

Shifnal Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Shifnal Medical Practice on 8 June 2016. Overall the practice is rated as good and requires improvement in providing safe services.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients spoken with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice demonstrated a proactive approach to the raised issues of access and had implemented measures as a direct result.
- The practice had good facilities and was well equipped to treat current patient numbers and meet their needs. However, patients raised concerns as the current practice premises had limited space and there were plans and proposals for up to 1,600 new homes in the local area.
- 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.

However, there were also areas of practice where the provider should make improvements:

- Provide infection prevention and control (IPC) training at induction and regular refresher training for all staff.

Summary of findings

- Improve the maintenance of recruitment documentation to ensure staff references and clinical staff verification checks with their appropriate professional body are consistently recorded.
- Implement a staff training planner which includes specialist training for clinical staff.
- Consider staff training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).
- Improve the documentation of the learning derived from complaints.
- Consider GP attendance at the patient participation group meetings.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events, improvement was needed in documenting the learning from events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, 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 safeguarded from the risk of abuse.
- Risk assessments such as fire checks, legionella records were complete. However, some practice staff had not had a recent fire drill. Following the inspection, the practice provided information to support the fact that these staff attended a fire drill in June 2016.
- The practice had not always provided Infection Prevention and Control (IPC) training at induction or regular refresher training for all staff.
- The maintenance of recruitment documentation such as staff references and the clinical staff verification checks with their appropriate professional body was not present in some of the records reviewed.
- There was a robust medication review system.
- Policies and procedures to support staff with current best practice had been reviewed on a regular basis and this process was ongoing.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- GPs had completed clinical audits and used findings as an opportunity to drive improvement.

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The results from the January 2016 GP national patient survey demonstrated positive feedback in relation to the patients' experiences at the practice.

The practice offered additional services for carers, although the overall number of carers was under review to ensure its accuracy.

Good



Are services responsive to people's needs?

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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients spoken with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had demonstrated a proactive approach to the raised issues of access and had implemented measures as a direct result.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. More detail could be added to document any learning or policy changes made in response to complaints.

Good



Are services well-led?

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

Good



Summary of findings

- 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 meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice visited local care homes to administer Influenza vaccines.
- The practice employed a community and care co-ordinator whose role included contacts with older patients within 48 hours of discharge from hospital, and an office manager who ensured that any changes to a patient's medications were made by the GP. Admissions were reviewed in the practice monthly development meetings to see if they were avoidable.
- The practice recorded information about older patients' carers.
- The practice provided a weekly branch surgery at Weston under Lizard (five miles from Shifnal), where the majority of patients attending were over 75 years old. The practice recently purchased a tablet computer to enable access to patients' electronic records. The GP who held this surgery also supported routine visits to patients who live in this area.

People with long term conditions

Good



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

- Patients at the highest risk of unplanned hospital admissions were identified and care plans had been implemented to meet their health and care needs.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. There was a system in place which recalled patient non-attenders for their reviews.

Summary of findings

- For people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and had undertaken additional training.
- A practice nurse with specialist diabetic nurse training supported diabetic patients with dietary advice, referred patients to a structured education program, foot screening service and retinal screening service when they were first diagnosed.
- The practice held diabetic eye screening and podiatry foot screening clinics within the practice buildings so that patients did not need to travel far for these services.
- Named patients with complex conditions were flagged to the out of hours provider, Shropdoc, and were subject to regular review.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 95% which was higher than the CCG average of 83% and national average of 82%.
- The practice was young person-friendly and offered condoms, pregnancy testing and chlamydia testing for all aged 15-24.
- The community midwife held weekly clinics at the practice main location in Shifnal and at the Priorslee branch.
- The practice provided family planning services at both the main and branch sites.
- A GP held a child health surveillance six week check every week at Priorslee,

Summary of findings

- The practice offered a room should a breast-feeding mother request one to feed her baby.

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 practice offered appointments outside of core working hours Tuesday to Friday from 7am.
- The practice provided online services to enable patients to book appointments, order repeat medicines and access some parts of their health records online.
- Health promotion and screening services reflected the health needs of this group.
- The practice had recently recruited an advanced nurse practitioner to meet the needs of patients and new a GP Partner was to start in August 2016.
- All GPs had at least two appointment slots available for telephone consultations in the morning and afternoon surgeries. These were helpful for reviewing results and discussion of a patient's further management without them having to take time off work to come into Surgery.
- The practice provided telephone triage appointments with an appropriately trained nurse.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including known vulnerable adults, those who were housebound and patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example they offered a shared care system for the supervision and monitoring of patients on substance misused medicines. This prevented patients having to travel to Shrewsbury for a review and their prescription.

Summary of findings

- In conjunction with the health visitor and Public Health the practice had been involved in immunising some traveller children when there was an outbreak of measles amongst families who were staying in the area.
- The practice provided GP services to 12 young people living with autism. This included meeting with staff who supported these young people. Arrangements were agreed that staff would notify the practice reception when the young person arrived at the practice. The young person would be called from the car and taken straight to the consulting room.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held a register of the practices' frail and vulnerable patients and had identified patients who may be at risk of unplanned hospital admissions.
- The care co-ordinator supported patients and signposted to other allied health and social care professionals, voluntary agencies and charitable agencies when required.

