Church Street Surgery

Quality Report

Ossett Health Village
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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 Church Street Surgery, Ossett Health Village, Kingsway, Ossett on 5 July 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 generally 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 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.

We saw two areas of outstanding practice:

- The practice delivered "bite-sized training" within clinical team meetings, subjects covered included

female genital mutilation, acute kidney injury and feedback on a recent COPD audit. These training sessions were then stored on the practice shared drive as a resource.

- The practice operated a diabetic clinic delivered in conjunction with a local secondary care provider. The practice also offered specialist care management and enhanced services such as insulin initiation in-house.

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. There was a thorough analysis of these events and these were discussed at weekly team meeting, resultant actions were recorded in the minutes, and lessons were shared to make sure action was taken to improve safety in the practice.
- Annual infection prevention and control (IPC) audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last IPC inspection carried out in June 2016 showed that the practice had achieved a compliance rate of 95%.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The arrangements for managing medicines, including emergency medicines and vaccines were generally satisfactory. However we did find one out of date medicine for the treatment of angina, this medicine was safely disposed of by the practice when this was highlighted to them.

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 the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice also worked with other specialists such as pharmacists and physiotherapists to deliver services within the surgery.

Summary of findings

- Practice staff including receptionists had been trained to act as care navigators. This training meant that initial contacts did not necessarily default to a GP appointment. The care navigators would seek to understand what the problem related to and to helped guide or navigate the person to the right profession or service.
- The practice supported Health Champions within the surgery. These were a group of patients from the practice who voluntarily offered their services to meet the needs of the practice population and improve health and wellbeing. Activities have included the organisation of a twice monthly coffee morning, a singing group, a walking groups and a cancer care support group.
- The practice delivered "bite-sized training" within clinical team meetings, subjects covered included female genital mutilation, acute kidney injury and feedback on a recent COPD audit.
- The practice utilised the services of pharmacists attached to the practice via a local Vanguard programme. It used this support for activities such as carrying out medication reviews and dealing with queries with regards to medicines. This released GP capacity to carry out other health and care duties.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients on the day 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. For example, patients could access face-to-face support and signposting from the practice care navigators and Health Champions.
- We saw that staff maintained patient and information confidentiality.
- Staff told us that if families had experienced bereavement, the practice sent them a sympathy card. Patients could also access support from the practice should this be requested.

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. For example the practice:

Summary of findings

- Worked within local Vanguard programmes (Vanguards seek to develop new care models which support the improvement and integration of services. Within Wakefield there are two programmes - enhanced health in care homes; and the improved provision of specialist integrated services into the community). By participation in these programmes the practice delivered enhanced health and care signposting, referral and information for patients (using care navigators and improved IT access), and offered in-house services such as physiotherapy. The practice also worked closely with other health and care professionals to integrate and link services for patients, and was about to start delivery of clinical sessions to care home patients.
- The practice operated a diabetic clinic delivered in conjunction with a local secondary care provider. The practice also offered specialist care management and enhanced services such as insulin initiation in-house.

- Information about how to complain was available in the waiting area and on the practice website and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on innovation, learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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. For example, the practice had identified those patients with complex needs and risk of admission to hospital. Plans were in place to manage the care for these in order to prevent admission or support people when they were discharged.
- Older people and the vulnerable were offered help to book appointments and record their arrival at the surgery.
- Patients age 70 or over were contacted by the practice and Health Champions if they hadn't been seen by the surgery for six months to establish if they has any ongoing health or care needs that were not being met.
- Via one of the local Wakefield Vanguard programmes the practice was about to start delivery of clinical sessions to patients in a local residential home.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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.
- The practice had an effective recall system for patients with long term conditions such as diabetes, asthma, heart disease and COPD. Reviews were combined if a patient had co-morbidities.
- The practice operated a diabetic clinic delivered in conjunction with a local secondary care provider. The practice also offered specialist care management and enhanced services such as insulin initiation in-house.

