

# Bingley Medical Practice

## Quality Report

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bingley Medical Practice on 12 January 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. Staff understood their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and safely managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they could book urgent appointments when they needed to and these were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. We found positive working relationships between the staff.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice offered a district wide immediate access service providing advice and support to people with mental health problems.

# Summary of findings

- A&E attendances were significantly lower than the national average with prevalence at 69% of the national average (2885 attendances in 2014 from a practice population of more than 12500) the third best performing practice in the CCG.

We saw areas of outstanding practice:

- The practice provided a 'temporary' practice manager to 'Bevan Healthcare' which provides services for homeless people, people in temporary or unstable accommodation, refugees or those seeking asylum and others who find it hard to access the health care and support they need. The practice works closely with other organisations and with the local community in ensuring bespoke services are provided to meet patients' needs.
- The practice had obtained the Leeds Clinical Teaching Excellence Award in 2012, only one other primary care organisation had achieved this award. The award took into consideration that Imperial College of London medical students chose this practice for out of London placements. The practice offered medical student training for Year 1, 2, 5 and

extended research students from the Leeds Medical School. The practice regularly had three GP registrars on placement and three of the partners were qualified trainers. Nurse mentoring was provided for nurses in training and qualified nurses. All the nurses were qualified nurse mentors for training. The practice offered work experience for A level students who hoped to study Medicine as a career.

- The practice had obtained the Quality Practice Award in 2011 via the Royal College of General Practitioners (RCGP). This involved an onsite visit which took place during a normal working day to assess the practice and interviews with members of staff.

The areas where the provider should make improvement are:

- Develop a more effective audit of the named GP prescription pads in order to make them more secure.

**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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were learned and shared widely throughout the practice, action was taken to improve safety in the practice and improve patient care.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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 people safe and safeguarded from abuse.
- The service had a dedicated Safeguarding lead who demonstrated a good understanding of the needs of the local population and promoted this within the practice.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff referred to best practice guidance including the National Institute for Health and Care Excellence.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked well with multidisciplinary teams, to understand and meet the range and complexity of people's needs.
- The practice PPG met on a bi-monthly basis.
- The practice management team was involved in local and national groups.
- The practice had obtained the Quality Practice Award in 2011 via the Royal College of General Practitioners (RCGP).
- A&E attendances were significantly lower than the national average with prevalence at 69% of the national average (2885 attendances in 2014 from a practice population of more than 12500) the third best performing practice in the CCG.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- 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.
- Staff treated patients courteously, with kindness and respect, and maintained confidentiality.
- Patient feedback regarding the practice was generally positive; however data showed that patients rated the practice higher than Clinical Commissioning Group (CCG) averages for most aspects of care.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said urgent appointments were available the same day and that the last appointment they had was convenient.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had an active patient participation group PPG. We spoke with five members of the group on the day of the inspection.
- The practice offered two self-check rooms for patients to check their blood pressure.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy as to how it would continue to meet patients' needs in the future. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. There were systems in place to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The PPG was encouraged to provide feedback and meet regularly.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had obtained the Leeds Clinical Teaching excellence award in 2012, only one other primary care organisation had achieved this award. The practice was recognised nationally as being an excellent base for providing the training and experience for new GPs and as a result medical students from the medical School of Imperial College London sought placements at Bingley Medical Practice. The practice regularly had three GP registrars on placement and three of the partners were qualified trainers. Nurse mentoring was provided for nurses in training and qualified nurses. All the nurses were qualified nurse mentors for training.
- The practice offered work experience for A level students who hoped to study Medicine as a career.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- We found easy access for those with poor mobility e.g. lifts and disabled parking.
- A large nursing home was located directly opposite the practice and the practice were proactively working with the home to make sure that the residents were supported appropriately.
- The practice held Palliative Care Gold Standard meetings involving District Nurses, GP's and the Macmillan nurse.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority
- The practice held a multi-disciplinary Long Term Conditions clinic weekly
- Outcomes for patients with diabetes were similar to the national average
- Longer appointments and home visits were available when needed
- All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- Access for this group was effective as the practice was open on Mondays 7am to 8pm.
- There were systems in place to identify and follow up children living in disadvantaged

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The numbers of women attending for cervical screening was in line with national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies with toys available.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- The practice routinely made early contact with new parents.
- There were alerts on patient records where there were active child protection plans.

