

# Dr JM Longley and Partners

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr JM Longley and Partners on 13 January 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal incidents were maximised.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were thoroughly assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice had invited a number of support organisations to provide a range of educational and advisory events for practice patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they were able to get appointments when they needed them, with urgent appointments available the same day.
- Patients did not find it easy to contact the practice via telephone and could not always get appointments with their preferred GP.
- 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.
- The practice had a robust governance system in place to ensure that risks were identified and monitored and improvements to the service were made.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# Summary of findings

## **We saw three areas of outstanding practice:**

- The practice benefited from a pharmacy co-located next to the health centre and they maintained close links with this service. We were given many examples where GPs were able to take prescriptions and medicines on urgent home visits pre-emptively, so patients received their medicines immediately. Where the medicines were not required by patients, the practice and pharmacy had an arrangement whereby they could be returned to the pharmacy with the prescription. Reception and administrative staff also worked closely with the pharmacy and ensured that those patients' prescriptions requested at the end of the day were all received by the pharmacy prior to the practice closing to avoid delays in processing of prescriptions.
- The practice had arranged for a number of educational and support events for practice patients, in conjunction with the Patient Participation Group (PPG). For example, a diabetes information evening was held in October 2015 where an external speaker from a national diabetic charity offered advice on diet and exercises and provided information leaflets for patients. A practice nurse and a representative from the health lifestyle advisory service were also present to provide information to patients. The practice nurses also used this evening as an opportunity to provide flu immunisations to their diabetic patients and the PPG

encouraged patient feedback by promoting the NHS Friends and Family Test. Of those 37 who attended the event across the three practices, 21 patients received the flu immunisation.

- The practice had robust governance arrangements in place, which included the use of work plans to address key areas of quality improvement; a comprehensive policy schedule outlining all policies and procedures, all review dates and the named staff member for updating the policy; and a comprehensive programme of continuous internal audits to monitor performance which were discussed in monthly management meetings. All management meetings were between the business manager and the partners of the three practices co-located in the shared premises which encouraged a culture of shared learning and development.

## **The areas where the provider should make improvements are:**

- Implement a clear system for tracking and monitoring the use of prescription pads across the practice.
- Consider providing extended hours surgeries to improve appointment availability for patients of working-age and provide an online appointment booking facility.
- Improve telephone access for patients.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events and lessons were shared across the three practices in the premises to make sure action was taken to improve safety.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had a full range of emergency medicines including vitamin K, to ensure they were able to respond to any emergencies arising from the anticoagulation clinic. The practice also stocked a meningitis kit so they could respond immediately if an unwell child presented at the practice.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice actively promoted a range of health checks, immunisations and screening services to support patients live healthier lives.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice in line with or above local and national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice provided anticoagulation services in-house.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice had invited a number of support organisations to provide a range of educational and advisory events for practice patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they were able to get appointments when they needed them, with urgent appointments available the same day.
- Patients did not find it easy to contact the practice via telephone and could not always get appointments with their preferred GP.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Most staff were clear about the vision and their responsibilities in relation to this.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The practice had a number of policies and procedures to govern activity and held regular management meetings. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had organised a range of events with external speakers.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Self-care plans were provided to those patients most at risk and those over 75.
- The practice had links with local older people's support services and invited these organisations to speak with practice patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above averages. For example, the percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medication was 100%, which was above CCG average of 95% and national average of 93%.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was in line with the national average.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management, for example patients with diabetes.
- Performance for diabetes related indicators was above Clinical Commissioning Group (CCG) and national averages. For example, 84% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74% and the national average of 78%.
- The percentage of diabetic patients which had received the flu vaccination in 2014/15 was 98%, which was above CCG and national averages.
- The practice were signed up to provide an anticoagulation service for patients, four days per week.
- The practice maintained close links with the pharmacy located next to the premises. GPs had arrangements in place with the pharmacy to take prescriptions and medicines and on urgent home visits, to ensure patients received their medicines immediately.

