Wye Valley Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wye Valley Surgery on 21 April 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for the key questions of effective and responsive and for the population groups of people with long term conditions, people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia) and was good for the other key questions and population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance but not for all patients with a learning disability or those with a severe mental health condition.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients expressed some dissatisfaction with ease of access to appointments. However, patients said urgent appointments were available the same day if needed.
- The practice facilities were equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Conduct annual reviews of patients with a learning disability
- Agree documented care plans for patients with a severe mental health condition

In addition the provider should:

- Continue to improve the appointment system to ensure patients are able to contact the practice to make appointments without difficulty.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice used every opportunity to learn from internal and external incidents, to support improvement. Information about safety was highly valued and was used to promote learning and improvement. Risk management was considered and recognised as the responsibility of all staff. Systems to embed risk management were under development. There were enough staff to keep patients safe in clean premises.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Data showed that the practice had been performing below the local average in areas such as uptake of annual reviews of patients with a learning disability, review of care plans for patients with a severe mental health condition and cancer detection and identification. Other findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients and monitored through audits.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice lower than others for almost all aspects of care. Feedback from patients on the day of inspection about their care and treatment was positive. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found examples to demonstrate how patient's choices and preferences were valued and acted on.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. The practice acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Summary of findings

Some patients found it difficult to phone the practice to obtain an appointment. The practice constantly reviewed its access to appointments and had made improvements by introducing telephone appointments and online access to booking appointments. However practice and national data showed a significant proportion of patients did not find it easy to contact the practice by phone. The practice facilities were equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. Practice staff worked together across all roles. Governance arrangements were under review and staff were involved in the development of services to meet patients' needs. There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice gathered feedback from patients using new technology, and it had a supportive patient participation group (PPG).

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

Good

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs. The practice had access to a local 'Early Bird' Scheme which allowed for rapid home visit by a GP (in conjunction with the local ambulance service) to avoid hospital admission.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. One hundred and ninety six patients who had been identified all had a care plan in place to manage their needs. 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. The practice had identified 649 patients with diabetes, of which 84% had a review of their condition in the previous year. The majority of patients with long term conditions had received annual reviews of their condition. For example, 83.9% of patients with chronic obstructive pulmonary disease (lung disease) and 73.6% of patients with asthma.

Families, children and young people

Good

The practice is rated as good 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. Last year's performance for child immunisations was in line with the CCG average of 12 months at 96.9% and 97.5% at 24 months. 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. We saw good examples of joint working with midwives and health visitors. The practice offered a weekly sexual health clinic to meet the needs of their young people.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice's performance for cervical smear was 65.7%, which was below average for the CCG area. The practice had recently organised a number of monthly Saturday smear clinics, targeted at women from ethnic minority backgrounds to increase uptake.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual reviews for 13 out of 57 patients with a learning disability. It offered longer appointments for people with a learning disability.

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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The number of patients with a dementia diagnosis was lower than expected for the practice. In response it had carried out an audit and reviewed its coding of patients with dementia. The number of patients had increased from 24 to 36.

The practice had reviewed 85 out of 105 patients with dementia but the number of patients with severe mental health conditions who had care plans in place was 45 out of 66 patients.

Summary of findings

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.

Summary of findings

What people who use the service say

The most recent national GP survey data (January 2015) for Wye Valley Surgery based on 142 completed surveys (36% response), showed the practice achievement across all areas was at or below the clinical commissioning group (CCG) average. For example, 74% of respondents rated their overall experience of the surgery as good and 60% would recommend the surgery, compared with 85% and 79% respectively. The practice performed least well on patients phoning the surgery for appointments and waiting more than 15 minutes for their appointment; 52% and 65% compared to the CCG average of 72% and 26%.

The practice's own 2014 patient survey, found 69% of patients would recommend the practice to their friends and family.

We spoke with seven patients during the inspection. All the patients we spoke with were positive about the care and treatment they received. They told us staff provided compassionate care. However three patients expressed dissatisfaction with the appointment system and attitude of the reception staff.

We received nine comments cards from patients. Eight comments were positive and referred to the kindness and consideration of GPs, nurses and reception staff. Three cards contained adverse comments about obtaining appointments and interactions with reception staff on the phone.

Areas for improvement

Action the service MUST take to improve

- Conduct annual reviews of patients with a learning disability.
- Agree documented care plans for patients with a severe mental health condition.

Action the service SHOULD take to improve

- Continue to improve the appointment system to ensure patients are able to contact the practice to make appointments without difficulty.