Summary of findings

- Performance for diabetes related indicators was better than the CCG and national averages. For example, 97% of patients on the diabetes register had a record of a risk classification and foot examination recorded in the previous 12 months compared to a CCG average of 89% and a national average of 88%.
- The practice offered e-consultations with secondary care specialist consultants. This meant a reduction in the need for patients to visit secondary care providers, and to them receiving more timely advice and treatment than would be otherwise the case.
- Longer appointments and home visits were available when needed.

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 and the practice worked with health visitors to promote immunisations to families that had not brought children in for their required immunisations.
- We were told by the practice that children and young people were treated in an age-appropriate way and were recognised as individuals. The practice was working to achieve Young People Friendly accreditation.
- The practice was a c-card distribution centre which gave improved access to contraceptives for young people, and chlamydia screening was available (chlamydia is a common sexually transmitted disease which may not show obvious symptoms). .
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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).

Summary of findings

- 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. For example, the practice participated in the catch up programme for students aged 17 and over for measles, mumps and rubella and meningitis C vaccinations.
- Telephone and face-to-face appointments were available to patients throughout the day which included the lunchtime period. Extended hours access was also available in the evening and at weekends from within the same building as Church Street Surgery. From 1 April 2016 to 2 July 2016, 171 patients had utilised the extended hour's service, and feedback from patients indicated that 97% would recommend the service to others.

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 such as those with a learning disability.
- The practice offered longer appointments for patients with a learning disability or the frail elderly with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had developed protocols to help identify and manage patients at risk of abusing medication.
- The practice was registered under the Wakefield Safer Places Scheme. This was a voluntary scheme which assists vulnerable people to feel safer and more confident when travelling independently away from home and direct 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).

Summary of findings

- Performance for mental health related indicators was similar to the CCG and national averages. For example, 85% of patients with dementia had had their care reviewed face to face in the preceding 12 months compared to CCG and national averages of 84%.
- The practice held registers of patients who experienced poor mental health and dementia and used these to target services and manage recalls and reviews. The practice also used screen pop-ups to alert staff to the specific needs of these groups.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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, they also followed up vulnerable patients who did not attend or cancelled appointments.
- Staff had a good understanding of how to support patients with mental health needs and dementia. In addition the practice had achieved "working towards dementia friendly" status.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages with respect to patient access and patient experience. As part of the survey 242 survey forms were distributed and 110 were returned which gave a response rate of 46%. This represented around 1% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 73% and the national average of 76%
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards; overall these were positive about the standard of care received. In particular patients said that all staff were friendly and helpful and that they could easily contact the practice and make an appointment for the same day.

We spoke with five patients during the inspection. Four of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient however told us that it was not easy to contact the practice and felt frustrated that they were not able to pre-book appointments well in advance.

Church Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Church Street Surgery

The practice operates from a main surgery which is located at Ossett Health Village, Kingsway in Ossett, West Yorkshire. The practice serves a patient population of around 12,000 patients and is a member of NHS Wakefield Clinical Commissioning Group.

The surgery is situated in purpose built premises which opened in 2009. The surgery is located over two floors and is accessible for those with a physical disability as floor services are level, doorways are wide and fitted with automatic doors and a passenger lift was available for use. The practice is located on the same site as another GP practice, the local extended hours service, community services and an independent pharmacy. There is parking available on the site for patients.

The practice population age profile shows that it is above both the CCG and England averages for those over 65 years old (21% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 79 years for males and 83 years for females (CCG average is 77 years and 81 years and the England average is 79 years and 83 years respectively). The practice population is predominantly White British.

The practice provides services under the terms of the Personal Medical Services (PMS) contract. In addition the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Dementia support
- Risk profiling and care management
- Support to reduce unplanned admissions
- Improving patient online access
- Minor surgery
- Patient participation

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, chronic obstructive pulmonary disease, diabetes, heart disease and hypertension, joint injections and physiotherapy.

Attached to the practice or closely working with the practice is a team of community health professionals that includes health visitors, midwives, members of the district nursing team and health trainers.