# Summary of findings

- The practice had invited a number of external organisations to the practice to provide education and advice to patients, for example, they had arranged a diabetes awareness evening.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. Robust re-call systems were in place to invite patients with long term conditions for health checks and reviews.
- For those patients with the most complex needs, such as those at risk of admission to hospital and those at the end of life, the GPs worked with relevant health and care professionals to deliver holistic care.

## Families, children and young people

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 Accident and Emergency (A&E) attendances.
- The practice met with a health visitor monthly to flag children at risk.
- Immunisation rates were high for all standard childhood immunisations and effective re-call systems were in place to follow up those who did not attend.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



## 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).

Good





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted some of the services it offered to ensure these were accessible to patients.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group, including travel clinics. Their achievement for bowel cancer screening was one of the highest in the Clinical Commissioning Group (CCG).
- The practice offered online services for repeat prescriptions, however due to known limitations with their computer system, they were not able to offer online appointment booking. Both patients and staff recognised that this would be beneficial for the practice.
- The practice did not offer extended opening hours for appointments.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had made improvements to ensure patients with hearing impairments were able to access the service.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and had invited a number of external organisations to events to provide advice and education to patients, for example support for carers.
- 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.
- Of 24 patients on the practice's learning disabilities register, 50% had received a health check in 2014/15. Letters were sent to eligible patients and GPs also telephoned to encourage uptake.

Good



# Summary of findings

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

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 81% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the Clinical Commissioning Group (CCG) and national averages.
- Performance for mental health related indicators was in line with the CCG and national averages; 87% of patients had received an annual review compared with CCG average of 87% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice provided self-care plans for people with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice was a dementia friendly practice. They performed monthly searches of patients at risk of dementia. A range of clinical and non-clinical staff had received dementia training.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. In total, 280 survey forms were distributed and 126 were returned. This represented 2.5% of the practice's patient list.

- 81% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 86% and a national average of 85%.
- 76% would recommend the surgery to someone new in the area compared with a CCG average of 79% and a national average of 78%.
- 43% find it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 76% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 32% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 59%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.

- 83% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 66% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 54% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 48% feel they don't normally have to wait too long to be seen compared with a CCG average of 56% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Patients felt that the practice provided an excellent service from the GPs and nurses and staff were polite and helpful.

We spoke with eight patients during the inspection. All patients said they were positive about the care they received and thought staff were approachable, committed and caring. Results from the NHS Friends and Family Test (FFT) from April 2015 to August 2015 showed that on average, 95.5% of patients would recommend the practice.

# Dr JM Longley and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and an Expert by Experience.

## Background to Dr JM Longley and Partners

Dr JM Longley and Partners provides primary medical services in Sutton to approximately 4995 patients and is one of 27 practices in Sutton Clinical Commissioning Group (CCG). The practice population is in the least deprived decile in England.

The practice population has a lower than CCG average representation of income deprived children and older people. The practice population of children are slightly below local and national averages, the practice population of those of working age is in line with local and national averages at 65% and the number of older people registered at the practice is higher than local and national averages; 20% of patients are over the age of 65. Of patients registered with the practice, 80% are White or White British, 13% are Asian or Asian British and 2% are Black or Black British.

The practice operates from a purpose built GP centre. The practice shares the GP centre premises with two other practices. The three practices at the GP centre operate a shared business model, whereby the nursing and administrative teams work across all three practices located in the GP centre. Most patient facilities are on the ground floor and are wheelchair accessible. This practice has access to four doctors' consultation rooms and four

nurses' treatment rooms; one of the treatment rooms was on the first floor accessed via stairs. The practice team at the surgery is made up of one full time male lead GP who is a partner, one full time male salaried GP and one part time female salaried GP. The total number of GP sessions per week is 20. The nursing team consists of a full time nurse manager who is a nurse prescriber, three part time female practice nurses and two part time health care assistants. The administrative team includes a practice business manager, four administrative staff and 11 reception staff members.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee GPs and provides teaching to pre-registration nursing students.

