

# West Bar Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

**Good**



Are services effective?

**Good**



Are services caring?

**Requires improvement**



Are services responsive to people's needs?

**Requires improvement**



Are services well-led?

**Good**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Bar Surgery in Banbury, Oxfordshire on 27 July 2016. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for the provision of caring and responsive services. West Bar Surgery was rated as good for providing safe, effective and well-led services.

The concerns which led to these ratings apply to all population groups using the practice.

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 and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- Feedback from patients relating to quality of care was below local and national averages and feedback about access to appointments was poor.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice had good modern facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

# Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- Ensure that the practice engages with patients whilst reviewing the outcomes of the July 2016 national GP patient survey to determine appropriate action with a view to improving the patient experience.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

There was an area of practice where the provider needs to make improvements. Importantly, the provider must:

# 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 effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- National patient safety and medicine alerts were disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had a comprehensive understanding of clinical performance and could evidence improved patient outcomes. For example, QOF data from 2015/16 demonstrated performance relating to hypertension (high blood pressure) indicators showed the practice had achieved 100% of targets.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- The training manager had robust arrangements ensuring all staff had the skills, knowledge and experience to deliver effective care and treatment. There was a system to identify when staff had training and when it would need to be updated.

# Summary of findings

- There was a programme of staff appraisals and evidence of performance monitoring, identification of personal or professional development.
- A number of practice staff were completing additional National Vocational Qualifications. The practice was also part of a local apprentice programme; there were two current apprentices at the practice on a two-year apprenticeship to gain a level two diploma in business administration.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as requires improvement for providing caring services as there are areas where it must make improvements.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Verbal and written patient feedback highlighted patients 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.
- However data from the latest national GP patient survey (published in July 2016) showed that patients did not rate the practice as highly for the vast majority of aspects of care as other practices in the area or nationally. For example:
- 73% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care. This was lower when compared to the clinical commissioning group (CCG) average (84%) and national average (82%).
- 70% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care. This was significantly lower when compared to the CCG average (87%) and national average (85%).
- The majority of verbal and written feedback received on the day of the inspection, did not align to these views.
- Support was available at the practice and externally for those suffering bereavement or that had caring responsibilities for others. The practice had identified 444 patients, who were also a carer; this amounted to 2.6% of the practice list.

**Requires improvement**



# Summary of findings

- 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.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services as there are areas where it must make improvements.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Oxfordshire Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good modern 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.
- However, written and verbal feedback and data collected via the national GP patient survey reported patients found it difficult to access the practice via telephone and therefore difficulty in booking GP and nurse appointments. For example:
- 61% of patients said they found it easy to get through to West Bar Surgery by telephone, CCG average was 84% and national average was 73%.
- 41% of patients said they usually got to see or speak to their preferred GP, the CCG average was 68% and the national average was 59%.
- 47% of patients described their experience of making an appointment as good, the CCG average was 80% and the national average 73%.
- Further written and verbal feedback received indicated the Monday morning walk in and wait service was excellent, although it did get very busy. Patients also said urgent appointments with another GP were usually available the same day.
- West Bar Surgery had responded to previous patient feedback but it was too early to assess whether the changes made were effective.

**Requires improvement**



# Summary of findings

## 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 to West Bar Surgery 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 governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. The practice had previously monitored and managed all patient feedback, but were not aware of the most recent national GP patient survey results which was published two weeks prior to the inspection.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels. Immediately after our inspection, we were sent an updated plan which included aspects of our initial feedback we provided at the end of the inspection. This demonstrated the service was reactive to our feedback and confirmed their focus of continuous improvement.

# 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 requires improvement for the care of older patients. The provider was rated as requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- West Bar Surgery was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice identified if patients were also carers; information about support groups was available in the waiting areas.
- The practice provided medical care to 12 local care homes and weekly ward rounds with a lead GP designated to one of the homes. The designated GP held regular sessions at the home to review patients with non-urgent health problems; this time was also used to proactively identify and manage any emerging health issues and undertake medication reviews.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above local and national averages. For example, 93% of West Bar Surgery patients who have had a stroke or transient ischaemic attacks (TIA, known as 'mini strokes') had a record of a referral for further investigation between three months before or one month after the date of the latest recorded stroke or the first TIA. This was higher when compared to the clinical commissioning group (CCG) average (89%) and the national average (88%).

