Millfield Medical Group

Quality Report

63-83 Hylton Road,
Sunderland,
Tyne and Wear,
SR4 7AF
Tel: 0191 5679179
Website: www.millfieldmedicalcentre.nhs.uk

Date of inspection visit: 26 January 2016
Date of publication: 10/03/2016

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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2
The five questions we ask and what we found 4
The six population groups and what we found 7
What people who use the service say 11
Areas for improvement 11
Outstanding practice 11

Detailed findings from this inspection

Our inspection team 12
Background to Millfield Medical Group 12
Why we carried out this inspection 12
How we carried out this inspection 12
Detailed findings 14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Millfield Medical Group on 26 January 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- Extended hours surgeries were offered between 8am and 11am every Saturday morning. Patients
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had comprehensive policies and procedures governing their activities and there were very good systems in place to monitor and improve quality.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.

We saw several areas of outstanding practice including:

- People could access appointments and services in a way and at a time that suited them. Patients had very good access to the service. Extended hours surgeries were offered between 8am and 11am every Saturday morning. The practice scored very highly in relation to nearly all questions about access in the National GP

Summary of findings

Patient Survey. The most recent results (July 2015) showed 100% of patients said the last appointment they got was convenient to them, compared to local average of 93% and the national average of 92%.

- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. The practice was the preferred practice for a number of students at a local school for children and young people on the autistic spectrum (c60 patients). Services were tailored to meet those patients' individual needs. We were told about several examples of how staff from the practice positively engaged with the patients. For example, some patients were familiar with a particular consultation room so always had their appointments in that room.

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.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. There were procedures in place for monitoring and managing risks to patient and staff safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally.

Good infection control arrangements were in place and the practice sites were clean and hygienic. There was evidence of good medicines management. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Are services effective?

Good

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Data showed patient outcomes in some areas were below national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 89.5% of the points available. This was below the local and national averages of 95.7% and 93.5% respectively. Managers were aware of the areas where performance was below average, and had plans in place to address the issues. There was a GP lead for each of the clinical areas and QOF was a standing item on the clinical governance meetings.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was

Summary of findings

available. We saw that staff treated patients with kindness and respect, and maintained confidentiality. A carers champion had recently been appointed within the practice to proactively identify further patients who were carers so they could receive appropriate support.

The National GP Patient Survey published in July 2015 showed the practice was performing in line with or above average for its satisfaction scores on consultations with doctors and nurses. Results showed that 89% of respondents said the last GP they spoke to was good at treating them with care and concern (compared to the CCG average of 88% and the national average of 85%). Over 93% said the last nurse they spoke to was good at treating them with care and concern, the same as the CCG average but above the national average of 90%. A high proportion of respondents felt reception staff were helpful (98% compared to the national average of 87%).

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Access to the service was continually monitored and the appointments system changed where necessary to meet demand. One of the GP partners was the practice lead for the GP rotas, supported by a member of the administrative team. They carried out daily reviews of appointments and waiting times and ensured staffing levels were sufficient. Patient access was a standing agenda item at each monthly board meeting.

The practice scored very highly in relation to access in the National GP Patient Survey. The most recent results (July 2015) showed 100% of patients said the last appointment they got was convenient to them, compared to the CCG average of 93% and the national average of 92%. 93% of respondents said they were satisfied with opening hours (compared to the national and local averages of 81% and 75% respectively). The practice also scored highly on the experience of making an appointment (85% of patients said this was good or very good, compared to the national average of 73% and a CCG average of 76%).

Summary of findings

We looked at the appointments system on the day of the inspection. In addition to the same day urgent appointments with the on-call GP, same day routine appointments were also available with both a GP and a nurse.

Are services well-led?

Good

The practice is rated as good for providing well-led services.

The leadership, management and governance of the practice assured the delivery of person-centred care which met patients' needs. There was a clear and documented vision for the practice which had been developed with staff. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had implemented a number of innovative systems.

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.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with cancer. This was slightly above local clinical commissioning group (CCG) average (99.3%) and the England average of 97.9%.

The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP and patients at high risk of hospital admission and those in vulnerable circumstances had care plans. GPs held weekly multi-disciplinary team meetings to discuss patients who had emergency health care plans.