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday. Appointments are available between 8am and 1pm every morning and 2pm and 5.30pm every afternoon. Extended hours surgeries are not offered at the practice. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and directs patients to the out-of-hours provider for Sutton CCG.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, family planning services, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

At initial registration with CQC, the practice was self-identified as being non-compliant with minor impact for all regulated activities in relation to infection control and suitability of premises and the practice developed an action plan to address these areas.

# Detailed findings

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 January 2016.

During our visit we:

- Spoke with a range of staff including eight administrative and reception staff, the deputy practice manager, two nurses and two GPs.
- Spoke with eight patients who used the service and one member of the Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed eight comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- An incident reporting procedure was available.
- Staff told us they would inform the practice business manager of any incidents verbally or via written communication.
- There was a comprehensive recording form available on the practice's computer system which the practice business manager completed. This detailed actions, outcomes, learning points and how the significant event was shared with staff.
- The practice carried out a thorough analysis of the significant events. Significant events were discussed during monthly partnership meetings with the three practices who shared the premises and they were also cascaded to staff groups via the monthly nursing meeting and monthly administrative meetings.
- The practice business manager undertook an annual trend analysis for significant events and review of actions that had been completed to improve systems in the practice.
- We saw evidence that complaints were also analysed and recorded as significant events where this was appropriate.

The practice had a system in place for dealing with and cascading safety alerts, however the practice did not keep a record of actions taken as a result. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a blood test form was provided to a patient with a different patient's details. This was discussed in the management meeting between all three practices located in the premises and the incident was then discussed at the administration meeting so all staff were aware of the incident. The practice revised the current procedure for the shared printer to ensure staff collected any print outs immediately. A second incident had occurred where perishable medical supplies delivered to the practice marked as requiring immediate refrigeration were left in the incoming post tray for the practice manager and had not been placed in the refrigerator. The changes made

were for the goods to be delivered directly to the nursing team and for reception staff to use message alerts on the computer system advising the nursing team immediately when a parcel was delivered.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding both children and adults. GPs used a safeguarding template for all children at risk, which listed safeguarding history, referrals made and professionals involved. The GPs attended meetings on a monthly basis with a health visitor where children at risk were discussed. GPs always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and practice nurses were trained to Safeguarding level 3 for children. Clinical and non-clinical staff both received safeguarding adults training.
- A notice in the waiting room advised patients that chaperones were available if required. Nursing staff and three reception staff acted as chaperones, they were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and there were robust systems for cleaning in place. The practice nurse manager was the infection control clinical lead who liaised with the local

## Are services safe?

infection prevention teams to keep up to date with best practice. There was an infection control policy and comprehensive supporting procedures in place and staff had received up to date training for infection control, relevant to their role. Annual infection control audits were undertaken. The last being in July 2015 and we saw evidence that action was taken to address any improvements identified as a result, including renewed treatment couch covers that had been damaged.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing, for example recent antibiotic prescribing audits had been completed. Prescription pads were securely stored for use across the three practices and there were some systems in place to monitor their use, however tracking of prescription forms across the three practices was not clearly recorded. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We also viewed the recruitment checks carried out for locum staff. The practice had a very robust system in place which provided them with assurances that all GP locum staff who worked with the practice had appropriate recruitment checks and training in place.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with posters in the practice. The practice business manager undertook an annual premises health and safety risk assessment, the last being in September 2015. Actions from this had been completed or were in the process of being completed.
- The practice had up to date fire risk assessments with evidence of completed actions and fire drills were undertaken every six months with records of these kept. All fire equipment had been checked and staff had received fire training. The practice had an unexpected emergency fire evacuation in December 2015 and they had documented the actions and learning points from this incident.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly and evidence of electrical and equipment checks were kept.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff received annual basic life support training, however non-clinical staff received training every three years. Immediately following the inspection the practice had booked basic life support for all staff who required updating, to ensure all staff received annual training.
- There were emergency medicines available in one of the nurses' treatment rooms and all staff knew of their

## Are services safe?

location. The practice had a full range of emergency medicines including vitamin K, to ensure they were able to respond to any emergencies arising from the anticoagulation clinic. The practice also stocked a meningitis kit. All the medicines we checked were in date and fit for use.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