## **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.
- The practice had introduced some online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a text messaging service to remind patients about appointments and consent for this was sought from patients before implementation.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice 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 people with a learning disability and annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- 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.
- We saw that seven adults were on the adult safeguarding register. There were alerts on patient records where there were active adult protection plans.

## 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).

- 45% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 93% of people experiencing poor mental health have a comprehensive care plan, 85% had a record of blood pressure, 90% had a record of alcohol consumption.
- Weekly counselling sessions were offered at the practice to patients.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow-up patients who may have been experiencing poor mental health, and who had attended accident and emergency.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- 72 Palliative care patients were on the practice register. Gold Standard Palliative care meetings were held every month.
- 112 mental health patients were recorded on the practice register. The practice had set up a service where Matrons visited care homes for proactive management (mainly for patients with Schizophrenia).
- 49 patients were on the learning disability register. Staff from the community trust attended some of these reviews and provided the practice with accessible information.
- The practice offer a district wide first response service for immediate access to advice and support for Mental Health problems.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 4 July 2015. The results showed the practice was performing at local and national averages. We noted that 238 survey forms were distributed and 95 were returned. This is a response rate of 40% (just under one per cent of the patient list) of those surveyed.

- 62% of patients found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 73% found the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 80% and a national average of 85%.
- 94% of patients said the last appointment they got was convenient compared to a CCG average of 90% and a national average of 92%.
- 64% of patients described their experience of making an appointment as good compared to a CCG average of 64% and a national average of 73%.

- 73% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 65% and a national average of 65%.

While the survey sample is small and the responses are generally in line with other practices, there appears to be some concern amongst patients about the receptionists. The practice was aware of these scores and was looking at ways to address and improve the scores in the future.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were positive about the standard of care received. One of the comment cards asked us to call the patient back and we as a result we spoke with the patient they told us that the practice were very helpful at all times.

We also looked at a summary of outcomes from the patient participation group (PPG) Patient survey which had recently been undertaken. There were six outcomes which were all planned and actions that were completed were recorded. This was shared by the practice to all the patients via the PPG.

We spoke with three patients during the inspection. All of these patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

- Develop a more effective audit of the named GP prescription pads in order to make them more secure.

## Outstanding practice

- The practice provided a 'temporary' practice manager to 'Bevan Healthcare' which provides services for homeless people, people in temporary or unstable accommodation, refugees or those seeking asylum and others who find it hard to access

the health care and support they need. The practice works closely with other organisations and with the local community in ensuring bespoke services are provided to meet patients' needs.

# Summary of findings

- The practice had obtained the Leeds Clinical Teaching Excellence Award in 2012, only one other primary care organisation had achieved this ward. The award took into consideration that Imperial College of London medical students chose this practice for out of London placements. The practice offered medical student training for Year 1, 2, 5 and extended research students from the Leeds Medical School. The practice regularly had three GP registrars on placement and three of the partners were qualified trainers. Nurse mentoring was provided for nurses in training and qualified nurses. All the nurses were qualified nurse mentors for training. The practice offered work experience for A level students who hoped to study Medicine as a career.
- The practice had obtained the Quality Practice Award in 2011 via the Royal College of General Practitioners (RCGP). This involved an onsite visit which took place during a normal working day to assess the practice and interviews with members of staff.

# Bingley Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector, a GP specialist advisor, a nurse practitioner and a practice manager specialist advisor.