Wye Valley Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector.** The team included a GP, another CQC inspector, a specialist in practice nursing and an Expert by Experience. Experts by Experience are members of the team who have received care and experienced treatment from similar services, they are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Wye Valley Surgery

Wye Valley Surgery is located in the centre of High Wycombe, Buckinghamshire. It holds a General Medical Services (GMS) contract to provide primary medical services to approximately

10 000 registered patients.

Care and treatment is led by six GPs; two male partners, three female partners and one salaried GP. They are supported by one practice manager, six practice nurses, two health care assistants, administration and reception staff; a total of 29 staff.

The practice has a lower proportion of patients in the over 40 year age group and higher in the age groups: 20-39 years and significantly more females in the 10-19 years compared to the local average; this is due to the practice providing services to a local girls' boarding school.

The practice serves a population that is slightly more affluent than the national average. People living in more deprived areas tend to have greater need for health services.

The practice takes an active role within the Chiltern clinical commissioning group (CCG) to develop services in the area.

The practice has opted out of providing out-of-hours services to its own patients. There are arrangements in place for patients to access care from an out-of-hours provider via 111.

We visited the practice location at Wye Valley Surgery, 2 Desborough Avenue, High Wycombe Buckinghamshire, HP11 2RN

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. 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.

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.

Detailed findings

How we carried out this inspection

Prior to the inspection we contacted the Chiltern Clinical Commissioning Group (CCG), NHS England area team and local Healthwatch to seek their feedback about the service provided by Wye Valley Surgery. We also spent time reviewing information that we hold about this practice including the action plan they provided following their previous inspection.

The inspection team carried out an announced visit on 21 April 2015. We spoke with seven patients and 13 staff. We also reviewed nine comments cards from patients who had shared their views and experiences.

As part of the inspection we looked at the management records, policies and procedures, and we observed how staff interacted with patients and talked with them. We interviewed a range of practice staff including GPs, nursing staff, managers and administration and reception staff.

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

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

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

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

Good

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 with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, a reported incident involved a case of a person abusing drugs in the patient's toilet. This had resulted in a number of actions to improve security and involved all staff.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last 18 months. 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 18 months and we were able to review these. Significant events were discussed at a dedicated monthly meeting 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.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. We were shown the system used to manage and monitor incidents. We tracked 16 incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. For example, a recent incident involved a missing specimen which led to a review and change in the minor surgery protocols to reduce the risk of the incident recurring. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

National patient safety alerts were received by the practice manager GPs and disseminated by the practice manager to other staff, for example, nurses to take action if needed. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for.

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, for example for local authority contacts and other agencies, were easily accessible.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

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; for example children subject to child protection plans.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Good

Are services safe?

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

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.

One of the GPs led on prescribing and the practice's comparative prescribing data was reviewed and actions agreed at clinical meetings, where improvements were needed. Patterns of prescribing, for example for antibiotics and anti-inflammatory painkillers were in line with the local average.

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 and the health care assistant had received appropriate training to administer vaccines. A member of the nursing staff was qualified as an independent prescriber and she received regular supervision and support in her role as well as updates in the specific clinical areas of expertise for which she prescribed.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. Alerts on the practice system indicated when patients were due a medication review and we saw these were acted on.

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.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice 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 monitored infection control practices and provided support and training to staff.

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. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury. An audit had been carried out in October 2014 by the local CCG infection control advisor. Although we did not see an action plan, we noted recommendations in the audit, such as labelled sharps bins and new disposable privacy curtains, had been implemented.

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. All the chairs in the waiting area had a wipe clean surface to reduce the risk cross contamination/ infection.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). The practice manager had recently conducted a legionella risk assessment of the premises and had plans to introduce control measures to reduce the risk of infection to staff and patients.

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 maintenance logs and other records that confirmed annual calibration of equipment took place. For example, weighing scales and blood pressure measuring devices. All portable electrical equipment was tested, however the last testing took place in 2012 and the practice was aware the testing of portable equipment was now overdue and had plans to address this.

Staffing and recruitment

We looked at six records of staff who had been recruited in the last two years. We found they all 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). At the time of inspection, the practice did not have up to date records available of staff hepatitis B status, however the practice did provide these records after the inspection. 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. Administration and reception staffing levels had recently been reviewed and changes made. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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 practice manager showed us records to demonstrate that actual 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 displayed for staff to see and there was an identified health and safety representative.

We saw risks and issues were discussed at GP business meetings and within team meetings. For example, the practice manager had shared the recent findings of the patient survey with the team.