- The practice had a comprehensive business continuity plan setting out clear arrangements for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a large range of contact numbers for local services and utilities.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. One of the partners reviewed any new NICE guidance on a monthly basis and these were discussed in weekly clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

From all medical records we reviewed, the practice was found to be following best practice guidance and patients' needs were effectively assessed with the use of annual review templates and care plans where relevant. The practice used self-care plans and copies were given to patients. Self-care plans were offered to all vulnerable patients including learning disabilities, long-term conditions, over 75's, carers, those at risk of admission to hospital, those with dementia and mental health problems and those at the end of life. There was evidence from all care plans we viewed that they were comprehensive, individualised and patient-centred.

The GPs had identified roles for leading in long-term conditions such as diabetes, dementia and Chronic Obstructive Pulmonary Disease (COPD). The practice nursing team supported the work of the GPs by providing nurse-led clinics including those for diabetes, anticoagulation and respiratory disorders.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results for 2014/15 were 99.5% of the total number of points available, and the practice also achieved 99.2% in 2013/14. Exception reporting data was not

available as the practice inputted their QOF data manually, as they shared a database system across the three practices in the premises. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. There were robust re-call systems in place to invite patients for health checks and reviews.

Data from 2014/15 showed:

- Performance for diabetes related indicators was above Clinical Commissioning Group (CCG) and national averages. For example, 84% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74% and the national average of 78%. The number of patients who had received an annual review for diabetes was 90% which was above the CCG average of 86% and national average of 88%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 95% which was above CCG average of 91% and national average of 90%.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medication was 100%, which was above CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100%, which was above CCG average of 99% and national average of 98%.
- Performance for mental health related indicators was in line with the CCG and national averages; 87% of patients had received an annual review compared with CCG average of 87% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 81% which was in line with CCG average of 81% and national average of 84%.

Clinical audits demonstrated quality improvement:

- There had been two clinical audits completed in the last two years, one of these was a completed audits where the improvements made were implemented and monitored.
- The practice had undertaken a one-cycle audit in 2015 to improve monitoring of patients with atrial fibrillation.

# Are services effective?

## (for example, treatment is effective)

- The second audit was a completed cycle was in relation to antibiotic prescribing. Due to performance data, the practice became aware of their higher than average antibiotic prescribing of broad spectrum antibiotics. The second cycle of this audit demonstrated significant improvements in antibiotic prescribing practice. Other actions were taken to improve outcomes for patients such as providing an information leaflet and improving patient education about the use of antibiotics.
- The practice participated in local and national benchmarking, accreditation, peer review and research. One of the partners attended CCG locality meetings two to three times per month where benchmarking and performance was also discussed.

### Effective staffing

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

- The practice operated within a shared business model, utilising reception and administrative staff and nursing staff across the 3 practices. Training and induction programmes were consistent across the three practices in the premises.
- The practice had an induction programme for all newly appointed staff and these were visible in new staff files. It covered such topics as safeguarding, infection prevention and control, fire safety, basic life support, health and safety and confidentiality.
- All staff received update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Clinical staff had training in the Mental Capacity Act 2005.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff for example, for those reviewing patients with long-term conditions. There was a wide skill mix amongst clinical staff, including a nurse prescriber within the team. The nurse prescriber specialised in sexual health and contraception, travel health and respiratory conditions. Staff administering vaccinations, undertaking anticoagulation services and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at nursing meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice was a training practice for GP registrars. The practice was accredited by a local university to provide teaching to nursing pre-registration students and they also provided mentoring to post-registration nurses.

### Coordinating patient care and information sharing

The practice shared a patient electronic record system database with the other two practices in the premises, however all three practice lists were separate. Nursing and non-clinical staff were able to access patient records for all three practices. GPs accessed only the patients on their practice list.

