

# Heworth Green Surgery

## Quality Report

Heworth Green Surgery  
45 Heworth Green  
York  
North Yorkshire  
YO31 7SX

Tel: 01904 425241  
Website: [www.priorymedical.com](http://www.priorymedical.com)

Date of inspection visit: 8 December 2014  
Date of publication: 16/04/2015

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Heworth Green Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

This is the report of findings from our inspection of Heworth Green surgery which is part of the Priory Medical Group. The practice is registered with the Care Quality Commission to provide primary care services.

We undertook a planned, comprehensive inspection of Heworth Green surgery on 8 December 2014. There are nine surgeries in the Priory Medical Group (PMG) across the York Clinical Commissioning Group (CCG) area.

The practice is rated as Good. A safe, effective, caring, responsive and well-led service is

provided that meets the needs of the population it serves.

Our key findings were as follows:

- The practice provided services to the local community, that had been designed to meet the needs of the local population. Patients registered with this practice are able to access all services at the other nine practices in the Priory Medical Group (PMG).

- Feedback from patients was positive, they told us staff communicated effectively and treated them with respect and kindness. Most patients told us they were able to access timely appointments in the practice. However we received some comments about the difficulty accessing appointments via the current telephone system.

Staff reported feeling supported and able to voice any concerns or make suggestions for improvement.

We saw several areas of good practice including:

- A patient centred approach to delivering care and treatment. All staff were aware of and sympathetic to, the particular difficulties faced by the local population. The practice was proactive in improving health and access to services. We saw that the practice was engaged with other health and social care agencies to improve access and patients health.
- The practice had a good governance system in place, was well organised and actively sought to learn from performance data, complaints, incidents and feedback.

# Summary of findings

- The practice actively sought the opinions of staff and patients, working with a well-established patient participation group (PPG).

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. The practice shared learning across the practices within the Priory Medical Group (PMG) to maximise learning. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity patients and promoting good health. Staff had received training appropriate to their roles and any further training needs have been identified and planned. The practice could identify all appraisals and the personal development plans for all staff. The practice had developed robust supervision and support for all staff which included weekly and monthly reviews with the manager. Staff worked effectively with multidisciplinary teams and agencies.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand and available in different formats. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and CCG to secure improvements to services where these were identified. However some patients said they found it difficult to make an appointment due to the telephone system. The Priory Medical Group (PMG) closely monitored and reviewed these processes. Plans were in place to install a new improved telephone system. Patients were able to get an appointment with a named GP

Good



# Summary of findings

so there was continuity of care, with urgent and express appointments available the same day at this practice. Where suitable appointments were not available at the Heworth practice patients were offered an appointment at another practice in the group.

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 with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. They were patient centred and forward thinking and committed to improving patients health. There was a clear leadership structure and staff felt well supported by management. The practice had a number of policies and procedures to govern activity and held regular staff meetings. High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice promoted a two minute patient survey including friends and family test which patients were encouraged to complete on attendance at the practice. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and training events.

Good



# 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 outstanding for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. There were three care homes in the practice area and two dedicated GPs provide input into the homes. In the largest of the care homes the GPs visits twice weekly and in the interim for urgent requests. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. We saw that the staff in the practice had become dementia friends and promoted dementia awareness within the practice. The staff we spoke with were proactive in screening for dementia and referring patients for ongoing care and treatment.

The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. We saw that personalised care plans had been developed for patients who were at risk. The PMG provided a team of community nurses in partnership with NHS York district team who were able to provide support to patients in the group seven days a week. The PMG community team was made up of care managers and health and social care assistants to support patients and assess patient's needs. The team were based at one of the other practices in the group but accessible to all patients. This helped patients remain independent and avoid unnecessary admission. We saw that the practice linked with other services and voluntary agencies to support older people. For example promoting the Carers Centre in York to carers who may need support.

Outstanding



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. 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 and or specialist nurses worked with relevant health and care professionals to deliver a multidisciplinary package of care. The staff had received appropriate training in the management of long term conditions. We

Good



# Summary of findings

saw that the practice had developed self-help guides for specific conditions. An example of this was 'Managing your Diabetes'. This provided a patient booklet explaining the medical condition, annual review, management and staying healthy.