There were emergency processes in place for patients with long-term conditions or other health conditions who required rapid access this was through the priority phone line for those patients.

The practice had access to a local 'Early Bird' Scheme which allowed for rapid home visit by a GP (in conjunction with the local ambulance service) to avoid hospital admission.

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.

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. Each risk was rated and mitigating actions recorded to reduce and manage the risk. 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, the CCG and service companies

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.

Requires improvement

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 local commissioners and National Institute for Health and Care Excellence (NICE), for example for diabetes. We saw notes of practice meetings where peer review was discussed. 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.

The GPs told us they led in specialist clinical areas such as diabetes and asthma. GPs we spoke with were very open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to continually review and discuss new best practice guidelines as part of their weekly clinical meetings.

We reviewed prescribing data from the local clinical commissioning group (CCG). Wye Valley Surgery fully participated in all the elements of the local prescribing incentive scheme 2014/15. We found the practice performed in line with the clinical commissioning group (CCG) average in relation to all areas, including antimicrobial prescribing.

The practice used computerised tools to identify patients with complex needs. The practice identified 196 patients with complex needs who were at greater risk of admission to hospital. The practice ensured all these patients had a care plan in place and priority access to a GP. We were shown the process the practice used to review patients recently discharged from hospital, which required patients to be contacted within three days of discharge from hospital.

CCG data showed Wye Valley Surgery was in line with expected referral rates for the locality. The practice regularly reviewed its referral data and emergency admissions at monthly clinical meetings. The most recent data (December 2014) showed the practice emergency admissions were lower than the CCG average; 0.6% compared to 0.84%.

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. The practice had recently developed chronic disease teams in for example diabetes, asthma and mental health. Each team was led by a GP and included a nurse and member of staff from administration/ reception/IT. They met monthly to discuss achievement in the key area and agree actions to improve outcomes for patients. Regular searches were carried out on the disease registers of patients with long term conditions. These identified patients who had not attended for regular reviews and they were followed up with recall appointments to encourage attendance.

We saw a small number of audits including annual repeat audits which showed year on year improvement in, for example, dementia diagnosis. Monthly clinical meetings were held to discuss audit findings.

Clinical audits had been undertaken which showed the practice measured its performance against current best evidence and demonstrated adherence to current guidelines to monitor changes in practice and outcomes for patients. For example, clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a national performance measurement tool.

The practice achievement in the Quality and Outcomes Framework (QOF) was lower than the CCG and national average; 84.3% in the clinical domain and 87.7% overall in the previous year. Compared to the average CCG achievement of 94.5% (clinical domain) and 95.4% (overall) and average England achievement of 92.3% (clinical domain) and 93.5% (overall). The QOF is part of the General Medical Services (GMS) contract for general practices. It is a

Requires improvement

Are services effective?

(for example, treatment is effective)

voluntary incentive scheme which rewards practices for how well they care for patients. The practice maintained and managed patients with a range of long term conditions in line with best evidence based practice.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had identified 649 patients with diabetes, of which 84% had a review of their condition in the previous year. Over half of patients with long term conditions had received annual reviews of their condition: 83.9% of patients with chronic obstructive pulmonary disease (lung disease) and 73.6% of patients with asthma. This was similar to the previous year and in line with the previous year's CCG averages. GPs worked with the community mental health team to develop care plans for patients with severe mental health conditions. Out of 66 patients 45 had care plans reviewed and 85 out of 105 patients with depression had their condition reviewed. Nineteen out of 21 patients with a new diagnosis of cancer had a review. The number of patients with a dementia diagnosis was lower than expected for the practice. In response it had carried out an audit and reviewed its coding of patients with dementia. This had resulted in an increase in the number of patients from 24 to 36.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance and support their GPs and nursing staff. Monthly clinical meetings included discussion and review of referral data and emergency hospital admissions.

We reviewed local cancer data and found the practice was lower than average in its identification and cancer detection rates. Specifically, cancer identification was 0.75 compared to the local average of 1.87 and the detection rate was 33.3% compared to the local average of 46.5%. The practice was aware of this and had developed chronic disease teams to improve achievement in this area.

There was a protocol for repeat prescribing which was in line with national guidance. In accordance 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.

Effective staffing

Practice staffing included medical, nursing, administrative and reception staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. We noted a good skill mix among the doctors with one GP who had a special interest in diabetes and rheumatology and another in dermatology. All GPs were up to date with their yearly continuing professional development requirements and four had been revalidated and the others 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 the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). Doctors in the surgery undertook minor surgical procedures did so in line with their registration and NICE guidance.