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**





# Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 97% of targets which was higher when compared to the CCG average (94%) and the national average (89%).
- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).
- Longer appointments and home visits were available when needed.
- In June 2016, a pharmacist joined West Bar Surgery to support the GPs and complete medicine management reviews.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 A&E attendances.
- Immunisation rates were in line with local averages for all standard childhood immunisations.
- 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 practice's uptake for the cervical screening programme was 84%, which was similar when compared to the CCG average (83%) and the national average (82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies. West Bar Surgery actively supported breast feeding mothers. For example, there was a clear signage welcoming breast feeding mothers and a private space was available.

**Requires improvement**



# Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.
- West Bar Surgery and the branch surgery (Hardwick Surgery) had a full range of appointment times and types of appointments for working age patients.
- Phlebotomy services were available at the practice which meant patients did not have to attend the hospital for blood tests.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- All patients with a learning disability were invited to attend the practice for an annual health check. The invitation was written in an 'easy read' format (easy read refers to the presentation of text in an accessible, easy to understand format). Patients were also telephoned the day before their planned health check to act as an appointment reminder. In 2014/15, West Bar Surgery had contacted 100% of patients with a learning disability and were offered an annual health check, 57% of people with a learning disability had a health check. Data for 2015/16 showed an improvement, again 100% of patients with a learning disability were contacted and offered an annual health check and there was an increase in uptake as 63% had a health check. We saw evidence that these had been followed up.

Requires improvement



# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- There was a Monday morning sit and wait appointment system to see a GP. This was a busy service, on most Mondays over 100 patients were seen within the four hour session and was popular with people whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 83% of people experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was lower when compared to the CCG average (89%) and national average (88%).
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was similar when compared to the local CCG average (85%) and the national average (84%).
- West Bar Surgery staff described a full practice ethos to ensure all patients received the correct care and treatment. As a result, exception reporting was low. 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. Exception reporting for mental health indicators was 6%, significantly lower when compared to the CCG average (12%) and the national average (11%).

**Requires improvement**



## Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had lower performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. On behalf of NHS England, Ipsos MORI distributed 259 survey forms and 109 forms were returned. This was a 42% response rate and amounted to approximately 0.6% of the patient population.

- 61% of patients found it easy to get through to this practice by telephone (CCG average 84%, national average 73%).
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 71% of patients described the overall experience of this GP practice as good (CCG average 90%, national average 85%).
- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 83%, national average 78%).

During the inspection we discussed these survey results and low levels of patient satisfaction. The results were published two weeks prior to the inspection, although the practice were unaware of the latest results, there had been various actions and full engagement with the patient participation group (PPG) to improve the overall patient experience. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

Following the inspection, West Bar Surgery submitted an action plan directly to CQC with 26 specific, measurable and timely actions with a view to improve patient satisfaction.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which gave a positive view on the standard of care received whilst a negative view in terms of access to appointments. However, 80%, 19 out of 24 comment cards referred to a recent improvement in services and 70% (16 out of 24) were wholly positive. Many patients commented on receipt of excellent service from the GPs and nurses, whilst highlighting a problem with access to appointments.

We spoke with 12 patients during the inspection, including three members of the patient participation group. Verbal feedback aligned to the mixed level of satisfaction which was highlighted in the written feedback. All 12 patients highly praised the care they received and thought staff were approachable, committed and caring.

Further verbal and written feedback highlighted that long term health conditions were well monitored and supported.

We also spoke with one of the local nursing homes for frail, elderly and terminally ill patients which West Bar Surgery provides GP services for. They told us the practice was very responsive to patients needs including complex medicine needs and treated them with dignity and respect.

During the inspection we reviewed information and patient feedback about the practice collated via the NHSFriends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

- West Bar Surgery achieved a 79% satisfaction rate in the NHS Friends and Family Test in June 2016, 91% in May 2016, 81% in April 2016 and 80% in March 2016.

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that the practice engages with patients whilst reviewing the outcomes of the July 2016 national GP patient survey to determine appropriate action with a view to improving the patient experience.

