home where some registered patients resided.

Feedback from patients who used the service, carers and community teams was continually positive about the way staff treated people. Examples included:

- Encouraging patients with diabetes to attend courses educating them on how to manage their conditions and actively take ownership of their care.
- The reception staff greeted patients by name and were always polite and friendly.
- The practice had written to all patients with a disability to ask how they would prefer the practice to communicate with them, for example, using large print, braille or coloured paper.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores were in line with national averages. For example:

- 92% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 88% of patients said the GP gave them enough time, which was the same as the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern which was the same as the CCG and national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. Patients felt referrals were made appropriately and they were educated in the management of their long term conditions. We also saw that care plans were personalised.

The practice cared for patients from different backgrounds and differing lifestyles, some of whom had significant challenges with compliance with recommended care and treatment. However, the practice actively engaged all patients.

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

## Are services caring?

- 94% of patients said the last GP they saw was good at explaining tests and treatments, which is the same as the CCG average of 85% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. For example, there was information related to carers, dementia

and mental health. Information about support groups such as Carers Federation, New Leaf and Physiotherapy service was displayed. We saw an information board targeted at young carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 58 patients as carers (1% of the practice list). They had plans to work towards identifying more carers and this was documented in their business strategy. Patients were encouraged to identify themselves and offered information in carers packs.

Staff told us they were confident in recognising people in difficulty and those who could not cope with making appointments, allowing them to present themselves at reception and then ask the GPs to fit them in where possible.

Staff told us that if families had experienced bereavement, their usual GP contacted them via telephone. 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. This was in line with feedback received from patients on the bereavement support they received from the practice team.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered a range of appointments which included telephone appointments, and pre-bookable appointments. There were no closures at lunch time, allowing patients to access the practice all day.
- There were unlimited same day urgent appointments offered on a 'sit and wait' basis.
- There were longer appointments available for patients who needed them and they were encouraged to request for longer appointments if required.
- Patients could access appointments online and request repeat prescriptions using the electronic prescriptions service.
- Counselling clinics were held at the practice. Patients were encouraged to self-refer to this service, as well as other services accessible in the same building as the practice such as podiatry and physiotherapy.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those with medical problems that required same day consultation with an on call doctor. Drop in baby clinics were also offered by the health visitors on site.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available when required. A hearing loop was available in the practice.

### Access to the service

The practice was open at 8am on Monday and Thursday, and 8.30am on Tuesday, Wednesday and Friday. It closed at 6.30pm except on Thursday when it was closed at 12.30pm. Reception staff were available from 8am every day to take telephone calls. Appointment times with all clinical staff started at 8.30am. Pre-bookable appointments could be

booked up two weeks in advance for the GPs and three months in advance for the nurses. There was no extended opening hours service offered due to limitations of the premises lease. Staff told us practice opening hours were planned to increase from April 2017 to open on Thursday afternoons for routine and urgent appointments.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours, compared to the CCG average of 78% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 88% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 84% and the national average of 85%.

Feedback from patients indicated they were able to see a GP or nurse when they needed them. The practice had identified that compliance with appointments was difficult for vulnerable people, so they encouraged these patients to present to reception whenever they felt the need for medical care and an appointment was offered to them on the day.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area.

We looked at 15 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Apologies were given to people making complaints where appropriate. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and actions were taken as a result to improve

# Are services responsive to people's needs?

(for example, to feedback?)

the quality of care. For example, complaints were discussed at weekly meetings and subsequently reviewed quarterly for any trends so that any learning is shared, and changes to policies and procedures are implemented as a practice team.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement centred on improving the health and wellbeing of those they care for. Their vision was to work in partnership with patients and staff to provide the best primary care services governed by local and national guidelines and regulations. There was a patient charter given to all new patients, explaining patients' rights to medical services.
- There was a documented business strategy for the next two years based on future plans relating to recruitment, succession planning and changes to contractual services.
- The practice considered the challenges to providing good patient care and planned its services accordingly. For example, there was an approved housing development in the area which was likely to increase their patient list size. Therefore, the practice was increasing its opening hours to provide appointments on Thursday afternoons, and continued to work closely with their CCG and neighbouring practices in planning their services.

### Governance arrangements

The practice had an effective governance framework which supported the delivery of the strategy and good quality care. There was an appointed Governance Lead who supported the practice on governance issues. The governance framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All staff had clear responsibilities in both clinical and non-clinical areas.
- There was an appointed Caldicott Guardian within the practice responsible for protecting the confidentiality of patients and enabling appropriate information-sharing.
- Practice specific policies were implemented and were available to all staff. We saw that there were meetings where policies and changes were discussed.

- There were monthly clinical meetings held in addition to their weekly partner meetings attended by the practice manager and a nurse, to ensure staff worked to the same standards by discussing changes to clinical guidelines. Non-clinical staff were given updates at monthly meetings specific to them.
- There was a comprehensive understanding of the performance of the practice in respect of QOF achievement, access to appointments and patient satisfaction.
- The managers looked at staffing issues and actively provided cover from within the practice during leave of absence, reducing the need for employing additional locum doctors. Staff were trained for multiple roles to build resilience within the team.
- There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to lead the practice and ensure high quality care. These skills were used in providing care to patients within the practice. Staff told us the GPs were popular with their patients, and the management staff were approachable. They did not feel that a hierarchical structure existed between them and the GPs. Staff turnover was low, with most staff leaving due to retirement.

The managers encouraged a culture of openness and honesty. Constructive challenge from patients, carers and staff were encouraged and complaints were acted on effectively. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice reviewed all complaints for emerging themes so that lessons could be learned to avoid recurrence.

There was a clear leadership structure in place and staff felt supported by management.



# Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings between the staff groups which was evident from the minutes of meetings held. However, there were no meetings held for all staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. They were encouraged to undertake training funded by the practice where appropriate.
- A seasonal practice newsletter was used to update patients on practice news and tailor advice for patients on self-care in that season, for example sun protection advice in the summer edition.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the national patient survey. They had not carried out their own patient surveys since 2012 although some GPs had carried out practitioner-specific surveys. They reviewed the results at team meetings and discussed ways to continually improve the results and commend the team for positive results. A suggestion box was also available for patients in the waiting area.
- There was an active patient participation group (PPG) which met approximately three times a year with a membership of seven people. The meetings were attended by GPs available and the assistant practice manager. Information on how to join the PPG was available on the practice website, in the waiting area and in the practice newsletter. We spoke to two

members of the PPG who told us they had open discussions with the practice team about complaints and feedback from the Friends and Family Test to improve patient experience. Examples of changes instigated by the PPG included changing posters on a regular basis, some amendments to the patient announcement board to make the writing more legible and informing patients when the GPs were running late.

- Feedback from medical students was positive about their learning experience and support from the practice team.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt engaged to improve how the practice was run.

## Continuous Improvement

There was a focus on continuous learning and improvement within the practice and the wider local health community.

The practice was part of the Clifton Collaboration group of practices formed by the three local practices. The practices formed a research network and shared learning through peer reviews and discussing cost effective ways of working in preparation of new models of care in primary care. For example, the practice carried out a mental health clinical peer review to share learning on significant events relating to patients who have self-harmed. The outcome of the review was identification of common problems, and sharing best practice on how to overcome challenges in supporting patients who are at high risk of have experienced self-harm. Other research projects undertaken included the use of steroid inhalers in asthma and gout prevention.