Dr B D Patel

Quality Report

Longton Health Centre
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr B D Patel on 25 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review the emergency medicines held to include treatment for symptomatic bradycardia (low heart rate causing adverse symptoms), or perform a risk assessment on why this would not be required.

Summary of findings

- Improve, where possible, the number of patients participating in national cancer screening programmes.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had trained staff, procedures and equipment to help in an emergency.
- The range of emergency medicines could be reviewed to include medicines to treat symptomatic bradycardia (a low heart rate causing adverse symptoms).

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others 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.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues 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 and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Although the practice had a lower than average number of patients of older age, the outcomes for patients in these group was positive. For example, the practice could demonstrate that over time unplanned admissions to hospital for patients aged 65 and over had reduced.
- The practice provided health checks to patients aged 75 years and over to detect for emerging health conditions. A total of 47 patients had received a proactive review of their wellbeing within the last 18 months.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was similar to local and national averages. For example, 90% of patients with COPD had received a review of their condition within the last year compared with the CCG average of 91% and national average of 90%.
- 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. 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.

Summary of findings

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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77% compared with the CCG average of 80% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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.

People whose circumstances may make them vulnerable

Good

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 those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice had a lower number of patients diagnosed with dementia than expected. However, staff had been proactive in screening for the condition and had performed 32 in house cognitive assessments for the emerging symptoms of dementia.
- Performance for poor mental health indicators was similar to local and national averages. For example, 88% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- We received positive feedback about how staff dealt with patients with patients experiencing poor mental health.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 396 patients to submit their views on the practice, a total of 99 forms were returned. This gave a return rate of 38%.Findings were positive:

- 98% said that the GP was good at giving them enough time compared to the CCG and national averages of 87%.
- 98% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 95% said the practice nurse was good at listening to them with compared to the CCG average of 92% and national average of 91%.
- 93% found the receptionists helpful compared to the CCG and national averages of 87%.
- 95% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 99% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.

The practice PPG had conducted their own survey of 94 patients which also revealed consistently high levels of patient satisfaction. For example:

- 73% of patients felt the clinician was excellent at listening to them with a further 25% rating this as good.
- 78% of patients felt the clinician was excellent in a polite and considerate approach with a further 21% rating this as good.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 38 completed cards, of which all were positive about the caring and compassionate nature of staff. We spoke with five patients including two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients also praised the practice process for making, and availability of, appointments

Areas for improvement

Action the service SHOULD take to improve

- Review the emergency medicines held to include treatment for symptomatic bradycardia (low heart rate causing adverse symptoms), or perform a risk assessment on why this would not be required.
- Improve, where possible, the number of patients participating in national cancer screening programmes.

Dr B D Patel

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Dr B D Patel

Dr D B Patel is registered with the Care Quality Commission (CQC) as a partnership provider.

The practice provides services via purpose built premises within Longton Health Centre and at the time of our inspection 3,000 patients were registered to receive care and treatment. The partnership arrangements comprise of two partners holding a General Medical Services contract with NHS England.

The practice demographic is broadly similar to the national average although the practice has around 5% less patients aged 65 years and older than the national average. The locality is one of increased deprivation than the clinical commissioning group (CCG) and national averages.

The practice is open on Monday, Tuesday and Friday from 8:30am to 7:30pm, Wednesday from 8:30am to 7pm and Thursday from 8:30am to 4:30pm. During these times telephone lines and the reception desk are staffed and remain open. When the practice is closed patients can access help by telephoning the practice, after which their call is transferred to the NHS 111 service for assistance. The practice has opted out of providing cover to patients outside of normal working hours. These out-of-hours services are provided by Staffordshire Doctors Urgent Care Limited.

Staffing at the practice includes:

- Two male GP partners giving a whole time equivalent (WTE) of 1.1.
- Two long term GP locums giving a WTE of 0.44 (one female, one male).
- Two female practice nurses giving a WTE of 1.
- One female healthcare assistant WTE of 0.43.
- The administrative team of seven is led by a practice manager and assistant practice manager.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?

Detailed findings

- 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)

Before our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey. We informed NHS England and NHS Stoke on Trent Clinical Commissioning Group that we would be inspecting the practice and received no information of concern.

During the inspection we spoke with members of staff including GPs, members of the practice nursing team, the practice manger, the assistant practice manager and administrative staff. We also spoke with two members of the patient participation group (PPG). (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services).