The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

People with long term conditions

Good

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

Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Nationally reported QOF data (2014/15) showed the practice had achieved good outcomes in relation to some of the conditions commonly associated with this population group. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with hypertension. This was 0.5 percentage points above the local CCG average and 2.2 points above the national average. However, performance in relation to diabetes was below average; the practice achieved 79.1% of the points available compared to 93.5% locally and 89.2% nationally. The practice had only achieved 84.4% of the points available for asthma; this was 12.7% below the local average and 13% below the national average. Managers were aware of the

Summary of findings

areas where performance was below average, and had plans in place to address the issues. There was a GP lead for each of the clinical areas and QOF was a standing item on the clinical governance meetings.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.5% to 100% and five year olds from 92.2% to 98.7%.

The uptake for the cervical screening programme was 72.5%, which was below the CCG average of 81.6% and the national average of 81.8%. Managers were aware of the lower uptake; they had planned to carry out an audit to determine if there was a reason for non-attendance.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

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 and flexible. Extended hours surgeries were offered on Saturday mornings between 8am and 11am for working patients who could not attend during normal opening hours. Patients were also able to access GP services at a local health centre between 6pm and 8pm each weekday.

Summary of findings

Lunchtime appointments were available for minor surgical procedures.

The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.

Additional services were provided such as health checks for the over 40s and travel vaccinations.

People whose circumstances may make them vulnerable

Outstanding ☆

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

The practice aimed to reduce barriers to access. Staff took the time to get to know vulnerable patients and how they preferred to communicate. The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health checks. The practice offered longer appointments for people with a learning disability, if required.

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. The practice was the preferred practice for a number of students at a local school for children and young people on the autistic spectrum (c60 patients). Services were tailored to meet those patients' individual needs. We were told about several examples of how staff from the practice positively engaged with the patients. For example, some patients were familiar with a particular consultation room so always had their appointments in that room.

Translation services were available and some of the doctors were fluent in other languages, including Punjabi, Hindi, Hakka and Cantonese. Nearly 10% of the local population were from non-British ethnic minorities.

The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people. 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 and out of hours. The practice had recently signed up to a local 'Safe Place' scheme, which gave vulnerable people a short term 'safe place' to go if they were feeling threatened when out and about in the local community.

Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and

Summary of findings

ensuring that they were offered a health check and referred for a carer's assessment. A carers champion had recently been appointed within the practice to proactively identify further patients who were carers so they could receive appropriate support.

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 worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia. All staff had been trained as 'dementia friends'. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations. The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Nationally reported QOF data (2014/15) showed the practice had not always achieved good outcomes in relation to patients experiencing poor mental health. Performance for mental health indicators was worse than the national average (65.4% compared to 92.8% nationally). However, at the time of the inspection the practice was progressing well against the 2015/16 QOF targets, with two months left until the deadline to complete the remaining checks.

Summary of findings

What people who use the service say

We spoke with 12 patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 12 CQC comment cards which had been completed by patients prior to our inspection.

Patients were very complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were happy with the appointments system; several commented that they found the telephone consultations convenient.

The National GP Patient Survey results published in July 2015 showed the practice was generally performing above local and national averages. There were 99 responses (from 322 sent out); a response rate of 31%. This represented 0.8% of the practice's patient list.

- 90% said their overall experience was good or very good, compared with a CCG average of 88% and a national average of 85%.
- 75% found it easy to get through to this surgery by phone compared with a CCG average of 79% and a national average of 73%.
- 98% found the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and national average of 85%.
- 100% said the last appointment they got was very convenient compared with a CCG average of 93% and a national average of 92%.
- 85% described their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 87% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 71% and a national average of 65%.
- 78% felt they don't normally have to wait too long to be seen compared with a CCG average of 65% and a national average of 58%.

Areas for improvement

Outstanding practice

Patients had very good access to the service. Extended hours surgeries were offered between 8am and 11am every Saturday morning. The practice scored very highly in relation to access in the National GP Patient Survey. The most recent results (July 2015) showed 100% of patients said the last appointment they got was convenient to them, compared to local average of 93% and the national average of 92%. On the day of the inspection, in addition to the same day urgent appointments with the on-call GP, same day routine appointments were also available with both a GP and a nurse.

The practice was the preferred practice for a number of students at a local school for children and young people on the autistic spectrum. Services were tailored to meet those patients' individual needs. We were told about several examples of how staff from the practice positively engaged with the patients. For example, some patients were familiar with a particular consultation room so always had their appointments in that room.