## Families, children and young people

The practice is rated as outstanding for the care of families, children and young people. 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 relatively high 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. Appointments were available outside of school hours and the premises were suitable for children and babies. Antenatal clinics were run by district midwives with most care delivered at the practice. Emergency processes were in place and referrals were made for children and pregnant women whose health deteriorated suddenly.

We saw that the practice had introduced a children's colouring competition which provided an activity and distraction to children awaiting treatment.

Following consultation with students from two local schools the PMG have developed a teenage health clinic using the students' suggestions on how to make the clinic teenage friendly. The clinic provides services one evening a week for patients between 11 to 19 years of age. They can book appointments in advance or just drop in and ask to be seen. This ensures that young people have access to an age appropriate, dedicated service which is delivered in a way they want. The service is available to all young people who are registered with the PMG group and gives them the option of attending the evening clinic or attending their own practice.

Outstanding



## 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 these groups 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 was proactive in offering online services, telephone consultations and texting as well as a full range of health promotion and screening that reflects the needs for

Good



# Summary of findings

this age group. We saw that the practice provided a range of services patients could access at times that best suited them or close to their work by accessing an appointment in one of the other practices within the PMG.

## People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments for people with a learning disability or those who required it.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

The practice has a number of vulnerable patients with substance misuse problems often requiring complex care. One of the GPs explained that they are a level 2 doctor. Level 2 doctors are GPs who are trained to offer the full range of treatment options to patients who are opiate dependant. We saw that the practice and medical group had also developed links with Lifeline. This is a project operating in the city that works with individuals, families and communities to prevent and reduce harm and promote recovery linked with alcohol and drug misuse.

Outstanding



## 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). People experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It also 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how

Good





# Summary of findings

to care for people with mental health needs and dementia. We saw that all staff had become dementia friends. Dementia friends is about giving people an understanding about dementia and the little things they can do to make a difference to people living with dementia.

# Summary of findings

## What people who use the service say

We received 10 completed CQC comment cards and two completed two minute survey sheet which is an initiative of the practices. We spoke with seven patients who were using the service on the day of inspection. We spoke with a range of patients from different age groups and with different health needs. We also spoke with one members of the patient participation group following the inspection. All the patients we spoke with were complimentary about the service. They told us they found the staff to be caring, supportive, and provided them with a consistently high level of care.

Patients were aware they could have someone present at their consultation if required and were able to speak to staff in a private area if necessary. All patients spoken with were happy with the cleanliness of the environment and the facilities available. However we received a comment card which stated they found the chairs in the upstairs waiting area unhygienic.

We saw that the practice were continually seeking feedback from patients to shape and develop services in the future. We saw that patient views were listened too and the results of patients surveys reviewed quarterly. We looked at the responses over three quarters in 2014 to the two minute surveys completed in the practice. We saw that a total of 304 patients had responded. Between July and September 66% patients commented on their ability

to get through to the surgery on the telephone as average to excellent. This showed an improvement from the two earlier quarters. The percentage of patients rating the appointment system in the practice during this period was 73% which also showed an improvement from the other two quarters in 2014.

Patients we spoke with commented that they felt supported and listened to by all staff. We observed a friendly relaxed environment between staff and patients.

The practice had established a positive and proactive patient participation group (PPG). The PPG representatives from the different practices in the PMG met together as one group. They had been responsible for a range of initiatives and changes, for example conducting patient surveys in care homes, being involved in a care in the community initiative and being trained by the ambulance service as first responders. (Community first responders are volunteers trained to attend emergency calls received by the ambulance service in their local area and provide care until the ambulance arrives).

We found that the practice valued the views of patients and saw that following feedback from surveys changes were made in the practice. The PMG were currently in the process of improving the whole telephone system.

## Areas for improvement

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

The practice should review the seating in the upstairs waiting area which was non washable and badly stained.

# Heworth Green Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist adviser, and a specialist practice manager.

## Background to Heworth Green Surgery

Heworth Green Surgery delivers primary care under a Personal Medical Services (PMS) Contract between themselves and NHS England. They are part of the PMG which is a General Practice Partnership open to all patients living within our Practice boundary in York and the surrounding areas. They are part of the York CCG NHS York.

The PMG has nine practices in the York area and are responsible for a population of 54120. There are 10,115 patients registered at the Heworth Green practice. There are seven GPs, (six female and one male) this equating to 45 sessions per week of GP time.