# West Bar Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to West Bar Surgery

West Bar Surgery is a GP practice located slightly to the west of Banbury town centre on the second floor of a modern building in Banbury in north Oxfordshire. There is a branch surgery; known as Hardwick Surgery was is located approximately two miles away in the Ferriston area of Banbury. West Bar Surgery is one of the practices within Oxfordshire Clinical Commissioning Group (CCG) and provides general medical services to approximately 16,950 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Services are provided from:

- West Bar Surgery, South Bar House, 6 Oxford Road, Banbury, Oxfordshire OX16 9AD
- Hardwick Surgery, Ferriston, Banbury, Oxfordshire OX16 1XE

We visited both West Bar Surgery and Hardwick Surgery during the inspection.

According to data from the Office for National Statistics, Oxfordshire has minimal economic deprivation. However, the practice provides GP services within the second highest area of deprivation within Oxfordshire, with the highest

number of patients outside of Oxford on opioid substitution therapy (a therapy which supplies illicit drug users with a replacement drug) and the highest number of children subject to Child Protection Plans in Banbury.

The age distribution of the registered patients is largely similar to the national averages. Although there is a slightly lower than average number of patients aged between 20 and 29 years of age.

The practice provides GP services to two local independent schools (approximately 413 patients). The practice population also has a proportion of patients in 12 local care homes (approximately 130 registered patients).

Ethnicity based on demographics collected in the 2011 census shows the population of Banbury and the surrounding area is predominantly White British with 5.7% of the population composed of people with an Asian background and 1.4% of the population composed of people with a Black background.

Over the previous year the practice has seen a significant amount of change, including changes of key members of staff including GP Partners, the practice manager and departmental managers.

The practice comprises of six GP Partners (three female and three male), two salaried GPs (one female and one male) and a GP Registrar (male). West Bar Surgery is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine. In addition, a pharmacist recently joined West Bar Surgery.

The all-female nursing team consists of two nurse practitioners, four practice nurses, two health care assistants and a phlebotomist.

# Detailed findings

The practice manager is supported by several departmental managers and a team of reception, administrative and secretarial staff who undertake the day to day management and running of West Bar Surgery.

West Bar Surgery is engaged with the apprentice programme and also has two apprentices who undertake administration and reception duties.

West Bar Surgery is open between 8am and 8pm every Monday (appointments between 8am and 7.45pm) and between 8am and 7.30pm Tuesday to Friday with appointments available from 8am to 7.15pm. The branch surgery (Hardwick Surgery) was open every Monday, Wednesday and Friday. On Monday the branch surgery was open between 2pm and 6.30pm with appointments available between 2pm and 6.15pm. On Wednesday and Friday the branch surgery was open between 8.30am and 12.30pm with appointments available between 8.30am and 12.30pm.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on both practices door and over the telephone when the surgery is closed.

## 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. This included information from Oxfordshire Clinical Commissioning Group (CCG), Healthwatch Oxfordshire, NHS England and Public Health England.

We carried out an announced visit to both West Bar Surgery and Hardwick Surgery on 27 July 2016. During our visit we:

- Spoke with a range of staff. These included GPs including the GP Registrar, nurses, the practice manager and several members of the administration and reception team.
- Also spoke with 12 patients who used the service.
- Observed how patients were being cared for.
- 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.
- Reviewed records relevant to the management of the service.
- Carried out observations and checks of the premises and equipment used for the treatment of patients.

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).



## Detailed findings

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.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a full comprehensive significant event analysis following a lack of awareness and incorrect treatment for a patient who had presented at an appointment with an injury.

This investigation highlighted the requirement for an update of clinical knowledge on the management of these types of injuries for the whole clinical team. The practice immediately arranged for this update, which also included an educational session with a consultant plastic surgeon. Further actions included a revision of the process, policy and supporting procedures to prevent this from happening again and an audit of all similar cases to ensure the revised policy was being adhered to. All staff we spoke with were aware of this change in policy and procedure.