Some of the PPG members had attended the practice to help patients navigate their way around a new self-service check-in screen. Several patients commented on how useful this had been.

Millfield Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse.

Background to Millfield Medical Group

Millfield Medical Group is registered with the Care Quality Commission to provide primary care services. It is located close to the city centre in Sunderland.

The practice provides services to around 12,800 patients from one location: 63-83 Hylton Road, Sunderland, Tyne and Wear, SR4 7AF. We visited this address as part of the inspection. The practice has eight GP partners (five male and three female), one salaried GP (female), a trainee GP, a career start GP, a nurse practitioner, a healthcare assistant, a practice manager, and 20 staff who carry out reception and administrative duties.

The practice is part of Sunderland clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the third more deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age distribution profile is in line with national averages but is made up of a higher than average proportion of patients with health-related problems in daily life (65.4% compared to 48.8% nationally).

The practice is located in a purpose built two storey building. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8am and 6pm Monday to Friday and between 8am and 11am on Saturday mornings. Patients can book appointments in person, on-line or by telephone. Appointments were available at the following times:

- Monday - 8.30am to 12pm; then from 2pm to 5.30pm
- Tuesday – 8.30am to 11.30am; then from 2pm to 5.30pm
- Wednesday – 8.30am to 11.30am; then from 2pm to 5.30pm
- Thursday – 8.45am to 12pm; then from 2pm to 5.30pm
- Friday – 8.30am to 12pm; then from 2pm to 5.30pm
- Saturday – 8am to 11am

A duty doctor is available each afternoon until 6pm. Patients are also able to access services at a local health centre between 6pm and 8pm on weekdays and between 9am and 2pm on Satursdays and Sundays.

The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC).

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

part of our regulatory functions. This inspection was planned to check whether the registered 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?
- 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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 26 January 2016. We spoke with 12 patients and 11 members of staff from the practice. We spoke with and interviewed three GPs, the nurse practitioner, the practice manager and six staff carrying out reception, administrative and dispensing duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 12 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. The meeting minutes did not specifically detail which incidents had been discussed. Managers said they were aware of this weakness and would ensure that going forward any actions agreed would be documented in the minutes.

Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident the arrangements to dispose of confidential waste within the practice were amended.

Managers were aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. When there were unintended or unexpected safety incidents, people 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.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Arrangements had been made which alerts were disseminated by the deputy practice manager to the GP lead for medicines management. The lead GP then decided what action should be taken to ensure continuing patient safety, and mitigate risks. The alerts were passed on to relevant staff and discussed at the clinical governance meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs had all been trained to level three in children's safeguarding.
- A notice was displayed in the waiting room, advising patients that nurses or healthcare assistants would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the GP partners was the GP lead for infection control; they were supported by the nurse practitioner. The infection control leads liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and the cleaning contractor carried out a 'deep-clean' of the premises every six months. We saw evidence that action was taken to address any improvements identified as a result of the audits and other regular checks of the environment.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored

Good

Are services safe?

and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- Recruitment checks were carried out and the three files we reviewed showed that 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 DBS checks.

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 a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).
- The practice had very effective arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. One of the GP partners was the lead for human resources and there was a designated person responsible for planning staffing levels. There was a comprehensive rota system in place for all the different staffing groups to ensure that enough staff were on duty. Contingency plans were in place so that cover for any unplanned staff absence could be quickly arranged.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage and reduced staffing levels. The plan included detailed steps about the action to take in relation to each type of event.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 89.5% of the total number of points available, which was 4% below the England average. At 7.5%, the clinical exception reporting rate was 1.7% below the England average (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

We discussed the QOF results and carried out a review of the data. This showed that the main areas where performance was below average, and where the practice lost the majority of points were as follows:

- Performance for mental health indicators was worse than the national average (65.4% compared to 92.8% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 68.4%, compared to a national average of 88.3%.
- Performance for diabetes related indicators was below the national average (79.1% compared to 89.2% nationally). For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months was 57.8%, compared to the national average of 69.8%.
- However, performance in some areas, including for cancer and hypertension related indicators was better than the national average (100% compared to 97.9% nationally for cancer and 100% compared to 97.8% for hypertension).