The practice is a teaching practice, there are currently six GP registrars working in the PMG. One GP registrar is based at Heworth Green and supported by a trained GP trainer.

The practice locations which are part of the Priory Group are Priory Medical Centre, Lavender Grove Surgery, Rawcliffe Surgery, Clementhorpe Health Centre, Fulford Surgery, Parkview Surgery, Tang Hall Lane Surgery and Victoria Way Surgery. We visited only Heworth Green as part of this inspection.

Patients can book appointments face to face, by the telephone or online. The practice treats patients of all ages and provides a range of medical services. The practice GPs do not provide an out-of-hours service to their own

patients and patients are signposted to the local out-of-hours service via 111 when the surgery is closed and at the weekends. In an emergency patients are advised to ring 999 or attend the nearest accident and emergency department.

There is an all-female nursing team of an advanced nurse practitioner and two practice nurses. The team are supported by health care assistants and counsellors. The nurses promote healthy living; provide support for patients with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).

The practice has car parking facilities and access for the disabled. There are good links to public transport.

There were no previous performance issues or concerns about this practice prior to our inspection.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out the inspection under Section 60 of the Health and Social Care Act as part of our regulatory functions. This inspection was planned to check whether the provider was 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

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

# Detailed findings

- 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)

For example:

Before our inspection we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We asked York CCG NHS York and

the Local Healthwatch to tell us what they knew about the practice and the service provided. We reviewed some policies and procedures and other information received from the practice and PMG prior to the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We carried out an announced inspection on 8 December 2014. During our inspection we spoke with the staff available on the day. This included three GPs, a GP Registrar, advanced nurse practitioner, a practice nurse, the practice team leader, human resources manager and four administration staff. We also spoke to seven patients who used the service and one member of the patient participation group.

We reviewed 10 CQC comments cards and two practice survey cards which had been completed where patients and members of the public shared their views and experiences of the service.

We observed the interaction between staff and patients in the waiting room.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke to were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example the practice team leader undertakes regular checks of the environment to ensure patient and staff safety. The practice uses a computer system to record incidents. We looked at the Health and Safety folder and found evidence to support this.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. Significant events were a standing item on the practice meeting agenda and a meeting was held monthly to review actions from past significant events and complaints. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

The team leader showed us the system she used to manage and monitor incidents. We saw that over the year eight significant events had been raised by staff. We tracked these incidents and saw from the records all were completed in a comprehensive and timely manner. We saw that incidents were reviewed; learning identified and changes to practice established. Examples of these were the review of policies, increased training for staff and changes to referral pathways. It was unclear from the documentation, if patients had been informed when

something had gone wrong, what actions had been taken or an apology given. We saw good documented evidence that this had been undertaken when the practice responded to complaint.

National patient safety alerts were disseminated by email to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at staff meetings.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible on the practice computer system.

The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children. They had been trained at level three and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke to were aware who the lead was and who to speak to in the practice if they had a safeguarding concern. The practice had regular staff meetings and a daily clinical lunch time meeting to discuss urgent concerns regarding patients.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. All nursing staff, including health care assistants, had been trained to be a chaperone. If nursing staff were not available to act as a chaperone, the receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

## Are services safe?

The practice were able to identify families, children, and young people living at risk or in disadvantaged circumstances, and looked after children (under care of the Local Authority).

The clinical staff confirmed they were able to identify and follow up children, young people and families. There were systems in place for identifying children and young people with a high number of A&E attendances. Child protection case conferences and reviews were attended by staff where appropriate. We were told that children who persistently fail to attend appointments for childhood immunisations were followed up with letters and discussed with the Health visitor. The practice had access to a named Health visiting team as part of the PMG.

We saw that staff were aware of and responsive to older people, families, children and young people, vulnerable people and the support they may require. The practice had good awareness of the support organisations in and around the city where patients could receive further support. This included direct links with the local authority and benefits agencies.

The practice had processes in place to identify and regularly review patients' conditions and medication. There were processes to ensure requests for repeat prescribing were monitored by the GPs.