We gathered feedback from patients by speaking directly with them and considering their views on comment cards left in the practice for two weeks before the inspection.

Good

Are services safe?

Our findings

Safe track record and learning

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibility, and the process, for reporting significant events.
- Significant events had been thoroughly investigated. When required action had been taken to minimise reoccurrence and learning had been shared within the practice team.
- Significant events were discussed at practice meetings on a monthly basis and at three monthly clinical governance meetings.
- All occurrences were reviewed for trends and when needed changes were made to promote a safe culture.

We reviewed records, meeting minutes and spoke with staff about the measures in place to promote safety. Staff knew the processes and shared recent examples of wider practice learning from incidents. For example, following an occurrence where a hand written letter containing inaccurate information had been sent by the practice. The process for sending external communications was changed to include quality assurance checks and retaining electronic copies of letters. The change was designed to minimise the occurrence happening again.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice did not always record the actions they had taken in response to alerts, although other evidence demonstrated they had taken action. We spoke with the practice about this and shortly after our inspection the practice shared a new procedure on recording MHRA information with us.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

The practice had a number of systems in place to minimise risks to patient safety:

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards, for GPs this was level three in safeguarding children. The lead GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. 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. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken annually, with the most recent one completed in November 2015. We saw the practice took action following audits and changes in IPC guidance and had appropriate levels of personal protective equipment available for staff.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nursing team consisted of practice nurses and a healthcare assistant. The practice nurses used Patient Group Directions (PGDs) to allow them to administer medicines in line with legislation. Blank prescriptions were securely stored and there were systems in place to monitor their use.
- We saw that patients who took medicines that required close monitoring for side effects had their care and

treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The practice had a tracking system for ensuring patients had received the necessary monitoring before the medicines were prescribed.

- We reviewed three 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. The practice had medical indemnity insurance arrangements in place for all relevant staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- Regular infection control audits were held and staff were immunised against appropriate vaccine preventable illnesses.
- The practice performed regular water temperature testing and flushing of water lines. The practice written risk assessment for Legionella had recently expired, although the practice provided an updated version shortly after the inspection. (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date, stored securely and staff knew their location. The practice did not have emergency medicines to treat symptomatic bradycardia (a low heart rate causing adverse symptoms).
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Changes to guidelines were shared and discussed at practice meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed that within the practice:

- The practice achieved 96% of the total number of points available; this was higher than the national and clinical commissioning group (CCG) averages of 95%.

Data from 2014/15 showed:

- Performance for poor mental health indicators was similar to local and national averages. For example, 88% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%. Clinical exception reporting was 3% compared with the CCG average of 10% and 13%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients had received the treatment or medicine.
- Performance for diabetes related indicators was lower than local and national averages. For example, 65% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was in the mid-range QOF indicator, compared with the CCG average of 75% and national average of 77%. Clinical exception reporting was 8% compared with the CCG average 9% and national average of 12%. The measurement of longer term diabetic control is intended to reduce the risks of complications associated with the condition. The practice had more identified 7.5% of their patients with diabetes compared to the CCG average of 6% and national average of 5%. We reviewed records of some patients with diabetes and saw that the care provided at the practice reflected nationally recognised guidance.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was similar to local and national averages. For example, 90% of patients with COPD had received a review of their condition within the last year compared with the CCG average of 91% and national average. Clinical exception reporting was 16% compared to the CCG and national averages of 11%. The practice had 2.9% of their patients with COPD which was more than the CCG average of 2.5% and national average of 1.8%. Emergency admission rates for patients with COPD were 3% lower than the CCG average.
- The practice had a lower number of patients diagnosed with dementia than expected. However, staff had been proactive in screening for the condition and had performed 32 in house cognitive assessments for the symptoms of dementia.

The practice was identified as an outlier for higher levels of hypnotic medicine prescribing when compared with the national average. This performance was known within the practice and action had been taken. Actions taken included both GPs attending masterclass learning on hypnotic prescribing and a recent audit undertaken identified that levels of hypnotic prescribing had fallen by 18%.

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- The Quality Improvement Framework (QIF) is a local programme with the CCG area to improve the detection and management of long-term conditions.
- The practice participated in the avoiding unplanned admission enhanced service and had also increased their provision utilising additional funding from the CCG. Three point five per cent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals at regular meetings held with the Integrated Locality Care Team (ILCT). If a patient was admitted to hospital their

Good

Are services effective?