### Overview of safety systems and processes

The practice 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. 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- Notices in the waiting areas of both practices advised patients that chaperones were available if required. All 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).
- Both surgeries maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurses had recently been appointed as the infection control lead. They had attended external training and had allocated time to complete this extended role which included liaison 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. Annual infection control audits for both surgeries were undertaken. We saw the latest audit from June 2016 and subsequent action that was taken to address any improvements identified as a result, for example one of the refrigerator handles had been replaced to reduce the risk of cross contamination.
- 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. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

## Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer influenza, vitamin B12 and pneumococcal vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found 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.

### 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 displayed which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked (July 2016) to ensure the equipment was safe to use and clinical equipment was checked (July 2016) 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.

- 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 enough staff were on duty at peak times of the day. The practice had experienced a significant amount of change in staff in the previous two years; as a result the practice had a strategic approach to the use of locum GPs to respond to patient demand. A locum is a person who stands in temporarily for someone else of the same profession.

### 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. A first aid kit and accident book 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.

# 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 were 98% of the total number of points available; this was similar to the local CCG average (97%) and higher when compared to the national average (95%). The most recent published exception reporting was higher when compared to the CCG and national averages, the practice had 14% exception reporting, the CCG average exception reporting was 10% and the national average was 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).

The full practice team were fully aware of the high exception reporting rate and following the 2014/15 results there was a clinician team action plan to ensure all patients received appropriate care and treatment. More recent data indicates the action plan had worked and QOF data submitted for 2015/16 reports West Bar Surgery exception reporting was 6%, an 8% improvement on the previous years data.

Data from 2014/15 showed the practice was in line with the majority of QOF (or other national) clinical targets:

- Performance for diabetes related indicators showed the practice had achieved 97% of targets which was higher when compared to the CCG average (94%) and the national average (89%).
- Performance for hypertension (high blood pressure) related indicators showed the practice had 90% of targets which was lower when compared to a CCG average (99%) and national average (98%).
- Performance for mental health related indicators showed the practice had achieved 90% of targets which was lower when compared to the CCG average (95%) and the national average (93%).

Data from 2015/16 provided before the inspection and discussed during the inspection, demonstrated performance relating to hypertension (high blood pressure) indicators had improved. For example, performance for hypertension related indicators showed the practice had achieved 100% of targets. This was a 10% improvement on previous year's performance despite a complete change in the patient records system in March 2016 and unforeseen data irregularities.

We also discussed the performance for mental health indicators and saw further evidence and staff described a full practice ethos to ensure all patients received the correct care and treatment. As a result, exception reporting for mental health indicators in 2014/15 was 6%, significantly lower when compared to the CCG average (12%) and the national average (11%).

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last year, three of these were completed audits where the improvements made were implemented and monitored. Although there was a wide variety of audits, the practice acknowledged there hadn't been a planned approach or programme of clinical audits. This was being addressed, was a top priority and would include members of the nursing team completing audits commencing with audits within their specialist fields for example, respiratory disease.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- We reviewed all three of the completed clinical audits and the findings which were used by the practice to improve services. For example, one audit we reviewed

# Are services effective?

## (for example, treatment is effective)

which concluded in April 2016, reviewed the management of West Bar Surgery patients who had been prescribed an anticoagulation (anticoagulants are medicines that help prevent blood clots) to manage diagnosed atrial fibrillation (an abnormal heart rhythm characterised by rapid and irregular beating).

- The first cycle of audit, indicated 53% of patients with atrial fibrillation had been contacted and asked to review the use of anticoagulant with their GP. Best practice standard was between 40-70%; whilst the practice had an in-house standard that 70% should be anticoagulated.
- In the last two years there has been a change in management of anticoagulation. This has been coupled with the increasing shift to managing these patients in primary care. As a consequence GPs have become responsible in part for discussing these choices with patients and then ensuring appropriate monitoring and follow up in primary care.
- The second cycle of audit, indicated 83% of patients were anticoagulated, above the in-house standard of 70% and a considerably improvement in the findings in the previous cycle (53%). One of the learning points from this audit identified those patients prescribed with anticoagulants need to have this entered on their notes even if prescribed by secondary care as there can be interactions when prescribing with other medicine.
- We saw plans of a further audit to ensure this improvement was maintained.

### Effective staffing

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

- West Bar Surgery had a training manager, who co-ordinated the induction programme and all the training for practice staff including the apprentices and GP Registrars.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, both of the nurse practitioners we spoke with

had recently attended an education study day, more commonly known as a 'Red Whale' study day which highlighted the latest issues, literature, research and guidelines within General Practice.