People experiencing poor mental health (including people with dementia)

Good



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

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice provided access to an in-house counsellor and the practice facilitated room use for two cognitive behaviour therapists (CBT). The practice also sign-posted patients to Improving Access to Psychological Therapies (IAPT).
- The practice was used by the memory clinic for patients with dementia and the practice recorded details of patients' carers and offered them health checks.

Summary of findings

- Performance for poor mental health indicators in the QOF data for 2014/15 was however lower than the national averages. For example, 50% of patients with enduring mental health had a recent comprehensive care plan in place compared with the CCG average of 89% and national average of 88%. We found however that clinical exception reporting was lower at 6%, when compared with the CCG average of 12% and national average of 13%. (Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects). The results yet to be published for 2015/16 on the practice systems showed significant improvement in these figures.
- Staff had a good understanding of how to support patients with mental health needs and dementia. For example the percentage of patients with dementia care plans on their dementia register was 77% in the 2014/15 published QOF data and we saw that the practice had improved this to all patients, 100% in the last year.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from:

- The national GP patient survey published in January 2016. The survey invited 237 patients to submit their views on the practice, a total of 116 forms were returned. This gave a return rate of 49%.
- The practice patient participation group (PPG). The practice worked with the PPG and the practice business manager attended each meeting. The PPG suggested that GP attendance would be valued.
- Care Quality Commission (CQC) comment cards. We invited patients to complete CQC comment cards to tell us what they thought about the practice. We received 29 completed cards.

In the national GP survey, patient satisfaction was positive in areas relating to interaction with nurses, GPs,

reception and opening hours and 79% describe their overall experience of this practice as good. Satisfaction levels were less positive in the areas of getting through to the service by phone, making an appointment and the waiting time to be seen.

The feedback we received from patients about the practice care and treatment was positive. Themes of positive feedback included:

- The helpful, caring, compassionate and professional nature of staff and the new practice environment.
- Overall good or excellent experience of the practice.

Four less positive comments received included: at times it could be difficult to get appointments, and the length of time waiting in the waiting room to see a GP. This was fed back to the practice management and it was clear they wanted to focus on improving patients' experience and would take action on the feedback given by patients.

Shifnal Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor, a second CQC inspector and an expert by experience.

Background to Shifnal Medical Practice

Shifnal Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider, which includes three GP partners. The provider holds a General Medical Services contract with NHS England. At the time of our inspection 9,783 patients were registered at the practice. The practice has a slightly higher proportion of patients aged 65 years and over when compared with the practice average across England. For example, the percentage of patients aged 65 and above at the practice is 20.5% the local Clinical Commissioning Group (CCG) practice average is 24% and the national practice average, 17%. The practice area is an area considered to be less deprived; people living in more deprived areas tend to have greater need for health services. Compared to national figures the practice has a smaller proportion of patients in the 15 to 44 age group (32% versus 41%), but higher percentages in the 45-64, 65-74 and 75-84 age groups. The practice provides GP services to a local care home which has 20 residents and represents 0.2% of the practice population compared with 1% for CCG and nationally. The practice has a higher proportion of elderly patients who live at home and a higher proportion of people from an ethnic minority groups than the local CCG (2.8% versus 1%) but this is still less than the 16% nationally.

The practice provides GP services at a main location and two branch sites. The main location is based at Shifnal Medical Practice in Shifnal. The branch locations are at Priorslee and at Weston Under Lizard. The practice has opted out of providing cover to patients outside of normal working hours. These out-of-hours services are provided by Shropdoc. The duty GP provides cover every afternoon, Monday to Friday, and cover at lunchtime, the contact details of which are provided on the practice telephone system.

- The opening hours at the main Shifnal location are between 8am and 1pm and 2pm to 6pm Monday to Friday. The practice provides extended hours between 7am and 8am every weekday with the exception of Mondays.
- Priorslee branch is also open on Thursday between 8am and 1pm and 2pm and 6pm, in addition to the 7am – 8am extended hours.
- The Branch Surgery at Weston under Lizard is open from 1130 to 1145 on Friday mornings.

Shifnal Medical Practice is located in an older purpose built building. As well as providing the contracted range of primary medical services, the practice provides additional services including:

- Minor surgery
- Venepuncture (blood sample taking)

Staffing at the practice includes three partner GPs and a long term female locum GP. The practice employs three sessional GP locums and a locum practice nurse who works four days a week. The management team includes a practice business manager, who joined the practice in September 2015, two office managers and a nurse practitioner/manager. The nurse practitioner manager is to retire in three weeks. The nursing team includes an

Detailed findings

advanced nurse practitioner who provides nine sessions a week (full time work), a practice nurse and three healthcare assistants. The practice support team includes 10 reception/administration staff members and a community care coordinator. A fourth GP partner is set to join the practice in August 2016. The practice also hosts a general surgery clinic every month with a consultant general surgeon at New Cross Hospital, Wolverhampton.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

- Older people

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

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

During the inspection we spoke with members of staff including GPs, a practice nurse, nurse practitioner/manager, healthcare assistant, community care co-ordinator, the practice manager, office manager, reception and administrative staff. We also spoke with members of the patient participation group (PPG). (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services).