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had effective systems in place to ensure that communications from other services and results were reviewed and actioned in a timely way.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

# Are services effective?

## (for example, treatment is effective)

We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Vulnerable patients, those at risk of hospital admission, patients with dementia and those at the end of life were discussed with district nurses. Every two months, the practice also met with the palliative care nurses to discuss end of life care patients. The practice met with a health visitor monthly to flag any children at risk and met with the local learning disabilities nurse twice yearly. The practice clinicians met weekly, where they reviewed all Accident and Emergency attendances to monitor whether patients required a follow-up review and if there were patients at risk of admission to hospital. Comprehensive minutes were kept of all these meetings.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those with a learning disability, patients at risk of dementia and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A healthy lifestyle advisory service was available once a week in the practice, which included smoking cessation advice.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of

83% and the national average of 82%. There was a policy to offer three written reminders for patients who did not attend for their cervical screening test and placing alerts on the patients' records. The practice reception staff encouraged uptake of the screening by using these alerts and advising patients they were due for cervical screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for bowel cancer screening for April 2015 to June 2015 was 64%, which was the fourth highest in the CCG area.

Childhood immunisation rates for the vaccinations given all above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 87% to 98%. The practice had a robust system in place to follow up those children who did not attend for vaccinations.

Flu vaccination rates for 2013/14 for the over 65s were 76%, and at risk groups 53%. These were above national averages. The percentage of diabetic patients who had received the flu vaccination in 2014/15 was 98%, which was also above CCG and national averages. Patients were invited for flu vaccinations via text message, telephone and the practice also used posters, the newsletter and educational events to promote uptake.

The nurse manager had developed an immunisation template for use by all practices in the CCG. This was a comprehensive record of immunisations and prompted staff where immunisations were incomplete to seek overseas records, review immunisation schedules for a range of countries and ensure patients immunisation schedules were in line with current guidance.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 with the health care assistants. The practice offered annual health checks for patients with learning disabilities. Of 24 patients on the practice register, 50% had received a health check in 2014/15. Letters were sent to eligible patients and GPs also telephoned to encourage uptake. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. During the inspection we witnessed the reception staff offering this to a carer.
- Confidentiality in the reception area was effective due to the position of the three reception counters.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above or in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% described the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 86% and a national average of 85%.
- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.

- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 93% said the nurse was good at listening to them compared to the CCG average of 91% and national average of 91%.
- 95% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 94% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 76% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.

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

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

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

## Are services caring?

- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language and the staff were able to arrange a sign language interpreter if required. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as

carers which was 0.8% of the practice list. Of these, 39 which was 95%, had been offered the flu immunisation. Written information was available to direct carers to the various avenues of support available to them. Carers were offered flu immunisations opportunistically. The practice held a drop in session at the surgery in December 2014 and June 2015 specifically for carers, to receive advice and support from a local carers group.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. All staff were alerted to a bereavement so staff knew to offer appointments if required.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice were signed up to a local initiative to provide a nurse-led anticoagulation service to practice patients. The practice nurses provided this service four mornings per week to patients from all three practices located in the premises and they also provided a daily telephone triage service for anticoagulation patients. The practice nurses maintained close links with district nursing teams who visited the practice's housebound patients for anticoagulation services. A healthy living advisory service attended the practice weekly to provide support and advice to practice patients.

- There were longer appointments available for patients required these such as those with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Emergency appointments were available for older people, children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and privately. The practice offered travel clinics, particularly for students and those of working-age.
- The practice offered ante-natal and post-natal clinics weekly.
- The practice were signed up to the avoiding unplanned admissions enhanced service and kept a register of those patients most at risk of hospital admission. These patients were contacted within three days of attendance at Accident and Emergency (A&E) and offered a follow up or telephone appointment.
- There were disabled facilities, a hearing loop and translation services available including sign language translation services.
- Following a patient survey, the practice had developed strategies to ensure those with hearing impairments were able to communicate effectively, such as emailing requests for appointments to named administrative staff and known patients with hearing impairments were able to speak at the side reception door if required.