The practice has five GP partners (three male, two female), two salaried GPs (one male, one female), two regular locums (both male). In addition there is one community paramedic (male), one advanced nurse practitioner (female), four practice nurses (all female), one health care assistant and one apprentice healthcare assistant (both female) and two phlebotomists (both female). Clinical staff are supported by a practice manager and an

administration and reception team. In addition the practice also has the services of pharmacists and physiotherapists on site, as well as GP Trainees and Foundation Year Two doctors who are receiving training and experience.

The practice appointments include:

- On the day appointments – these made up the vast majority of appointments within the practice
- Pre-bookable appointments – for evenings and weekend sessions only
- Telephone consultations - where patients could speak to a GP or nurse to ask advice and if identified obtain an appointment

Appointments can be made in person or via the telephone.

The practice is open between 8am and 6.30pm Monday to Friday. Additionally the practice works with other local GPs to offer appointments from 6.30pm to 8.30pm Monday to Friday and from 9am to 3pm on a Saturday and Sunday. These appointments are primarily for patients who are working and unable to attend during normal working hours and appointments can be booked up to 7 days in advance. This service is delivered from within the same building as Church Street Surgery.

The practice is accredited as a training practice and supports GP Trainees, Foundation Year 2 doctors and medical students.

Out of hours care is provided by Local Care Direct Limited and is accessed via the practice telephone number or patients can contact NHS 111.

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. Prior to, and during the inspection we:

- Spoke with a range of staff, which included GP partners, a salaried GP, GP Trainee, nursing staff, the practice manager and members of the administration team.
- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views.
- Observed how patients were treated in the reception area.
- Spoke with members of the patient participation group.
- Looked at templates and information the practice used to deliver patient care and treatment plans.
- Spoke with NHS Wakefield Clinical Commissioning Group.

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

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

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

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

Detailed findings

- People experiencing poor mental health (including people with dementia).

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

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 a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and these were discussed at weekly team meeting, resultant actions were recorded in the minutes.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice told us of an event linked to a delay in prescription handling. This event was reviewed and levels of communication between the pharmacy and practice improved to prevent a recurrence.

We reviewed patient safety alerts. Alerts were cascaded to staff via the practice IT system and were available on the practice IT system and all staff were aware of the process. However, we did note that the practice had no method of monitoring that these had been accessed or actioned such as via a read receipt. We raised this with the practice who agreed to review this.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 monthly safeguarding meetings with health visitors and other agencies to discuss specific cases and areas of concern. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to safeguarding level three, nursing team members to level two and reception and administration staff to level one.
- Notices in the waiting room and consultation rooms advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last IPC inspection carried out in June 2016 showed that the practice had achieved a compliance rate of 95%.
- The arrangements for managing medicines, including emergency medicines and vaccines were generally satisfactory, however we did find one out of date medicine for the treatment of angina. This medicine was safely disposed of by the practice when this was highlighted to them.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. For example, the practice regularly reviewed patients on disease-modifying antirheumatic drugs

(DMARDS - a group of medications commonly used in patients with rheumatoid arthritis) to ensure that necessary health checks had been carried out and that continued usage was appropriate.

- The practice had pharmacist support in-house as part of one of the Wakefield Vanguard programmes and used this for activities such as carrying out medication reviews and dealing with queries with regards to medicines. The practice also worked closely with the local CCG medicines optimisation team to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow members of the nursing team to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had appointed a lead GP who monitored the delivery of training to GP Trainees, Foundation Year Two doctors and medical students within the practice. We noted trainees were well supported and debriefed twice daily after they had taken sessions.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 which identified local health and safety representatives. 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. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection prevention and control and legionella (legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice regularly analysed appointment availability and demand and there was a rota system in place for all the different staffing groups to ensure enough staff were on duty. When required to meet demand the practice employed locums, these tended to be regular locums and were used to working within Church Street Surgery. The practice had produced a comprehensive locum induction pack for new locums which included full details of services, essential contacts and key information regarding procedures such as how to generate referrals.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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. Guidelines were also incorporated into templates to ensure that staff had the most recent information to hand. New guidelines were also cascaded to staff and discussed at team meetings.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99% of the total number of points available. The practice had an overall exception reporting rate of 11%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than the CCG and national averages. For example, 97% of patients on the diabetes register had a record of a risk classification and foot examination recorded in the previous 12 months compared to a CCG average of 89% and a national average of 88%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, 85% of patients with dementia had had their care reviewed face to face in the preceding 12 months compared to CCG and national averages of 84%.