The lead safeguarding GP was aware of vulnerable children and adults and demonstrated good liaison with partner agencies such as the police, social services and support organisations.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national

guidance. We saw up-to-date copies of both sets of directions and evidence that nurses received appropriate training to administer vaccines. Members of the nursing staff qualified as independent prescribers received regular supervision and support in their role as well as updates in the specific clinical areas of expertise. We spoke with the advanced practitioner who told us they were very well supported and able to discuss any concerns about prescribing or administering medicines with one of the GPs.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

### Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. However we received information from one of the CQC comment cards that patients were unhappy with the cleanliness of the upstairs seating in the waiting area. We examined this area and found the seating was covered in fabric and badly stained. This meant there was a risk of cross infection between patients. We spoke with the business manager who told us they would address this immediately.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice's infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead had carried out regular audits and that any improvements identified for action and were completed or identified for action.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. We observed staff using good infection control techniques when handling specimens brought to the practice by patients. There was also a policy for needle stick injury,

## Are services safe?

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. However we found that some waste bins in toilets were not foot operated. This meant there was a risk of cross infection between patients.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We found that the practice completed a risk assessment following professional advice from their appointed heating engineers and reviewed this annually.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, the fridge thermometers and patient monitoring equipment were regularly tested.

### Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff could also be provided from the other practices in the Priory Medical Group in an emergency.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always

enough staff on duty to keep patients safe. The team leader continually monitored the staffing levels to ensure staffing levels and skill mix were in line with planned staffing requirements.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was available to staff on the practice computer system.

Identified risks were included on a risk log. Risks were assessed and mitigating actions recorded to reduce and manage the risk. We saw that risks and concerns were discussed at the practice meetings. For example, we saw that the safe handling of patient specimens brought to the practice had been discussed and reviewed with the team.

Staff were able to identify and respond to the changing risks to patients including deteriorating health and well-being or medical emergencies. We saw that for all patients with long term conditions there were emergency processes in place to deal with their changing conditions. The nurses we spoke with told us that if a patient's condition is deteriorating they would increase the frequency of appointments and discuss with one of the GPs. We saw that each day a lunch time meeting is held where concerns about a patient's condition can be discussed and advice obtained from other clinicians. We saw that all available clinicians attended the lunch time meeting. We observed this meeting and saw an open and consultative meeting where all staff were able to discuss urgent concerns and receive support in planning patient care.

There were emergency processes in place for identifying acutely ill children and young people, and staff gave us examples of referrals they made. The practice had appropriate equipment in place to deal with medical emergencies for all patient groups.

The staff gave examples of how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care and treatment. We saw that GPs in the practice had specialist training and expertise in this area. The practice nurses told us that



## Are services safe?

patients with memory problems would be assessed their bloods taken and referred to the GP. The practice also had access to their own counsellors in the practice were patients could be supported.

The practice monitored repeat prescribing for people receiving medication for mental health needs and this was scheduled as part of their annual review. We saw that education sessions had been held to raise awareness to GPs of avoiding dependence of certain medication in patients.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. The staff we spoke with were confident about dealing with emergencies.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included

those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Risks associated with service and staffing changes (both planned and unplanned) were in place. As the practice was part of the PMG of nine practices in the York area, support and help from other practices in the group available and there was central co-ordination across the practices.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed and updated when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma, and the practice nurses supported this work, which allowed the practice to focus on specific conditions. We saw that the long term conditions nurses were trained specialist nurses in the areas of chronic disease management. We saw that all clinical staff were very open about asking for and providing colleagues with advice and support. For example, we observed the lunch time meetings where advice was sought and given. GPs told us this also supported staff to continually review and discuss new best practice guidelines for the management of a range of conditions. Our observations and review of the clinical meeting minutes confirmed that this happened.

The staff we spoke with were familiar with current best practice guidance, and accessed guidelines from the NICE and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

We saw that the practice had in place a detailed process for regularly monitoring the treatment and service at the PMG. The practice reviewed all aspect of the service both clinical and non-clinical. Examples of these are patient survey results, calls received, calls answered appointments attended and referrals sent. Examples of the monitoring of

clinical serves were (Quality Outcome Framework) (QOF) unplanned admissions, prescribing and vaccinations. The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. We saw there were processes in place to review patients recently discharged from hospital, who required to be reviewed by their GP.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. All GPs we spoke with used national standards for the referral of patients to secondary care and patients with suspected cancers who needed to be referred and seen within two weeks. We saw evidence that regular reviews of elective and urgent referrals were made, and that improvements to practice were shared with all clinical staff.