The GPs led on clinical areas, for example, diabetes, asthma; they had decided to rotate the clinical lead areas every four years to ensure all GPs remained up to date and informed. All staff undertook annual appraisals that identified learning needs from which development plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example, the recently appointed healthcare assistant had undergone a range of training to develop her skills to meet the needs of patients and complement the skills of the practice nurses.

Practice nurses demonstrated they were knowledgeable and experienced in their areas. For example diabetes, COPD and minor illness. Health care assistants were also supported to develop their skills, for example in wound care.

Working with colleagues and other services

The practice worked with other service providers to meet patients' 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

Requires improvement

Are services effective?

(for example, treatment is effective)

and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice was commissioned for the new enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice held monthly multidisciplinary team meetings with other members of the primary health care team to discuss the needs of patients with complex medical needs, for example, those with end of life care needs or children on the at risk register. These meetings were attended by district nurses and palliative care nurses and decisions about care planning were documented in a shared care record. Discussion of palliative care patients followed the Gold Standards Framework for end of life care. The Gold Standards Framework is a systematic evidence based approach. It is designed to assist healthcare professionals to optimise care for all patients approaching the end of life.

The practice worked with community midwife service and with the health visitors to care for mothers, babies and young children.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, the practice used 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 in discussion with their chosen hospital).

The practice registration information included information on electronic patient records. Information on this was also available on the practice website. The practice used the electronic Summary Care Record (SCR) and offered patients access to their electronic GP record. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours). Administrative staff confirmed they printed the SCR for patients to take with them to hospital if needed.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that GPs 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 with understood the key parts of the legislation and were able to describe how they implemented it in their practice. GPs and nurses were aware of what action to take if they judged a patient lacked capacity to give their consent. They told us they recorded best interest decisions, consulted carers with legal authority to make healthcare decisions and sought specialist advice if needed. We saw care plans for patients who needed them included a section on discussion regarding advance decisions.

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) and had a section stating the patient's preferences for treatment and decisions. 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). We saw consent forms were used for people undergoing minor surgery and these were regularly audited.

Health promotion and prevention

The practice was aware of the local health priorities and more specifically in relation to their practice population. Antenatal care was shared with the community midwife and GPs carried out the new baby checks.

Requires improvement

Are services effective?

(for example, treatment is effective)

We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18-25 and offering smoking cessation advice to smokers.

The practice offered NHS Health Checks to all its patients aged 40 to 75 years, carried out by the health care assistant and had carried out 327 since this initiative had been introduced. Patients were followed up promptly if they had risk factors for disease identified at the health check and how they scheduled further investigations.

The practice had identified patients who needed additional support. For example, the practice kept a register of all patients with a learning disability, however only 13 out of 57 patients had an annual review of their condition in the previous year.

The practice offered a smoking cessation service and performed slightly below the CCG average. It had identified the smoking status of 85.1% of patients over the age of 16 and 90.8% had been offered smoking cessation advice.

The practice's performance for cervical smear uptake was 65.7%, which was below average for the CCG area. Patients who did not attend for screening were followed up by the practice. The practice had recently organised a number of monthly Saturday smear clinics, targeted at women from ethnic minority backgrounds to increase uptake.

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 child immunisations was in line with the CCG average of 12 months at 96.9% and 97.5% at 24 months. CCG data was 97.4% and 95.8% respectively. The practice had a clear policy for following up non-attenders by the GP. The practice achieved 73.8% flu vaccine uptake in over 65 year olds in the previous year which was in line with the CCG average of 73%.

There was a large quantity and wide range of information in the waiting room noticeboards and on the practice website, aimed at patients for health promotion and self-care.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The most recent national GP survey data (January 2015) for Wye Valley Surgery based on 142 completed surveys (36% response), showed the practice achievement across all areas was at or below the CCG average. For example, 74% of respondents rated their overall experience of the surgery as good and 60% would recommend the surgery. Compared with 85% and 79% respectively. The proportion of patients who stated staff were good at treating them with care and concern was 75% for doctors, lower than the CCG average of 83%.

The practice's own 2014 patient survey, found 69% of patients would recommend the practice to their friends and family.

We spoke with seven patients during the inspection. All the patients we spoke with were positive about the care and treatment they received. They told us staff provided compassionate care. However three patients expressed dissatisfaction with the appointment system and attitude of the reception staff.