- The learning needs of staff were identified by the training manager and 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff have had an appraisal within the last 12 months. We reviewed anonymised examples of recent appraisals and saw the practice manager and training manager had already actioned the learning needs
- 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.
- A number of practice staff were completing additional National Vocational Qualifications. The practice was also part of a local apprentice programme; there were two current apprentices at the practice on a two-year apprenticeship to gain a level two diploma in business administration. The scheme has led to employment for previous apprentices, either in this practice or other local practices.

### 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.

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

# Are services effective?

## (for example, treatment is effective)

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation received support or were signposted to the relevant service.
- West Bar Surgery was also involved in a social prescribing pilot. Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that operates alongside existing treatments to improve health and well-being.
- Information from Public Health England showed 99% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was higher when compared with the CCG average (88%) and the national average (86%). Smoking cessation advice was available within West Bar Surgery every Tuesday and every Monday evening.

All patients with a learning disability were invited to attend the practice for an annual health check. The invitation was written in an 'easy read' format (easy read refers to the presentation of text in an accessible, easy to understand format). Patients were also telephoned the day before their planned health check to act as an appointment reminder. In 2014/15, West Bar Surgery had carried out annual health checks for 57% of people with a learning disability. Data for 2015/16 showed an improvement and this had increased to 63%.

The practice's uptake for the cervical screening programme was 84%, which was similar when compared to the CCG average (83%) and the national average (82%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England indicated partial success:

- 55% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was lower when compared to the CCG average (59%) and national average (58%).
- 75% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (75%) and higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were similar when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged between 90% to 99%, (CCG averages ranged between 90% to 97%) and five year olds from 90% to 96% (CCG averages ranged between 92% to 98%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. 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.

All of the 24 patient Care Quality Commission comment cards and all 12 of the patients we spoke with were positive about the service experienced. Patients comments highlighted they felt the staff were helpful, caring and treated them with dignity and respect.

Following the inspection, we spoke with one of the local nursing homes for frail, elderly and terminally ill patients which West Bar Surgery provides GP services for. They told us the practice was compassionate to patients needs and treated them with dignity and respect.

Results from the national GP patient survey did not align with these views. These results published two weeks prior to the inspection were below the local and national averages in regard to patients being treated with compassion, dignity and respect. Notably, satisfaction scores for consultations with West Bar Surgery GPs and nurses and interactions with receptionist staff was below the local and national averages. For example:

- 85% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 92%, national average 89%).
- 83% of patients said the last GP gave them enough time (CCG average 94%, national average 92%).
- 79% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 79% of patients said the nurses was good at listening to them (CCG average 92%, national average 91%).
- 83% of patients said the nurses gave them enough time (CCG average 94%, national average 92%).
- 83% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

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

Verbal and written patient feedback highlighted patients 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. We also saw that care plans were personalised and patient specific which indicated patient and their carers were involved in decisions about care and treatment

Results from the national GP patient survey showed the practice scored below local and national averages in relation to questions about patient involvement in planning and making decisions about their care and treatment. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 89%, national average 86%).
- 73% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 84% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 91%, national average 90%).
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Whilst we found GPs and nurses committed to involving patients in their care and giving time to explore treatment options. This commitment had not been reflected in patient opinion collected via the national GP patient survey.

## Are services caring?

We also saw some of the nursing team were currently completing higher level training for chronic disease management. Once this training was complete they would be better placed to involve patients in complex decisions.

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.

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

Patient information leaflets and notices were available in the patient waiting areas and on the practice website which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. In July 2016, the practice patient population list was 16,950. The practice had identified 444 patients, who were also a carer; this amounted to 2.6% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and a practice specific bereavement pack was sent. This 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.



# 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 Oxfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- West Bar Surgery was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting areas and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The practice had a step free access, a lift, an automatic door entrance to help those with mobility difficulties and a portable hearing loop to help patients who used hearing aids. Each consultation room was equipped with an adjustable couch for patients with limited mobility.
- Patients who wished to check their own blood pressure and their weight were encouraged to do so, there was a private area of the practice which contained equipment to allow patients to manage and record their height, weight and blood pressure.
- West Bar Surgery actively supported breast feeding mothers. For example, there was a clear signage welcoming breast feeding mothers and a private space was available for breast feeding mothers.
- The practice website was well designed, clear and simple to use featuring regularly updated information.