The practice took action through clinical audits and benchmarking in order to improve services.

- There had been a number clinical audits completed in the last two years. We looked in depth at two of these which were completed audits where the improvements made were implemented and monitored. These were in relation to intrauterine device fitting (IUDor coil) and the use of the EPaCCS template (Electronic Palliative Care Co-ordination System) which enabled the recording and sharing of patient's preferences and key details about their care at the end of life.
- Findings were used by the practice to improve services. For example, recent action taken as a result of the IUD audit saw the development of a patient leaflet which included the importance of rechecks (an area where the practice had identified the need to improve performance).
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Via participation in a Wakefield Vanguard programme the practice had the services of pharmacists and a physiotherapist on site. As well as being able to provide specialised knowledge within the practice the pharmacists and physiotherapists also freed clinician time to carry out other duties. For example, the pharmacists carried out medication reviews and dealt with medication queries that would usually have been dealt with by a GP. We were provided with information which showed that between 1 April 2016 and 2 July 2016 the pharmacists on site had carried out 1,127 interventions which included dealing with 67 medication reviews, 66 repeat prescription reviews and 169 medication advice discussions. These activities were estimated to have saved 144 hours of GP time within the practice. Over the same period the physiotherapist had dealt with 30 appointments and saved an estimated five hours of GP time.
- As part of the Vanguard programme practice reception staff had received training to act as care navigators and were able to refer or signpost patients to more appropriate health and care services. They were also able to explain to patients in more depth the range of services and treatment options available to them. Between 1 April 2016 and 2 July 2016 had dealt with 453 patient contacts and made 386 referrals, such as to

pharmacy service, district nurse and local optician. These activities were estimated to have saved 39 hours of GP time within the practice, as patients had been referred to other appropriate services rather than see a GP.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice delivered training within team meetings; subjects covered included female genital mutilation, acute kidney injury and feedback on a recent COPD audit. These training sessions were then stored on the practice shared drive as a resource.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at weekly practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. GP Trainees, Foundation Year Two doctors, medical students and the paramedic received support from staff during their time within the practice. Two GPs within the practice were accredited as Trainers.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment and shared information via a common IT system. This included when patients moved between services, including when they were referred, or after they were discharged from hospital or when they were nearing the end of life. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice also used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual (the use of this system had been subject to a full cycle clinical review.

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. Training with regard to Deprivation of Liberty Safeguards (DoLS) had been organised for staff to attend in July 2016 (DoLS are a set of checks that are designed to ensure that a person who is deprived of their liberty, due to issues such as a loss of mental capacity, is protected, and that this course of action is both appropriate and in the person's best interests).
  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)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These 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 cessation and alcohol consumption.

The practice supported Health Champions within the surgery. These were a group of patients from the practice who, having received necessary safety checks such as DBS, training and additional support from a national organisation, voluntarily offered their services to meet the needs of the practice population and improve health and wellbeing. Activities have included:

- Twice monthly coffee mornings which allowed patients to meet and socialise with others and take part in crafting.
- A newly established singing group which was attended by over 20 people.
- A gardening group
- A cancer care support group, which offered mutual support to those whose lives have been affected by cancer.
- A walking group.
- Chair exercise sessions.
- Volunteers also interacted with other patients in the waiting area and assisted reception staff. They also contacted patients aged over 70 who had not been in contact with the surgery for six months. This acted as a point of contact and to establish if the patient had any health, care or social needs.