(for example, treatment is effective)

care needs were reassessed on discharge. The care plans were available in the patient's home to enable other health professionals who may be involved in their care to have comprehensive information about them.

- The practice provided health checks to patients aged 75 years and over to detect for emerging health conditions. A total of 47 patients had received a proactive review of their wellbeing within the last 18 months. The patients received a review of their wellbeing within the practice or at home by a GP who also was a consultant in the care of older people. The practice could demonstrate that over time unplanned admissions to hospital for patients aged 65 and over had reduced. For example, in 2012/13 58 patients aged 65 or over had been admitted to hospital in an emergency compared with 53 in 2015/16. Within this time period the proportion of older patients registered at the practice had risen from 11% to 12.3%.The practice supplied data also supported that elective referrals to hospital specialists and the number of older patients attending A&E was lower than the CCG average. Staff felt this was due to them all being aware of the care needs of older patients with input from the GP/consultant in older people.

Data from the CCG QIF for 2014/15 showed that overall emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission were in line with the local average.

The practice used local and nationally recognised pathways for patients whose symptoms may have been suggestive of cancer. Data from 2015/15 from Public Health England showed that 72% of patients with a newly diagnosed cancer had been via a fast track referral method (commonly known as a two week wait). This was higher than the CCG average of 55% and national average of 48%. Earlier identification and appropriate referral is generally linked with better outcomes for patients in this group.

There had been four clinical audits undertaken in the last year, three of these were completed audits where the improvements made were implemented and monitored. The audits included that medicines had been prescribed appropriately and that the monitoring of medical conditions was appropriate. Where necessary audits had been discussed by the practice team and changes to practice made as needed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. Meetings took place on a six to eight weekly basis.

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.

Good

Are services effective?

(for example, treatment is effective)

- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.
- Consent for the benefits and possible side-effects from procedures such as minor surgery was discussed and recorded appropriately.

Supporting patients to live healthier lives

The practice offered a range of services in house to promote health and provided regular review for patients with long-term conditions:

- NHS Health Checks were offered to patients between 40 and 74 years of age to detect emerging health conditions such as high blood pressure/cholesterol, diabetes and lifestyle health concerns. In the previous year the practice had performed 100 NHS health checks. Over the longer term the practice had identified, through the checks, five patients with diabetes and 12 patients with high blood pressure.
- The practice offered a comprehensive range of travel vaccinations.
- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- Childhood immunisation rates were mostly in line with, or higher than, the CCG average in all indicators.
- New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.
- The practice's uptake for the cervical screening programme was 77% compared with the CCG average of 80% and national average of 82%.

Data from 2014, published by Public Health England, showed that the number of patients who engaged with national screening programmes was lower than local and national averages:

- 62% of eligible females aged 50-70 had attended screening to detect breast cancer .This was lower than the CCG average of 74% and national average of 72%.
- 39% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 55% and national average of 58%.

Good

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.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 38 completed cards, of which all were positive about the caring and compassionate nature of staff. We spoke with five patients including two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 396 patients to submit their views on the practice, a total of 99 forms were returned. This gave a return rate of 38%.

The results from the GP national patient survey showed patients expressed positive satisfaction levels in relation to the experience of their last GP appointment. For example:

- 98% said that the GP was good at giving them enough time compared to the CCG and national averages of 87%.
- 98% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 98% said that the last GP they saw was good at listening to them compared with the CCG average of 88% and national average of 89%.
- 98% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 95% said the practice nurse was good at listening to them with compared to the CCG average of 92% and national average of 91%.
- 93% found the receptionists helpful compared to the CCG and national averages of 87%.

The practice PPG had conducted their own survey of 94 patients which also revealed consistently high levels of patient satisfaction. For example:

- 73% of patients felt the clinician was excellent at listening to them with a further 25% rating this as good.
- 78% of patients felt the clinician was excellent in a polite and considerate approach with a further 21% rating this as good.

Care planning and involvement in decisions about care and treatment

Individual patient feedback we received from patients about involvement in their own care and treatment was highly positive, all patients felt involved in their own care and treatment.

The GP patient survey information we reviewed showed a highly positive patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in January 2016 showed;

- 91% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 81% and national average of 82%.
- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 94% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 87% and national average of 85%.
- 98% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

The practice provided facilities to help patients be involved in decisions about their care:

- Two GPs were multi-lingual and able to communicate with patients in four languages.