## Background to Bingley Medical Practice

Bingley Medical Practice is registered with CQC to provide primary care services which include, access to GP's, the treatment of disease, disorder or injury, family planning services, surgical procedures, diagnostic and screening procedures and maternity and midwifery services. It provides services for 12,700 patients in Bingley and is part of NHS Bradford Districts Clinical Commissioning Group (CCG). The practice has a Personal Medical Services (PMS) contract.

There are similar numbers of male and female patients on the practice list, with higher numbers of young children accessing the practice than the national average.

The practice has six GP partners and a practice manager. There are two female GPs and four male GP's who work at the practice, two nurse practitioners, a practice nurse manager and health care assistants.

The practice is open Monday 7am to 8pm, Tuesday to Friday from 8am to 6:30pm. Patients can book appointments up to two weeks in advance. Out of hours care is provided by Local Care Direct, they can be contacted via the surgery telephone number. A further option is to contact the NHS helpline by dialling 111 or consult NHS Direct online.

Bingley Medical Practice is located at Canalside Health Care Centre and is a LIFT (Local Improvement Finance Trust) building which also houses another GP practice. A branch of a local pharmacy Chemist and a number of BDCT (Bradford District Care Trust) services operate including Physiotherapy, District Nurses, Midwives, Health visitors, School nurses, Podiatry and Speech therapy. The practice has a branch surgery 'Cross Flats Surgery' located on the same site as a Residential Care home 'Thompson Court' at East Morton. This site was also visited as part of the inspection.

The practice population differs considerably from the Bradford Districts CCG and national age distributions. There are more older (20% aged over 65 years compared with 15% in the CCG and 17% nationally) and fewer younger patients (16% aged under 14 years compared with 21% in the CCG and 17% nationally).

One per cent of the practice's population is of South Asian origin compared with 20% in Bradford. The practice's Eastern European population has increased in the last few years and now makes up 1% of the population. Only 33 patients require the use of an interpreter.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

# Detailed findings

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

## How we carried out this inspection

Before visiting this provider, we reviewed a range of information that we hold about the practice and asked Bradford District CCG and NHS England to share what they knew. We also reviewed policies, procedures and other information the practice provided before the inspection.

We reviewed the latest data available to us from the Quality and Outcomes Framework (QOF), the NHS choices website and the national GP patient survey. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We carried out an announced visit on 12 January 2016. During our visit we:

- Spoke with a range of staff, and patients who used the service.
- We observed communication and interaction between patients and staff, both face to face and on the telephone in the confidential area behind reception.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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.

- We met with five members of the PPG.
- We spoke to a member of the nurse practitioner team, a district nurse and a care home manager.

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

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

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

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

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

There was an effective system in place for reporting and recording significant events and there was an open and transparent approach. Complaints received by the practice were entered onto the system and treated as a significant event if appropriate.

- Staff told us they would inform the practice manager or a GP of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and these were discussed at a number of practice meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The staff told us they would arrange to meet face to face with patients to resolve their complaints if necessary.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a All the doctors were on the General Medical Council register with no restrictions and both nurses were on the Nursing & Midwifery Council register with no restrictions.
- Notices displayed in the waiting room and clinic rooms, advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). DBS checks identify whether a

person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Staff were aware of their responsibilities and where they would position themselves to chaperone effectively. We noted that some nurses who were due to act as chaperones in the future had not received training. The practice confirmed to us that they would train these staff members before they acted as chaperones.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw cleaning schedules that had been completed and the correct storage of cleaning equipment. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Annual infection control audits had been undertaken. We saw a copy of an infection control audit undertaken in April 2015. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and effective audit of the named GP prescription pads would aid in keeping the prescription pads more secure and avoid them being mislaid. The practice manager agreed that a new system would be introduced to safeguard prescription pads.
- We reviewed five personnel staff files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Completed induction packs, CVs, appraisals and training certificates were kept in a separate folder.