National evaluation of practices who participated in similar activities showed significant improvements in mental health and wellbeing amongst patients and very high levels of support from clinicians and staff.

The practice had developed a range of self-care plans for patients with long term conditions such as COPD or diabetes, these were clear and easy to understand and would support patients to better understand and manage their specific condition.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

We were told that patients were encouraged to attend national screening programmes for bowel and breast cancer screening and data showed that breast and bowel cancer screening rates were above the local and national averages. To help achieve this the practice used protocols/ pop-ups which informed staff that a patient had not taken part in a screening programme and that they should encourage them to do so.

Childhood immunisation rates for the vaccinations given were comparable to CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95%% to 99% (CCG ranged from 94% to 98%) and five year olds from 93% to 98% (CCG ranged from 92% to 97%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for 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 members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains and modesty sheets 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.
- Older people and the vulnerable were offered help to book appointments and record their arrival at the surgery.

All of the 22 patient Care Quality Commission comment cards made positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed slightly lower than average patient satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%
- 83% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

The practice had reviewed the low satisfaction scores from the January GP survey as these were at odds with responses the practice had received through feedback via their own surveys and the Friends and Family Test. As a result the practice planned to undertake a detailed patient survey which will be developed in conjunction with the PPG. This will focus specifically on these areas of low satisfaction.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients rated this practice lower than others to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 74% of patients 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%
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 85%

Good

Are services caring?

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

- Staff told us that translation and interpretation services were available for patients who did not have English as a first language.
- Information leaflets and self-care plans were available in easy read format.
- A hearing loop had been installed to allow more effective communication with those who had a hearing impairment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice had an electronic information point in the waiting room for patients to utilise to access a range of services which included a directory of local services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers (under 1% of the practice list) which was lower than national average. The practice told us that it attempted to identify carers on registration and via opportunistic identification at consultations. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, the practice sent them a sympathy card. Patients could also access support from the practice should this be requested. The practice website also contained advice for patients on bereavement services.

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 was a member of West Wakefield Health and Wellbeing Ltd (a federated network of GP practices and other health and partners) and via this joint working was able to deliver additional services such as extended access for patients.
- As part of two local Vanguard programmes the practice and others sought to provide a larger, more diverse primary care team within the local area and deliver better co-ordinated services to meet patient need. A key element of the programme was improved physical access to care. The practice supported this approach and had:
  - Trained and used reception staff as care navigators to refer and signpost patients to appropriate health and care services should these be appropriate rather than access a GP appointment if this was appropriate. They were also able to explain to patients in more depth the range of services and options available to them.
  - Increased patient access to information regarding care services and wellbeing opportunities. For example, the practice had installed in the waiting area an information access point which allowed patient to access a local directory of services as well as book appointments.
  - Worked closely with other health and care providers to provide integrated care within the community.
  - Planned to deliver clinical sessions for patients in residential care.
  - Offered services led by pharmacists and physiotherapists. These staff were able to either directly support clinical staff or deliver services to patients directly which reduced the need to access these services at other locations and reduced demand on other secondary care services.
- The practice supported the "Pharmacy First" campaign which promoted the use of pharmacies as a first port of call for the treatment of a number of common ailments such as coughs, cold sores and earache. Patients who used this approach often received quicker and more convenient care and saved making a possibly unnecessary appointment with a GP.
- Made longer appointments available for patients when this was required such as for those with a learning disability, or the frail elderly with complex health and care needs.
- The practice had an effective recall system for patients with long term conditions such as diabetes, asthma, heart disease and COPD. Reviews were combined if a patient had co-morbidities.
- The practice, using external funding, offered services delivered by a community paramedic. Since their appointment in early 2016 the paramedic had delivered a number of services which included;
  - Minor injuries and treatment clinics
  - Clinical appointments
  - Triaging of home visits
  - Delivery of home visits to patients.

This approach had seen diversification of the primary care workforce, the effective utilisation of paramedic skills to deliver primary care, and had increased capacity within the practice. From February 2016 to June 2016 the community paramedic had dealt with 727 individual activities.