- The practice benefited from a pharmacy co-located next to the health centre and they maintained close links with this service. We were given many examples where GPs were able to take prescriptions and medicines on urgent home visits pre-emptively, so patients received their medicines immediately. Where the medicines were not required by patients, the practice and pharmacy had an arrangement whereby they could be returned to the pharmacy with the prescription. Reception and administrative staff also worked closely with the pharmacy and ensured that those patients' prescriptions requested at the end of the day were all received by the pharmacy prior to the practice closing to avoid delays in processing of prescriptions.
- The practice had arranged for a number of educational and support events for practice patients, in conjunction with the Patient Participation Group (PPG). For example, a diabetes information evening was held in October 2015 where an external speaker from a national diabetic charity offered advice on diet and exercises and provided information leaflets for patients. A practice nurse and a representative from the health lifestyle advisory service were also present to provide information to patients. The practice nurses also used this evening as an opportunity to provide flu immunisations to their diabetic patients and the PPG encouraged patient feedback by promoting the NHS Friends and Family Test. Of those 40 patients who attended the event across the three practices, 21 patients received the flu immunisation.
- Other external organisations who were invited to the practice to provide education and advice included carer support services, older people's support services, lymphoedema support, support for those with visual impairments and Parkinson's disease support and advice. These organisations had visited the practice in 2014 and also in 2015 to provide on-going support for patients.
- The practice produced a seasonal newsletter for patients, the last advising them of latest patient feedback, promoting services such as flu clinics and health checks to patients and providing advice such as staying well in winter.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 1pm every

# Are services responsive to people's needs?

## (for example, to feedback?)

morning and 2pm to 5.30pm every afternoon. Extended surgery hours were not offered at the practice, but patient feedback and patient survey data did not identify this as a concern.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. On the inspection day we saw that emergency appointment slots were available and the next pre-bookable appointment was in three days.

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

- 72% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 74% and national average of 75%.
- 66% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 83% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 54% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.

However patients felt that there was difficulty getting through to the surgery by phone and difficulty seeing their preferred GP:

- 43% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 32% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 59%.

People's views on the day of the inspection aligned with the survey results. Patients told us that they were able to get appointments when they needed them, however all patients we spoke with reported difficulty in getting through to the practice via telephone to book an appointment. Patients told us they found it easier to visit the practice in person to book appointments, although this was less convenient. Patients also reported that they had difficulty seeing their preferred GP and that appointments were frequently delayed.

The practice offered some online services, including access to medical records and prescription requests, however they were unable to offer online appointment booking due to limitations with the shared patient database across the three practices. The practice were aware of the impact this had on the appointment system and had escalated this to the local CCG and other relevant organisations, for further resolution. Appointment reminders and cancellations were sent via text message.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available to help patients understand the complaints system, such as the practice complaints leaflet and posters in the waiting area.
- There was a designated responsible person who handled all complaints in the practice.
- Most verbal complaints were dealt with informally, however some verbal complaints were also investigated and recorded in line with the formal complaints policy.
- Thorough records of all correspondence and investigations were kept with a detailed front sheet for each complaint including actions taken, lessons learnt and how they were shared with staff.
- The practice manager reviewed all complaints annually to identify themes and these were shared with the partners in the monthly management meetings.
- Learning from complaints across all three practices located in the premises were shared with staff, where there were improvements that could be made.

We looked at five complaints received in the last 12 months; three of these were verbal complaints. We found that these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, after a complaint regarding lack of appointments, the reception supervisors re-instated a daily audit of appointments and created a reserve list of non-urgent appointments so that patients could be contacted in the event of a cancellation. The practice had identified one complaint that had not

## Are services responsive to people's needs? (for example, to feedback?)

been correctly reported or documented from 2014. This was treated as a significant event and the complaints process was re-iterated and discussed with all staff. We saw minutes to confirm this.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a robust plan of strategic and operational intent which reflected the vision and values and was regularly monitored by the practice business manager.
- The partner in the practice was not aware of the strategic business plan, however they had a clear vision of succession planning that was to take place within the practice to ensure the maintenance of high quality care, which formed part of their strategy and business plan.
- Staff were not aware of the strategic plans for the practice, however short term objectives were shared in staff meetings.