Managers were aware of the areas where performance was below average, and had plans in place to address the issues. There was a GP lead for each of the clinical areas and QOF was a standing item on the clinical governance meetings.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently been carried out. The results and any necessary actions were discussed at the clinical governance meetings. This included an audit of patients who had been prescribed a type of hormone replacement therapy (HRT), to check they had also been prescribed a further type of medicine. An initial audit was carried out which showed that three patients had not been prescribed the additional medicine. Each patient was reviewed and action taken where necessary. A further audit cycle was carried out and this showed an improvement, in that prescribing was in line with national (NICE) guidelines for all but one patient; they were subsequently invited into the practice for a review.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they arranged role-specific training and updates for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these 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 the revalidation of doctors. All staff, with the exception of the practice manager, had had an appraisal within the last 12 months. The practice manager felt supported but said they would arrange to have a formal appraisal with the GP partner lead for human resources.
- 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. Staff we spoke with said they were supported and encouraged to undertake training.
- The practice had a long track record as a training practice. One of the GPs was an accredited GP trainer. At the time of the inspection there was one trainee GP in post. Several former trainees had returned to the practice as salaried GPs and some had gone on to become partners in the practice.
- An administrative apprentice was also employed each year. Some of these staff had gone on to have permanent roles within the practice; others had been successful in obtaining junior management roles in other practices.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place every six weeks and that care plans were routinely reviewed and updated. In addition, MDT meetings were held each week to discuss patients with emergency health care plans, this ensured all organisations were aware of such patients and their needs.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance.

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

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician and smoking cessation advice were available on the premises.

The practice had a screening programme. The uptake for the cervical screening programme was 72.5%, which was below the CCG average of 81.6% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Managers were aware of the lower uptake; they had planned to carry out an audit to determine if there was a reason for non-attendance. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.5% to 100% and five

Good

Are services effective?

(for example, treatment is effective)

year olds from 92.2% to 98.7%. The flu vaccination rate for the over 65s was 73.5%, which was in line with the national average of 73.2%. However, the rate for at risk groups was 46.2%; this was below the national average of 53.4%.

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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There was no background music in the waiting room which meant conversations could be overheard. The practice manager told us they were waiting for a new TV screen to be installed which would also provide background music.

All of the 12 patient CQC comment cards we received were positive about the service experienced. The comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We spoke with 12 patients during our inspection. 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 were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line with local and national average for its satisfaction scores on consultations with doctors and nurses. A high proportion of respondents found the reception staff helpful. For example:

- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the 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 88% and the national average of 85%.
- 97% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 90%.
- 98% patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with or above local and national averages. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 81%.
- 89% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 93% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw there was a notice in the waiting room, in several languages, informing patients this service was available. In

Good

Are services caring?

addition, some of the doctors were fluent in other languages, including Punjabi, Hindi, Hakka and Cantonese. Nearly 10% of the local population were from non-British ethnic minorities.

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. For example, there were leaflets with information about counselling services, dementia, mental health services and a veteran's wellbeing group. All staff had been trained as 'dementia friends'.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers; 2% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. A carers champion had recently been appointed within the practice to proactively identify further patients who were carers so they could receive appropriate support.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

- The practice was open every Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for anyone who needed them. This included people with a learning disability or people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Telephone consultations were available with each of the GPs each day.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Some of the doctors were fluent in other languages, including Punjabi, Hindi, Hakka and Cantonese.
- The site had level access, with facilities provided on the ground floor.
- Appointments with GPs could be booked online, in person, on the telephone.

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met their needs and promoted equality. The practice was the preferred practice for a number of students at a local school for children and young people on the autistic spectrum (c60 patients). Services were tailored to meet those patients' individual needs. We were told about several examples of how staff from the practice positively engaged with the patients. For example, some patients were familiar with a particular consultation room so always had their appointments in that room.

Access to the service

People could access appointments and services in a way and a time that suited them. Appointments could be booked and repeat prescriptions ordered online by patients who had registered for the service. There was also an Electronic Prescribing Service (EPS) available (the EPS is an NHS service which enables GPs to send prescriptions to the place patients choose to get their medicines from).

The practice was open between 8am and 6pm Monday to Friday. Appointments were available at the following times:

• Monday - 8.30am to 12pm; then from 2pm to 5.30pm

• Tuesday – 8.30am to 11.30am; then from 2pm to 5.30pm

• Wednesday – 8.30am to 11.30am; then from 2pm to 5.30pm

• Thursday – 8.45am to 12pm; then from 2pm to 5.30pm

• Friday – 8.30am to 12pm; then from 2pm to 5.30pm

• Saturday – 8am to 11am

Extended hours surgeries were offered between 8am and 11am every Saturday morning. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent on the day appointments were also available for people that needed them. Patients were also able to access GP services at a local health centre between 6pm and 8pm each weekday, and between 9am and 2pm on Saturdays and Sundays.