### Monitoring risks to patients

Risks to patients 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 with a poster displayed in the staff office. The practice had up to date fire risk assessments, fire training and carried out regular fire drills. Fire extinguishers had been recently

## Are services safe?

checked. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw calibration stickers and PAT testing stickers on equipment and these were all in date. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and we were given examples of how staff would cover for each other or when regular locum staff would be used.

### **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, there was also an

additional call button in the reception area and at numerous locations within the surgery. We saw that staff responded in a timely manner to an alarm activated in the disabled toilet whilst we were there.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There were also spillage kits, a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We saw a copy of the plan which was last updated a few months ago on the document management system.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The GP's and practice nurses we spoke to could clearly outline the rationale for their approaches to treatment.
- The practice monitored that these guidelines were followed through risk assessments, audits

We saw that information was shared using the document management IT system which also recorded who had read documents and these were discussed at clinical meetings.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 were 99% of the total number of points available, with 10% exception reporting. 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. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was much better than the CCG and national average. Practice 98% National 89%. The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 September to 31 March (01/04/2014 to 31/03/2015) was 97% compared to a national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was at the CCG and national average. Practice 85% CCG 84% National 84%.

- Performance for mental health related indicators was better than the CCG and national average. Practice 96% CCG 93% National 93%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 91% compared to a national average of 88%.

Clinical audits demonstrated quality improvement.

- We saw audits completed in the last year, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

A recent completed audit (December 2015) was conducted on COCP (combined oral contraceptive pill). Best practice is not to prescribe Dianette (functions as an effective contraceptive pill, provided it is taken correctly) if current BMI (body mass index) is greater than 30. Recommendations included considering setting up a prompt to ensure BMI and blood pressure were checked when prescribing Dianette. Findings were used by the practice to improve services.

A&E attendance were significantly lower than the national average with prevalence at 69% of the national average (2885 attendances in 2014 from a practice population of more than 12500) the third best performing practice in the CCG.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. One member of staff we spoke to told us that they had a review after four weeks of employment, progress was discussed and support given.



# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The practice provided a 'loan' practice manager to 'Bevan Healthcare' which provides services for homeless people, people in temporary or unstable accommodation, refugees or those seeking asylum and others who find it hard to access the health care and support they need. The practice works closely with other organisations and with the local community in ensuring bespoke services are provided to meet patients' needs.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had or were booked to have an appraisal in the next 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Protected learning time was offered to all staff on the fourth Wednesday of every month.

### 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 risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health, social care services and voluntary services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that clinical meetings took place every week, multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

The practice had a range of leaflets available to patients in the waiting area. These included information about social groups that would suit different ages and abilities.

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82% which was above the national average at 78%. There was a policy to offer

## Are services effective? (for example, treatment is effective)

telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds was 98%. Flu vaccination rates for the over 65s were 73%; this is at the national average, and at risk groups 51% which is slightly below to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Annual health checks were carried out for people with a learning disability.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous, patient and helpful to patients both attending the reception desk or on the telephone. People were treated 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared
- The reception desk had a lowered section to make it more accessible for wheelchair users.

The two patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with five members of the PPG. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt listened to by the practice and their views and ideas were regularly taken on board.

The PPG was involved in the development of the new build surgery and comments made were discussed with the practice management team. The members said that communication was honest and open and the management team regularly attended the meetings. Members of the group had been invited to assess issues such as increasing appointments for patients and to comment on disabled access.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for the majority of its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 90% said the GP gave them enough time during consultations, compared to the CCG average of 85%, and a national average 87%).
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95%, national average 95%.
- 96% said the last GP they spoke to was good at treating them with care and concern, CCG average 85%, national average 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern, compared with a CCG average of 89% and a national average of 91%.
- 76% said they found the receptionists at the practice helpful compared with a CCG average of 83%, and a national average of 87%.

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

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%
- 90% said the last GP they saw was good at involving them in decisions about their care compared to a CCG average of 79% and a national average of 82%

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

## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations, including notices encouraging people to become more involved in their local community.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

We were informed that advice and support to cope with bereavement was available from practice staff.