Good

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. For example, one patient told us about the high level of support they had received with an enduring mental health condition. They felt that the practice staff understood their individual needs and gave a high level of support at all times. Many patients told us that they had been registered for a long time and valued the practice highly.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 80 patients as carers (0.8% of the practice list). All registered carers had been all been contacted and offered an annual health check and seasonal flu vaccination. The practice had also undertaken a recent audit to establish the wellbeing of carers.

If a patient experienced bereavement, practice staff told us that they were supported by a GP. The practice wrote to families to express their sympathy and invite further contact, listing wider organisations that may also have offered support.

Good

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.

- The practice offered evening appointments until 7:30pm three evening a week.
- Online services for booking appointments and ordering repeat prescriptions were available.
- Same day appointments were available for children and those with serious medical conditions.
- Emergency admissions to hospital were reviewed and an elderly care facilitator contacted patients to review their care needs if required.
- There were disabled facilities and translation services available.

We reviewed the practice performance from 2014/15 in The Quality Improvement Framework (QIF) which is a local framework run by NHS Stoke on Trent CCG to improve the health outcomes of local people. The data demonstrated more of the practice's patients presented at hospital Accident and Emergency (A&E) departments when compared with the CCG average:

- The number of patients attending A&E during GP opening hours was 21% higher than the CCG average.
- The overall number of patients attending A&E at any time was 4% higher than the CCG average.

The practice followed up some patients who attended A&E with a survey to help understand the reasons for them attending. The performance had been discussed at a practice meeting where it was identified that a clinician was referring patients directly to A&E instead of using a defined pathway. Staff were reminded to use the defined pathway for referral. The practice had 3.5% of patients at the highest risk of unplanned admission identified with an individualised care plan.

Access to the service

The practice was open on Monday, Tuesday and Friday from 8:30am to 7:30pm, Wednesday from 8:30am to 7pm and Thursday from 8:30am to 4:30pm. During these times telephone lines and the reception desk were staffed and remained open. When the practice was closed patients could access help by telephoning the practice, after which their call was transferred to the NHS 111 service for assistance.

Patients could book appointments in person, by telephone or online for those who had registered for this service. The availability of appointments was a mix of book on the day or routine book ahead. We saw that the practice had availability of routine appointments with GPs and nurses within the following few days.

Results from the national GP patient survey published in January 2016 showed highly positive rates of patient satisfaction when compared to local and national averages:

- 95% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 99% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 75% of patients felt they did not have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.
- 92% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.

The practice had higher than local and national averages of patient satisfaction in all indicators within the national GP patient survey about their experience of making an appointment.

We spoke with five patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 38 completed cards. All of the comments about the appointments system were positive.

The practice PPG had conducted their own survey of 94 patients which also revealed consistently high levels of patient satisfaction with access to appointments. For example:

- 75% of patients felt it was at least fairly easy to book future appointments.
- 72% of patients felt completely satisfied with the practice with a further 26% being fairly satisfied.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and a practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had received three complaints in the last 12 months. We tracked two complaints and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. The practice analysis complaints for trends, to which they were none. Complaints were discussed with the PPG, staff and at clinical meetings. Learning from complaints was evident and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

Staff told us that the GPs and practice manager were visible in the practice and they were approachable and always took the time to listen to all members of staff.

- When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology.

Staff told us that they felt supported and able to make suggestions to how the practice provided services. All staff had received recent appraisals.

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

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

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

The practice had an active patient participation group (PPG) who worked with staff to improve services. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). We spoke with two members of the PPG, they told us they met with the practice on a regular basis and had a high level input into designing and undertaking an internal patient satisfaction survey. The PPG also said that the practice organised useful health promotion events for patients including carers' awareness and health screening promotion.

The staff and provider management team had a good insight into the broad feelings of patients about their experience of the practice.

The practice used the NHS Friends and Family test for benchmarking their performance. The results were positive within the previous 12 months; from 382 responses 92% of patients recommended the practice to others.

Staff told us they felt able to provide feedback and discuss any issues in relation to the practice. All staff had received a recent appraisal and had a personal development plan.

Continuous improvement

Staff told us that the practice and provider organisation supported them to develop professionally.

Future plans included aims to be approved as a training practice to support GP registrars to become approved GPs.