Access to the service was continually monitored and the appointments system changed where necessary to meet demand. One of the GP partners was the practice lead for the GP rotas, supported by a member of the administrative team. They carried out daily reviews of appointments and waiting times and ensured staffing levels were sufficient. Patient access was a standing agenda item at each monthly board meeting.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was well above local and national averages. For example:

- 100% of patients said the last appointment they got was convenient to them, compared to the CCG average of 93% and the national average of 92%.
- 93% of patients were satisfied with the practice's opening hours, compared to the CCG average of 81% and the national average of 75%.
- 85% of patients described their experience of making an appointment as good, compared to the CCG average of 76% and the national average of 73%.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- 87% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 71% and the national average of 65%.
- 78% of patients felt they didn't normally wait too long to be seen, compared to the CCG average of 65% and the national average of 58%.

Patients we spoke with on the day were able to get appointments when they needed them. Several patients commented how convenient the telephone consultations were. Each day, all of the GPs had three telephone consultation slots available at the end of the sessions.

Each day there was a designated 'on-call' doctor on duty, who did not have any appointments booked for the day. They were responsible for triaging any patients who wished to be seen on the same day. The GP carried out telephone consultations where appropriate and had a number of same day blocked appointments which they could use if they felt it was necessary for a patient to attend the practice.

We looked at the appointments system on the day of the inspection. In addition to the same day urgent appointments with the on-call GP, same day routine appointments were also available with both a GP and a nurse.

Listening and learning from concerns and complaints

The practice had a comprehensive system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a concern was raised about a minor surgical procedure. The patient received an apology and additional measures were put into place; for example, staff were reminded to ensure patients were informed about any side effects of procedures.

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 enhance the health, well-being and lives of those they cared for.

- The practice had a mission statement which was on display on the practice website and in the waiting room. This was 'to provide our patients with high quality, accessible care in a safe, responsive and courteous manner'.
- All staff we spoke with knew and understood the practice's values.
- The practice had supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

We saw evidence of highly effective governance arrangements.

- The practice had comprehensive policies and procedures governing their activities and there were very good systems in place to monitor and improve quality and identify areas of risk.
- Clinical leads had been identified for key areas, and this helped to ensure staff were kept up-to-date with changes to best practice guidelines, and changes to the Quality and Outcomes Framework.
- The management team had implemented an effective overarching set of roles and responsibilities for staff. These set out the dimensions, expectations and key objectives of each lead role, and were then filtered through to managers and supporting staff. Staff were all clear about how their role fit into the overall structure.
- Regular clinical governance, practice board, practice management team and multi-disciplinary meetings took place. These promoted good staff communication and helped to ensure patients received effective and safe clinical care.
- Leaders had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were very good arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The GPs partners and management team within 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. Managers were visible in the practice and staff told us that they were approachable and always took the time to listen.

There was a clear leadership structure in place, and a culture and ethos which promoted high levels of staff satisfaction. Staff said they felt respected, valued and supported, and also told us they were very proud to work for the practice.

- There was a formal practice board which met every month.
- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had a virtual PPG whose members they contacted via email. We saw evidence that members of the PPG had contributed to the design of the practice's most recent patient survey, and that the results had been shared with them. The practice manager had devised an action plan to address the concerns identified in the survey. Some of the PPG members had attended the practice to help patients navigate their way around a new self-service check-in screen. Several patients commented on how useful this had been.

Effective processes were in place to obtain feedback from staff via regular team meetings at all levels of the organisation and through the staff appraisal process.

Are services well-led?

Good

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was often the first in the area to take part in local pilot schemes to improve outcomes for patients in the area. For example, the practice was the first to implement a new system to receive patient correspondence from other health care providers electronically.

Interviews with staff demonstrated they were always looking for better ways of providing patients with the care and treatment they needed. Staff undertook regular training to help ensure they maintained their competencies and skills. The practice employed an administrative apprentice each year. Some of the former apprentices had gone on to have permanent roles within the practice; others had been successful in obtaining junior management roles in other practices.