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

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice team leader and the PMG to support the practice to carry out clinical audits.

The practice showed us two clinical audits that had been undertaken in the last two years. The audits these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. The two audits we looked at were Gestational Diabetes and looking at NICE guidance on Feverish Children. Other examples of audits undertaken included audits to confirm that the GPs who undertook minor surgical procedures were doing so in line with their registration and NICE guidance.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). The QOF is a national performance measurement tool. For example, we saw an audit regarding

# Are services effective?

## (for example, treatment is effective)

the prescribing of analgesics and nonsteroidal anti-inflammatory drugs. Following the audit, the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines. GPs maintained records showing how they had evaluated the service and documented the success of any changes.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, the percentage of patients who are current smokers with physical and/or mental health conditions whose notes contained an offer of smoking cessation support and treatment within the preceding 12 months was 97%. The practice met all the minimum standards for QOF in diabetes/asthma/ chronic obstructive pulmonary disease (lung disease) and dementia. This practice was not an outlier for any QOF (or other national) clinical targets.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. The staff received a weekly catch up with team meetings and we saw regular reviews and support in place for new starters. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake or be involved in the audit process.

There was a protocol for repeat prescribing which was in line with national guidance. The practice were an early adopter of electronic prescribing which provided patients with another option for ordering their prescriptions. This was in response to patient feedback and allowed patients faster access to prescribed medication via their nominated pharmacy. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the

care and support needs of patients and their families. We saw that palliative care patients were also discussed at the lunch time meeting when there were changes to their condition.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as fire and basic life support. We noted a good skill mix among the doctors with number having additional diplomas in family planning, woman's health and substance misuse. All GPs were up to date with their yearly continuing professional development requirements and either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

All staff undertook annual appraisals that identified learning needs from which goals and objectives were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example chronic disease management. As the practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support. We received positive feedback from the trainee we spoke with about the support they received in the practice.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines, cervical cytology and review of patients with long term conditions. Those nurses with extended roles such as seeing patients with long-term conditions such as asthma, COPD, diabetes and coronary heart disease were also able to demonstrate that they had appropriate training to fulfil these roles.

# Are services effective?

## (for example, treatment is effective)

We spoke with the advanced nurse practitioner which is a new role within the practice. They told us that the practice was promoting and reviewing the role to ensure it was maximised to benefit patients.

### Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries that were not followed up appropriately.

The practice had a process in place to follow up patients discharged from hospital. The practice undertook a regular review to ensure inappropriate follow-ups were documented and that no follow-ups were missed.

The practice held multidisciplinary team meetings monthly to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out-of-hours provider and other GP practices in the PMG to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments). Staff reported that this system was easy to use.

The practice has also signed up to the electronic Summary Care Record. The practice had in place a medical records system which allowed the clinical and the patients care

teams instant access to medical records at all of their surgeries. This system enabled staff in the practice to see and treat patients from other practices registered within the group. These records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours.

The practice had systems in place to provide staff with the patient information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice had a processes in place to help staff, for example with making do not attempt resuscitation orders. This highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it). When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure.

# Are services effective?

## (for example, treatment is effective)

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

### Health promotion and prevention

The PMG work with the CCG and City of York Council on a range of specific initiatives and attend the monthly Joint Delivery Group to promote improved health and well-being. The group comprises of representatives from the CCG, Local Authority, and Primary, Secondary and Community Care. Examples of the initiatives are a pilot to reduce avoidable admissions and safe discharge from hospital. The work is an example of close working between health and Social care. The pilot is one of the 6 NHS supported New Models of Care (formerly the Accelerate programme). The work has significant crossover between Health and Social care.

The practice asks new patients to complete a new patient registration form and there is a separate form for children under six years. The practice may then invite patients in for an assessment with one of the clinical staff. The registration form is detailed and asks the patients how they would prefer to communicate with the practice. This provides the practice an opportunity to promote different methods of communication such as electronic communication. The GPs were informed of all health concerns detected and these were followed up in a timely way.

We were told that GPs and nurses use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic screening to patients and offering smoking cessation advice to smokers.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were offered an annual physical health check. Similar mechanisms of identifying 'at risk' groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs. We spoke with two patients who commented positively about the support they received from the practice to lose weight.