We received nine comments cards from patients. Eight comments were positive and referred to the kindness and consideration of GPs, nurses and reception staff. Three cards contained adverse comments about obtaining appointments and interactions with reception staff on the phone.

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 reception desk was located away from the waiting area. Private space was also available if needed to accommodate waiting patients, for example if they were potentially infectious.

All staff had received training on information governance and signed a confidentiality agreement at the start of their employment. Staff had a good understanding of confidentiality and how it applied to their working practice. For example, during the inspection we witnessed numerous caring and compassionate interactions between staff and patients which demonstrated how staff treated patients with dignity and respect.

Care planning and involvement in decisions about care and treatment

The national patient survey results for Wye Valley Surgery showed patients responded less well to questions about their involvement in planning and making decisions about their care and treatment. For example, 69% of practice respondents said the GPs were good at involving them in decisions about their care and 72% said GPs were good at explaining tests and treatment, compared to the slightly higher local average of 74% and 82%.

Patients we spoke with 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 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.

Patients preferred methods of communication was recorded and the practice sought the patients consent before messages were left on answerphones.

GPs and nurses were aware of what action to take if they judged a patient lacked capacity to give their consent. They told us they recorded best interest decisions, consulted carers with legal authority to make healthcare decisions and sought specialist advice if needed.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with on the day of our inspection were positive about the emotional support provided by the practice.

A list of palliative and vulnerable patients was updated daily. Staff were aware of patients or recently bereaved families so they could manage calls sensitively and refer to the GP if needed.

A number of notices in the patient waiting room and patient website also told people how to access a number of

Good

Are services caring?

support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. The practice maintained a carers' register and referred patients to social services when needed for carer's assessment. We saw the written information available for carers to ensure they understood the various avenues of support available to them.

Requires improvement

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 patient'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 England Area Team and Clinical Commissioning Group (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. For example, the practice had recently proposed the provision of a locality vulnerable patients nurse to provide additional support and identification of such patients.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). The practice's latest action plan (2015) focussed on improving access. For example, by promoting the use of on-line access and review of the practice duty system to triage calls more efficiently.

Tackling inequity and promoting equality

The practice has a lower proportion of patients in the over 40 year age group and higher in the age groups: 20-39 years and significantly more females in the 10-19 years compared to the local average; this is due to the practice providing services to a local girls' boarding school.

Average life expectancy for males and females was similar to the national average. Data on the ethnicity of patients was not available. However, we were told that the practice had a diverse patient list similar to other practices in the locality.

The practice had recognised the needs of different groups in the planning of its services. For example, the practice provided services for patients who had no fixed address.

The practice had access to online and telephone translation services and some GPs could speak other languages relevant to the local population. However, staff told us most patients preferred to be accompanied by a relative who could translate for them.

The premises were wheel chair accessible. The reception desk was too high to accommodate the needs of patients in wheel chairs, however, staff said they personally approached people in wheel chairs to offer assistance and the newly installed on-line screen was sited at a suitable height for wheel chair users. Patient areas were on the ground and first floors, patients who could not manage the stairs were always accommodated in one of the ground floor consulting rooms.

Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

The practice was open daily from 8.30am to 6pm, extended surgery hours were provided on Monday, Tuesday and Wednesday mornings from 7.30am and until 7pm on Wednesday and Thursday evenings. Pre-booked appointments were available on some Saturdays. Information was available to patients about appointments on the practice website, however the practice website was generally in need of updating with accurate information about the practice staff and services. There were arrangements to ensure patients received urgent medical assistance when the practice was closed. Information on the out-of-hours service was provided to patients; if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances.

The practice operated a flexible appointment system to ensure all patients who needed to be seen the same day were accommodated. Longer appointments were available for people who needed them and those with long-term conditions. Patients on the 'unplanned admission' register had a priority access to appointments or to speak to a GP via an emergency phone line.

We spoke with seven patients during the inspection. Although patients we spoke with were positive about the care and treatment they received, three patients expressed dissatisfaction with the appointment system and attitude of the reception staff.

We received nine comments cards from patients. Eight comments were positive and referred to the kindness and consideration of GPs, nurses and reception staff. Three cards contained adverse comments about obtaining appointments and interactions with reception staff on the phone.

The practice's own 2014 survey focussed on access to appointments. Out of 244 patients who responded 38%

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

said they had difficulty contacting the practice by phone to make an appointment and 33% were not able to obtain an appointment when they wished to. The practice had developed an action plan to address these areas.