- The practice offered a range of appointments which included:
  - On the day appointments – these made up the vast majority of appointments within the practice. Urgent appointments could be made with the duty doctor
  - Pre-bookable appointments – for evenings and weekend sessions
  - Telephone consultations where patients could speak to a GP or nurse to ask advice and if identified obtain an appointment
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. Once a patient was identified the practice carried out advanced care planning and three monthly reviews, which involved multi-disciplinary working across health and

Good

Are services responsive to people's needs?

(for example, to feedback?)

social care providers. Patients who had been admitted were contacted at discharge to assess their ongoing health and care needs. At the time of inspection 189 patients were registered to receive the service and all had personalised care plans in place.

- The practice operated a diabetic clinic delivered in conjunction with a local secondary care provider. The practice also offered specialist care management and enhanced services such as insulin initiation in-house. In 2015/2016 11 patients had commenced insulin or GLP-1 initiation (GLP-1 is a class of injected drugs for the treatment of type 2 diabetes). This service prevented the need for patients to attend secondary care unnecessarily and provided care 'closer to home'.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation and interpretation services available.
- The practice supported the work of Health Champions who operated from the surgery.
- The practice was a c-card distribution centre which gave improved access to contraceptives to young people, and chlamydia screening was available.
- The practice had developed protocols to help identify and manage patients at risk of abusing medication such as patients who were over ordering medicines.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Additionally the practice worked with other local GPs to offer appointments from 6.30pm to 8.30pm Monday to Friday and from 9am to 3pm on a Saturday and Sunday. These appointments were primarily for patients who were working and unable to attend during normal working hours and appointments could be booked up to 7 days in advance. This service was delivered from within the same building as Church Street Surgery.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%

Most patients on the day told us that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

For example, home visits were triaged for priority and urgency. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

We spoke with a representative of a local residential care facility who told us that the practice was responsive to the needs of their clients and worked closely with their staff to deliver care services.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice. We were told that the practice sought to resolve complaints immediately wherever possible.
- We saw that information was available to help patients understand the complaints system and information was available on posters in the waiting room, in a leaflet produced by the surgery and on the website

There was a noticeboard in the waiting area which highlighted to patients actions taken as a result of being given patient feedback. It also gave an explanation when suggestions could not be actioned or would take some time to implement.

We looked at 12 complaints received in the last 12 months and found that these had been handled in a satisfactory manner. Lessons were learnt from individual concerns and

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had received a complaint with regard to the difficulty in obtaining an appointment. They had analysed this and felt that patients needed additional information and had produced a leaflet outlining how the appointment system operated within the practice.

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 staff knew and they understood the values it contained around the provision of the very highest standards of healthcare.
- 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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These policies were all up to date and recognised current best practice.
- 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

The partners of the practice had the experience and capacity to run the practice and ensure the provision of good quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners 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.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met monthly and meetings were minuted. The PPG said they worked closely with the practice and felt that they had a role in improving services for patients and passing on patient feedback to the practice. For example, they told us of two instances where they had raised issues in relation to doorways in the practice. In both cases the practice had actioned the concerns raised by the PPG.
- The practice had gathered feedback from staff through meetings, appraisals and informal individual discussions with staff. Staff told us they would not

Are services well-led?

Good

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

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice:

- Participated in two local Vanguard programmes, as part of which, the practice sought to provide a larger, more diverse primary care team within the local area and deliver more effective joined-up services to meet patient need. Activities to achieve this within the practice included the training of staff as care navigators, improved patient information with regard to care and support services, the provision of services such as physiotherapy within the practice and making clinical visits to patients in residential care.
- Supported Health Champions within the surgery.
- The practice had a strong training culture and as well as being a training practice for doctors and medical students the practice supported career development and had created apprentice roles within the workforce. Additionally the practice delivered “bite-sized training” within team meetings, subjects covered included acute kidney injury and feedback on a recent COPD audit. These training sessions were then stored on the practice shared drive as a resource.