### Access to the service

West Bar Surgery was open between 8am and 8pm every Monday (appointments between 8am and 7.45pm) and between 8am and 7.30pm Tuesday to Friday with appointments available from 8am to 7.15pm. The branch surgery (Hardwick Surgery) was open every Monday, Wednesday and Friday. On Monday the branch surgery was

open between 2pm and 6.30pm with appointments available between 2pm and 6.15pm. On Wednesday and Friday the branch surgery was open between 8.30am and 12.30pm with appointments available between 8.30am and 12.30pm.

With a growing patient population list, increased demand and as a result of patient feedback, West Bar Surgery introduced a walk in and wait GP service. Every Monday morning patients can attend the surgery and sit and wait to see a GP. This was a highly popular service and on most Mondays over 100 patients were seen within the four hour session. Patients we spoke with on the day, praised this walk in and wait service, however they also commented it is very busy and slightly chaotic.

In addition to pre-bookable appointments, same day appointments were made available daily and urgent appointments were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly lower when compared to local and national averages. For example:

- 73% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 78% of patients who say the last appointment they got was convenient (CCG average 93%, national average 92%).
- 66% of patients were satisfied with the practice's opening hours (CCG average 77%, national average 76%).
- 61% of patients said they could get through easily to the practice by telephone (CCG average 84%, national average 73%).

Written feedback on CQC comment cards and verbal feedback regarding access to appointments was also poor. Patients commented they could get an urgent appointment however there was a long delay for routine appointments.

We reviewed the practice appointment system and found that there were urgent appointments still available on the

# Are services responsive to people's needs?

## (for example, to feedback?)

day of inspection and that routine appointments were available five days in advance. No feedback, written or verbal commented on the practice's opening hours or telephone access.

The practice was unaware of the results from the latest national GP patient survey in terms of low levels of patient satisfaction regarding access. The management team commented on significant changes within the practice which may have affected patient feedback. Changes included GPs leaving, a major change in IT systems to meet local and national plans on access, more recently a temporary suspension of on-line patient access to book appointments and a temporary suspension on text reminders about their appointments. These changes occurred around the time patients were surveyed and may have influenced their perceptions.

Using previous survey results and patient's feedback, the practice had implemented a series of changes with a view to improve access following previous survey results. For example:

- West Bar Surgery had increased the number of telephone lines from 12 to 21. During this increase there was short term but significant effect on patients contacting the surgery by telephone. Although still low, patient satisfaction regarding telephone access had increased by 6%.
- West Bar Surgery had recently opened telephone lines at 8am rather than 8.30am. This was designed to help spread the calls over the busy early hours of the day. Furthermore, there were now four receptionists dedicated to take calls in the morning and two on the front reception desk.
- The training manager had arranged for the practice nurses to complete their chronic disease management qualifications with a view to increase availability of the nurse practitioners to see more patients presenting with minor illness.
- In June 2016, a pharmacist joined West Bar Surgery which enabled practice patients to receive comprehensive medicines advice. The pharmacist supports the practice to complete medicine management reviews, therefore increasing the availability of GPs to see patients.

Despite the practice responding to patient feedback it was too early to evaluate the outcome of these changes.

### 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 the up to date record and audit of all verbal and written feedback received. This included an analysis of trends and action taken to as a result to improve the quality of care.
- We saw that information was available to help patients understand the complaints system. Staff we spoke with were aware of their role in supporting patients to raise concerns.

We looked at a random sample of complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. An analysis of trends and action was taken to as a result to improve the quality of care. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the practice manager or one of the GPs. For example, several complaints regarding slow preparation of prescriptions which gave rise to concern for patients who required prompt access to their medicines. Consequently, the practice now had increased awareness of the local pharmacy operating systems.