### Governance arrangements

The practice was one of three practices co-located in the premises and they operated a shared business model; nursing, administrative staff and practice management was shared across the three practices. The management of the three practices included an overarching robust governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and included:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice business manager developed 'work plans' for priority areas of the governance framework which included named staff for specific tasks to ensure the work plans were completed. These work plans were provided to staff, to ensure that their responsibilities were clear and were linked into staff personal development plans were relevant.
- Practice specific policies were implemented and were available to all staff. The practice had a policy update schedule which listed all available practice policies, the last date they were updated and the lead staff member who was responsible for monitoring the policy.
- A comprehensive understanding of the performance of the practice was maintained by a supportive management and administrative team. Practice performance, quality, risk and finances were discussed

during monthly management meetings across the three practices co-located in the shared premises. The partner attended regular benchmarking meetings with the Clinical Commissioning Group (CCG).

- A thorough programme of continuous internal audits was used to monitor quality and to make improvements and results were discussed and shared in partnership meetings. For example, NHS Friends and Family Test (FFT) and Patient Participation Group (PPG) survey information, annual information governance audits, appointment audits, internal audits of referrals, the practice initiated safeguarding audit and compliance standards for engagement of locums.
- There were robust arrangements for identifying, recording and managing risks, incidents, complaints and implementing mitigating actions. Significant events and complaints were reviewed annually to identify themes and these were shared in the management meetings.

### Leadership and culture

The partner in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partner was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partner and practice nosiness manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management. There was evidence that all staff worked as a co-ordinated team.

- Staff told us the practice held regular team meetings; monthly nursing meetings, monthly administrative

# Are services well-led?

Good 

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

meetings and six-weekly reception meetings. Minutes of all meetings were emailed to staff and minutes we viewed were comprehensively documented with clear action points.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the partner and the practice business manager in the practice. All staff were involved in discussions about how to run and develop the practice, via appraisal discussions and during staff meetings. They encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- All staff including non-clinical staff were invited to attend internal clinical training organised by the practice nurse manager which staff felt was beneficial to their roles.
- All staff received comprehensive annual appraisals and new staff received three monthly and six monthly reviews.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. There was a highly active PPG of 12 core members which met quarterly and 27 virtual members. The PPG encompassed patients from across the three practices operating a shared business model.
- The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. A number of changes had been implemented from PPG surveys. For example, the practice had carried out a disabilities survey in 2014 and as a result, they installed a hearing loop, provided deaf awareness training for staff and implemented email and text booking with patients with hearing difficulties. The PPG had carried out service specific satisfaction surveys in 2014 and 2015. Results for the 2014 anticoagulation

survey indicated a high level of satisfaction with the consultation experience, as 97% of patients responded they were 'very happy'. There was a slight decrease in patient satisfaction with the organisation of appointments. The PPG and the practice were aware of problems with the appointment system in general and had engaged with the Clinical Commissioning Group (CCG) and NHS England to rectify the problems with their electronic patient record as they were unable to offer online appointment booking. This was still under review at the time of the inspection.

- The PPG had organised a number of external organisations to visit the practice to provide education, support and advice. For example, a local carer support organisation provided a drop in advisory service in December 2014 and June 2015. There were three events in 2014 and in May 2015 where an older people's support organisation provided a drop in service to provide advice. The practice and PPG had arranged a diabetes awareness event in April 2015, which had 40 attendees, in order to provide education, promote health living and to provide flu immunisations for diabetic patients. The PPG also used all these events to promote the PPG and to recruit new members.
- Results from the NHS Friends and Family Test (FFT) from April 2015 to August 2015 showed that on average, 95.5% of patients would recommend the practice. The practice published results of the FFT on the quarterly practice newsletter and promoted patient feedback via the FFT and PPG via this medium.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. There was evidence that the shared-business model adopted by the practice and engagement with the two other practices in the premises encouraged a culture of learning and improvement, particularly in relation to making improvements to the quality and governance of the service from significant events, risk analysis and complaints.