Data from the national patient survey confirmed the practice performed less well on access to appointments: 52% of respondents said they found it easy to get through to this surgery by phone compared to the local average of 72% and 62% of respondents described their experience of making an appointment as good, compared to the local average of 74%. The proportion of patients who stated they waited more than 15 minutes was 65% compared to the CCG average of 26%.

The practice was aware that some patients had difficulty accessing appointments and they regularly monitored the situation at their business meetings. For example, the practice had reviewed its patients' use of the out-of-hours service and found it was below the local average; 1.27% compared to 1.52%.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to a small number of patients in residential homes, both for annual reviews, flu immunisations and when requested.

We spoke to a representative of the local boarding school and the staff told us Wye Valley Surgery provided an efficient, reliable service and they were very satisfied with the access and standard of care provision.

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 in the practice.

We saw that information was available to help patients understand the complaints system, for example a poster was displayed near the reception desk. 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 the annual complaints review January 2014 to December 2014. No complaint had been escalated to the Ombudsman. Our review of the complaints register found complaints had been appropriately handled and there was evidence of reflection and change to practice noted. The practice showed openness and transparency in dealing with the complaints at the monthly practice meetings.

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

We spoke with 13 members of staff and they all expressed pride and a satisfaction working at Wye Valley Surgery. The practice mission and values were on display in the practice and on the website. The practice aimed 'To provide a high-quality, accessible service to patients in a welcoming environment where patients and staff feel respected and valued. We will regularly review and improve our services to make sure that they are relevant to patients' needs. We will try to deliver these services efficiently and effectively. We will not discriminate against anyone for any reason.'

The practice worked collaboratively with the local clinical commissioning group (CCG) to identify priority areas and develop services.

All staff attended the 2014 away day and said they valued the inclusive approach and contribution to the development of the practice.

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 nine of these policies and procedures and staff told us they had access via the practice intranet. All nine 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 a GP partner was the lead for safeguarding. We spoke with 13 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 Quality and Outcomes Framework (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 monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice carried out clinical audits which it used to monitor quality and systems to identify where action should be taken. For example in the case of dementia diagnosis.

The practice was developing its arrangements for identifying, recording and managing risks. The practice manager showed us examples of risk assessments carried out, for example, for pregnant staff.

An annual meeting schedule was in place and the practice discussed governance issues at the weekly business meetings. We looked at minutes from the last three meetings and found that performance, quality and risks had been discussed. For example, staffing issues and QOF achievement.

Leadership, openness and transparency

We saw from minutes that team meetings were held monthly. Staff told us that there was an open and inclusive culture within the practice. Staff said they were confident to raise issues and they had the opportunity to do so individually and collectively at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example, disciplinary procedures, induction policy, management of sickness, which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. 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 welcomed feedback from the public, via a suggestion box in the reception area, NHS choices website and the NHS Friends and Family test (FFT). The FFT results for the last three months were variable and based on low numbers with results ranging from 57% to 100% of patients extremely likely or likely to recommend the practice.

The patient participation group (PPG) consisted of fifty members, but attendance at meetings was variable. The PPG met with the practice quarterly and they told us, since the change in the practice representation at the meetings, they had observed a greater willingness to work constructively with the CCG to improve services. We saw the annual survey results and action plans for the last two years were published on the practice website. Actions had been implemented to improve access to appointments

Are services well-led?

Good

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

which regularly featured as an area for improvement. For example, by promoting the use of on-line access and review of the practice duty system to triage calls more efficiently.

The practice engaged with staff informally and formally 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 gave examples of when they had raised concerns if they felt it necessary. 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. Staff we spoke with were aware of the policy.

Staff told us they felt valued as part of the practice team. There were opportunities for formal and informal communication for staff, to ensure issues were raised and managed appropriately.

Management lead through learning and improvement

Staff told us that the practice supported them through mandatory training updates, for example, in infection control, child safeguarding and basic life support. All staff had been appraised in the last year. Staff told us they felt the appraisal was a meaningful process and identified areas for future personal development. We saw examples of this in the staff training records we reviewed.

All the GPs mentioned the support provided by colleagues and a focus to identify where they could improve services. The learning was shared with staff at team meetings to ensure the practice continuously improved outcomes for patients.

The GP clinical leads rotated their clinical lead roles to ensure all GPs remained up to date in key areas. The nursing and health care assistants were supported to develop their roles, for example, health care assistant increase her skills to administer flu immunisations and vitamin B12 injections.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider was not carrying out a collaborative assessment of the needs and preferences for care and treatment of patients with a learning disability and those with severe mental health conditions. Regulation **9 (3)(a-h) Person Centred Care**