# 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. For example Gold Standard Palliative care meetings involving the district nursing team and Macmillan Nurses were regularly held. Common Assessment Framework (CAF) meetings were also held to identify and support vulnerable and at risk children.

- The practice offered extended opening hours every Monday 7am and 8pm on Mondays.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice had a lift to enable easy access for less mobile patients and parents of young children. Toys were available in several areas for younger children.
- The practice offered minor surgery including joint injections
- Text messaging services were used to remind patients about appointments.

### Access to the service

The practice was open between 7am and 8pm Monday, Tuesday to Friday 8am to 6:30pm. Appointments were from 8:30am to 6pm daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

People told us on the day that they were able to get appointments when they needed them.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 62% of patients said they could get through easily to the surgery by phone, CCG 71% and the national average of 73%
- 64% patients described their experience of making an appointment as good (CCG average 64%, national average 73%).
- 73% patients said they usually waited 15 minutes or less after their appointment time which was higher than the CCG average of 65% and a national average of 65%.

### 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
- We saw that information was available to help patients understand the complaints system

We looked at complaints received in the last 12 months and that these were appropriately dealt with in a timely way. Staff discussed concerns and complaints in clinical meetings and the Complaints policy was in place and readily available. Staff were aware of their responsibilities with regards to handling patient complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, as a result of patient feedback the practice offered more staff at reception during mornings and other busier times.

# 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 and staff knew and understood the values. The practice had a robust strategy and forward thinking business plans which reflected the vision and values and were regularly monitored and discussed. We were told that the practice ensured patients could access services locally and reduced the need to refer patients to other providers.

The practice clearly demonstrated a response to local and national initiatives and worked closely with three other practices. The practice stated they were involved in a federation with other GP practices in the area.

### Governance arrangements

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

- There was a staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff; the practice was beginning to use the Intradoc system to improve staff access.
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were clear arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Staff told us that they could discuss improvements and their own ideas were welcomed by the practice management team.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. Staff felt supported in their work and said they would feel comfortable in approaching the partners regarding any issues or concerns.

When there were unexpected or unintended safety incidents:

- The practice gave affected people appropriate support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- Being open and honest with patients was an embedded practice ethos we were told.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- We saw evidence of annual appraisals for staff.

### 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.

- It had gathered feedback from patients through the PPG, and through surveys and complaints received. There was an active PPG, which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.

The PPG met every two months. A number of suggestions made by the group have been actioned including website

# Are services well-led?

Good 

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

content, and waiting room layout. The PPG are involved in the practice leaflet and were very helpful when the practice moved into Canalside assisting at the open day and directing patients to the clinician rooms. More recently they have assisted at the flu clinic and held coffee mornings and fundraising for Hospice charities.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved in or led on the following projects:

- Bradford Healthy Hearts – The practice had an objective to reduce Cardio Vascular Disease related deaths by a minimum of 10% and prevent 150 strokes and 340 heart attacks by 2020.
- A business case was being assessed at Bradford Teaching Hospitals Foundation Trust (BTHFT) regarding the development of a specialist chest pain nurse service that would be led by the practice.
- Living Longer Better: End of Life Care (one off) Workshop was run by a GP.
- The practice had obtained the Leeds Clinical Teaching Excellence Award in 2012, only one other primary care organisation had achieved this award. The award took into consideration that Imperial College of London medical students chose this practice for out of London placements. The practice offered medical student training for Year 1, 2, 5 and extended research students from the Leeds Medical School. The practice regularly had three GP registrars on placement and three of the partners were qualified trainers. Nurse mentoring was provided for nurses in training and qualified nurses. All the nurses were qualified nurse mentors for training. The practice offered work experience for A level students who hoped to study Medicine as a career.
- The practice has obtained the Quality Practice Award in 2011 via the Royal College of General Practitioners (RCGP). This involved an onsite visit which took place during a normal working day to assess the practice and interviews with members of staff.