The practice's performance for cervical smear uptake was 81%, which was at the national average. There was a policy to offer telephone and text reminders for patients who did

not attend for cervical smears and the practice audited patients who do not attend and failed to respond to further appointment invitations. Performance for national chlamydia, mammography and bowel cancer screening in the area were all above average for the CCG and a similar mechanism of following up patients who did not attend was also used for these screening programmes.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the CCG, and again there was a clear policy for following up non-attenders in the practice, these were also discussed with the Health Visitors.

The practice kept a register of patients who are identified as being at high risk of admission, or at End of Life and have up to date care plans in place for sharing with other providers. We saw that patients in this group were followed after admissions and the practice used resources available to prevent readmission. Examples of these were the development of care plans where needed and working with the community support team. We saw that people received regular structured annual medication reviews for polypharmacy. All patients over 75 had a named GP.

People with long term conditions received a structured annual review for various long term conditions (LTC). Examples of these are Diabetes, COPD, Asthma and Heart failure. 94% of Diabetic patients received an annual foot check.

The clinical staff we spoke with told us they provided health promotion and lifestyle advice. The patients we spoke with confirmed this. We saw that the practice promoted cycling as a healthy activity for patients. They had linked with activities within York City promoting healthy bike rides for all abilities. The practice had also purchased ten bicycles that patients could borrow for this purpose.

We saw that the practice regularly reviewed and monitored patient records using the electronic patient records. Examples of these were monitoring new cancer diagnoses, annual reviews with medicines management and cervical screening final non responders. We saw that the practice regularly monitored the palliative and safeguarding registers which were discussed at the monthly clinical and multidisciplinary management meetings.

# Are services effective?

(for example, treatment is effective)

There were comprehensive screening and vaccination programmes which were managed effectively to support children and young people. Staff were knowledgeable about child protection and safeguarding. The practice had processes in place to monitor any non-attendance of babies and children at vaccination clinics and worked with other agencies to follow up any concerns.

We found evidence of good access and sign posting for young people towards sexual health clinics or offering extra services and contraception. The practice group had worked with local schools to ensure they provided access to services that were user friendly to young people and provided good information and access.

The practice provided services that were accessible to working age people There were a mixture of appointment

times, telephone consultation, emergency and urgent appointments. We saw that patients could also access services at another practice which may be closer to their work place. There was evidence of good uptake of services.

We saw that the practice were aware of people whose circumstances may make them vulnerable. The practice holds a register of those in various vulnerable groups such as learning disabilities.

People experiencing poor mental health in the practice had access to services. We saw that people with severe mental health problems received an annual physical health check. We saw staff had undertaken additional training in mental health and addiction. There was a good understanding and evidence of signposting patients to relevant support groups and third sector organisations operating in the local area.

l



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey, the '2' minute survey completed by patients and analysed quarterly. The PPG were also active in supporting patient's surveys and had undertaken surveys in the local care homes. The evidence from all these sources showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the proportion of respondents to the GP patient survey who described the overall experience of their GP surgery as good or very good was 85%.

We saw that following patient surveys and discussion with the PPG the practice agreed an action plan and priority areas for the year. Examples of these priority areas were improved response time to telephone calls from patients and improved access to prescriptions.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 10 completed cards and two '2' minute surveys. The majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with 7 patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Two people commented that they had been unable to access the practice near their home that day and had been offered an appointment at Heworth Green. The couple were elderly and would have preferred an appointment at the own practice which had less traveling.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located centrally for the PMG in a separate building. All appointment requests came into this central team. Following patient feedback a handling patient call team had been established and in March 2014 the team had been increased to 6.3 whole time equivalent staff. The average calls answered by the team across the PMG is 22,365 per month.

The reception desk was set back from the patient waiting area. Patients were encouraged to wait to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The team leader told us she would investigate these and any learning identified would be shared with staff and the business management team.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 86 % said the GP involved them in care decisions and 88 % felt the GP was good at explaining treatment and results. Both these results were in line with national averages. The results from the practice's own satisfaction survey for the period between July and September showed that 96% of patients found the manner of the doctor average to excellent and 96% found the explanation of the doctor average to excellent.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment

## Are services caring?

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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us they were able to access translation services for patients who did not have English as a first language. Staff also told us they were able to access and use other tools such as Google translate. There were notices informing patients this service was available.