Whilst reviewing the complaints, we saw a high proportion of complaints from patients who had received a car park fine whilst attending appointments at West Bar Surgery. Patients can park in an adjacent car park which required patients to enter their vehicle registration number into a monitor in the practice. West Bar Surgery do not own the car park and management of the car park is outside of the practices control as it is owned by the landlord. The requirement to enter the registration number was well publicised within the practice, via the patient newsletter and on the website. During the inspection, we saw members of the reception team remind patients and their carers to follow the car park instructions. We also saw a member of the reception team support someone who was having difficulty with the vehicle registration number system.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice manager and complaints lead from the patient participation group had reviewed and responded to all of the feedback on NHS Choices website.

# 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

West Bar Surgery had a clear vision to deliver a high standard of general medical services in a modern practice whilst ensuring traditional family values are maintained.

- The practice had a visible long-term strategy and supporting business plans which reflected West Bar Surgery values. The strategy and plans had been identified by the management team and were regularly monitored.
- Our discussions with staff and patients indicated the vision and values were embedded within the culture of the practice. Staff told us the practice was patient focused and they told us the staff group were well supported.

### 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 clear staffing structure and that staff were aware of their own roles and responsibilities. Regular meetings took place for staff groups including whole staff, nurse, partner, clinical governance and reception and administration staff meetings.
- Practice specific policies were implemented and were available to all staff.
- Despite the amount of change within West Bar Surgery, an understanding of the clinical performance of the practice was maintained. The practice and the management team, although not aware of the most recent patient survey results had previously responded positively and timely to all feedback received.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the GP Partners and management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The management team fully engaged with the Care Quality Commission inspection process. We were presented with extensive documents during the inspection. For example, a comprehensive improvement and development plan which had been complied by the practice. This plan was a working document, updated regularly and assigned different actions to key members of staff. The plan had defined sections including aligned work streams, tasks, activities, assurances, outcomes, an owner and target completion date.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

This included support training for all staff on communicating with patients about notifiable safety incidents. The GP Partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- 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. There was a team meeting structure in place and the teams met regularly. For example, the nursing team met on a monthly basis. We saw minutes of the meetings which demonstrated that a wide range of topics were covered and included updates on clinical guidelines.
- Staff said they felt respected, valued and supported. 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.

# Are services well-led?

Good 

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

## 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 patient participation group (PPG) and through surveys and complaints received. The PPG was highly active, met regularly, carried out patient surveys and were prepared to submit proposals for improvements to the practice management team.
- We found the practice to be involved with their patients, the PPG and other stakeholders. We spoke with three members of the PPG and they were very positive about the role they played and told us they felt engaged with the practice.
- There was evidence of regular meetings and PPG members' involvement in undertaking practice supported initiatives. For example, the PPG designed and published a patient newsletter every four months, had started to embrace social media as a method to communicate practice changes and endeavoured to solve the ongoing car parking issue.
- The practice was engaged with Oxfordshire Clinical Commissioning Group (CCG), the local GP network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings.
- There was an appraisal programme for the full practice team; we saw the practice had gathered feedback from staff through staff meetings and discussions.

## Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. West Bar Surgery had a tradition of innovation in many aspects of general practice. Such innovation has spanned the development of practice premises, information systems, health service organisation, operational research, and the post-graduate education of doctors and nurses.

There was a focus on continuous learning and improvement at all levels within the practice.

For example:

- West Bar Surgery had plans to work with a Physician Assistant (Physician Assistants support GPs in the diagnosis and management of patients) in September 2016 to review how this role can add to the skill mix.
- West Bar Surgery were in discussions with a local GP practice who had moved to a skill mix with lower number of GPs. West Bar Surgery are reviewing the experience of this, whilst evaluating how it may help to improve their own access.
- Immediately after our inspection, we were sent an updated plan which included aspects of our initial feedback we provided at the end of the inspection. This detailed comprehensive plan and the practices understanding of why the concerns and issues regarding access had arisen in order to secure appropriate corrective action. The improvement plan detailed the concerns and each concern had separate sections. This demonstrated the service was reactive to our feedback and confirmed their focus of continuous improvement.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>17 (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to -</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>(f) Evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).</p> <ul style="list-style-type: none"><li>• Patient feedback relating to quality of care was below local and national averages.</li><li>• Patient feedback on access to the service was below local and national average. Patients who contributed their views to the inspection also perceived difficulty in accessing GP appointments.</li></ul>