The practice had developed care plans for older people and those identified as at risk such as those with LTC. We were told that changes in these patients were continually reviewed and the community support team involved as required. The practice held lunch time meetings where concerns with patients changing conditions could be discussed.

We saw that families, children and young people were treated in an age-appropriate way and recognised as individuals. The practice had developed services for young people in a way they wanted by consulting with groups of young people. The practice also promoted 'You're Welcome' (DH quality criteria for young people friendly health services).

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

The survey information we reviewed showed patients were positive about the support provided by the practice and

rated it well in this area. We saw that the practice sign posted patients to local support services such as Lifeline and carers groups. The patients we spoke to on the day of our inspection and the comment cards we received told us they were supported by the staff. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, and patient website also told people how to access a number of support groups. There was information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they tried to follow these up particularly following end of life pathway.

The practice recognised isolation as a risk factor for older patients. There was information which promoted local groups operating in the city and local areas. We saw that the PMG had access to health and social care workers to help sign post and support patients to access the right services for them.

We saw that people suffering with long term conditions received regular annual reviews and if deemed appropriate they were reviewed more regularly. From the comments we received patients told us they felt supported and had access to services. The staff were aware of depression that may accompany these conditions and could access counselling within the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS Area Team and CCG told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population. Examples of these are frequent unscheduled admissions, the management of substance misuse and access to services.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the PPG. We saw that they had developed actions for the each year and some that we continued from the previous year. Examples of these were improving response time to telephone calls from patients, provide easier access to the prescription service, and engage with the CCG to provide feedback and patient views via the PPG.

Examples of how the PMG had responded to difficulties accessing appointments were by increasing staffing to ensure more calls from patients were answered promptly. Appointments can now be booked with a GP one month in advance. This followed discussions with the PPG, PMG and a trial at another practice in the group. This was implemented in February 2014.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

They recognised those with a learning disability, hearing loss, students, carers and the older population.

The practice had access to online and telephone translation services and one of the staff had been enrolled in a sign language course in 2015.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training. The staff we spoke with were very aware of the importance of equality and diversity.

We saw that staff had regular meetings with the team leader and felt supported in their role. The practice also undertook staff satisfaction surveys and listened to staff.

The practice was situated in a two storey building with consulting on the ground and first floors. There was lift access to the first floor. Patients with disabilities and patients with pushchairs were able to access all areas of the building. The counselling rooms were situated on the first floor.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The premises and services had been adapted to meet the needs of people with disabilities. All areas of the practice were accessible to people with disabilities.

### Access to the service

Appointments were available from 08.30am to 8pm Monday to Thursday and 08.30 to 6pm on a Friday. The practice offer two types of appointment routine and urgent. Routine appointments can be booked in advance and the request for urgent appointments will undergo telephone assessment. Appointments were allocated on clinical grounds if required. PMG also offers routine Saturday morning appointments at PMC from 08.30 to 11.15.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments, home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. Information on the out-of-hours service was provided to patients.



# Are services responsive to people's needs?

## (for example, to feedback?)

Longer appointments were also available for people who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to the local care homes. There were two nominated GPs who undertook this role in the practice.

The majority of patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, one patient we spoke with told us how they needed an urgent appointment for their child and were given one that morning.

The practice's extended opening hours during the week was particularly useful to patients with work commitments. This was confirmed by the patients we spoke with.

We saw that older people and people with long-term conditions could access longer appointments or request a home visit if required.

Appointments were available outside of school hours for children and young people. They were also able to access clinics dedicated to young people at one of the surgeries in PMG.

Patients were able to use online booking system and found it easy to use. The practice also offered text message reminder for appointments and test results.

People whose circumstances may make them vulnerable were known to the practice. The practice worked in partnership with other organisations to understand the needs of the most vulnerable and provide flexible longer appointments for those that need them.

The practice were responsive to people experiencing poor mental health who's life style may be chaotic including the

hard to reach groups. They were able to provide longer appointments and flexibility in booking appointments. Including for example, avoiding booking appointments at busy times for people who may find this stressful.

### **Listening and learning from concerns and complaints**

The practice had a 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 which was the PMG complaints manager. There was an email address and postal address provided for the complaints manager. We were told by staff that they would always try and resolve a complaint that was raised with them at local level and if this was not possible direct them to the complaints manager.

We saw that information was available to help patients understand the complaints system in the waiting area and online. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 17 complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. We saw that the practice had an openness and transparency when dealing with the complaint. The complaints had been discussed with staff and the areas of concern raised by patients were systematically addressed in the response from the complaints manager. We saw that clinicians were involved in this process to ensure they were able to explain and address issues raised.

Minutes of practice meeting showed that complaints were discussed were appropriate with staff. We saw that some areas of concern raised in complaints were also investigated as a significant event. Examples of this were the guidance for prescribing of certain medicines had been reviewed and further education around this provided to clinicians

# 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. We found details of the vision and practice values were part of the practice's future plans.

The practice values, vision and goals were discussed with staff at their induction. Staff told us that they had weekly meetings with their manager where their role in meeting these goals was discussed. Examples of the practice vision and values included providing high quality, safe, professional services to patients, prevention of disease by promoting health and wellbeing and offering care and advice to our patients by work in partnership with our patients, their families and carers towards a positive experience and understanding,

We spoke with 12 members of staff and they all knew and understood the vision and values and knew what their responsibilities were in relation to these. We saw evidence of good communication with staff. The practice also had an extensive staff consultation process in place to ensure staff were consulted and their opinion valued.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at these policies and procedures and saw that processes were in place to ensure staff had read the policy and when. All of the policies and procedures we looked at had been reviewed and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the senior partner was the lead for safeguarding. We spoke with 12 members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the QOF to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at team meetings and action plans were produced to maintain or improve outcomes. We also

saw that the practice and PMG had developed an extensive list of other areas they regularly reviewed and shared with staff throughout the year. Examples of these include how many new patient records were processed, letters actioned, letters to process and any backlogs in the system. We also saw that the practice also complete regular searches to ensure they were dealing with information in a timely manner such as searching for any laboratory results not filed or GP tasks not completed.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. For example we looked at two audits in detail and saw that repeat audit cycles had been completed and actions identified. An example was an audit of women suffering gestational diabetes. It had been agreed following the audit that improved systems would be implemented to ensure regular screening took place and that this could be checked and monitored by the practice in a timely manner.

The practice had robust arrangements for identifying, recording and managing risks. The team leader showed us the risk log, which addressed a wide range of potential issues, such as the environment and infection control. We saw that the risk identified were discussed at team meetings and updated in a timely way.

The practice held regular practice meetings. We looked at the minutes from the meetings over the last year and found that performance, quality and risks had been discussed.

### Leadership, openness and transparency

We saw from minutes of staff meetings they were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings and with their line manager. We also noted that there was regular staff consultation.

There was a Human Resource (HR) manager who had responsibility for HR management across the PMG group. We reviewed a number of policies, for example disciplinary procedures, induction policy, and management of sickness which were in place to support staff. We saw that these were well laid out and easy to understand. We were shown the electronic staff handbook that was available to all staff, which included sections on areas such as equality and

# Are services well-led?

Good 

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

harassment and bullying at work. The handbooks were also tailored to the different staff roles such as GPs and administration staff. Staff we spoke with knew where to find these policies if required.

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

The practice had gathered feedback from patients through patient surveys, two minute surveys and complaints received. We saw that following comments received the PMG had undertaken a comprehensive restructure of how phone calls were answered in a timely manner. This has resulted in the creation of a new team of staff dedicated to handling patient calls. The patient central team has expanded from 1.16 staff in March 2013 to 6.36 in March 2014.

The practice had an active PPG which was made up of representatives from all practices in the PMG. The PPG included representatives from various population groups; including older people and working age adults. The PPG had supported surveys and met every quarter. We saw that following the annual surveys priority areas were agreed with the PPG and these formed the basis of the initial practice objectives. Examples of these were improve communication with patients, improve access to appointments and explain surgery appointment system clearly for patients and explore other ways to engage more people in the PPG.

The practice had gathered feedback from staff through an annual staff survey, and generally through staff meetings,

appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and we saw evidence to confirm this.

The practice was a GP training practice and currently there are six GP registrars working in the PMG and one registrar working at Heworth Green practice. We saw that there were suitably qualified GP trainers available in the practice to support the registrars. The GP registrar we spoke with was positive about the support they received from staff.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice learned from and improved outcomes for patients. For example developing education sessions for staff on substance misuse and reviewing policies such as referral criteria to secondary care to ensure patients receive timely referrals.