- We observed how patients were being cared for and talked with carers and/or family members.
- We reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record

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

- Staff knew their individual responsibility, and the process, for reporting significant events.
- Significant events had been thoroughly investigated. When required action had been taken to minimise reoccurrence and learning had been shared within the practice team.
- Significant events were discussed at practice meetings.
- All occurrences were reviewed and trend discussion/analysis took place and when needed changes were made to promote a safe culture.
- Improvement was needed in documenting the learning from events.

We reviewed records, meeting minutes and spoke with staff about the measures in place to promote safety. Staff knew the processes and shared recent examples of wider practice learning from incidents. For example, a pharmacist had alerted the practice that a large amount of a medicine used to treat insomnia (trouble sleeping) had been prescribed through the electronic prescribing system but they had not dispensed this medicine. The partner raised this concern at their clinical support team meeting. This was then cascaded to all staff and a revised procedure for handling this type of medicine was put in place.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). These were discussed with the lead GP who demonstrated clear knowledge on the most recent alerts.

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

Overview of safety systems and processes

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

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards in the past and an external trainer was to provide face to face refresher training planned for July 2016. A GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken, this included staff immunity to healthcare associated infections, premises suitability and staff knowledge. We found that there were gaps in the provision of IPC training at induction and there was not regular refresher training for all staff. Following the inspection the practice informed us that training for staff was planned for 5 July 2016.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nurses used Patient Group Directions (PGDs) to allow them to administer medicines in line with legislation. Blank prescriptions were securely stored and there were systems in place to monitor their use. Staff ensured there were adequate

Are services safe?

stocks of medicines for example in the use of children's immunisations and travel vaccines to ensure the expiry dates and rotation of medicine stocks held was monitored.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines' audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw no evidence of any incidents of unsafe care or treatment for patients who took these medicines.
- We reviewed four personnel files and found most of the registration with their appropriate professional body. The practice had medical indemnity insurance arrangements in place for relevant staff. The practice employed a law firm to provide employment legislation support and who also completed employment record audits.

Monitoring risks to patients

Risks to patients were in general well 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 which identified local health and safety representatives. The practice had up to date fire risk assessments. We found that not all staff had attended a recent fire drill. The practice assured us that a fire drill would be completed for all staff to attend within a week of the inspection. Following the inspection, the practice business manager confirmed that fire drills had taken place and that further drills were planned.
- 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 control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice business manager showed us they had communicated with an external contractor to book a date for their next electrical equipment checks at the main and branch locations. This was due to take place in June/July 2016.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The partners had sought expert advice and guidance on patient access to services, given the difficulties with GP staff recruitment. In the middle of 2014, they approached the NHS England Supporting Change in General Practice Team who they worked with from September 2014. Suggestions made included patients only being able to book appointments up to two weeks in advance. The practice had also employed an advanced nurse practitioner, continued to employ regular locum cover and have recruited to post a new partner set to join the practice team in August 2016.
- Regular infection control audits were held and staff were immunised against appropriate vaccine preventable illnesses.

Arrangements to deal with emergencies and major incidents

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

- Staff had received annual update training in basic life support
- The practice had emergency equipment accessible within the building. This included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date and one replacement medicine had been ordered from the pharmacy. Medicines were stored securely and staff knew their location. The practice emergency medicines checks completed by staff included expiry date monitoring.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Changes to guidelines were shared and discussed at practice learning and training events/ meetings, clinical meetings as well as frail and vulnerable and palliative care multi-disciplinary team meetings.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.

Management, monitoring and improving outcomes for people

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

- The practice achieved 86.8% of the total number of points available; this was slightly lower than the national average of 94.8% and clinical commissioning group (CCG) average of 96.9%. The practice demonstrated that their QOF data 2015/16 had improved. The figures on the QOF achievement report dated 31 March 2016, showed they had achieved 91% (510.63 out of 559).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for poor mental health indicators was slightly lower than the national averages. For example, 50% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 89% and national average of 88%. Clinical exception reporting was lower at 5.88%, when compared with the CCG average of 12% and national average of 13%; this represented two patients. Clinical

exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects.

- Performance for diabetes related indicators was similar to local and national averages. For example, 75% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 80% and national average of 78%.

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

- The practice held diabetic eye screening and podiatry foot screening clinics within the practice buildings, so that patients did not need to travel far for these services.
- The practice participated in the avoiding unplanned admission enhanced service. Two per cent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge.
- The practice ran a regular search on all patients on the practices' avoiding unplanned admissions (AUA) register to find out if they had been admitted to hospital. In patients who had been admitted the practice established when they were discharged home or due to be discharged, and the community and care co-coordinator at the practice contacted them for an initial post hospital discharge review, to ensure their needs could be met.

The practice performance between 2014/15 for the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 of the population was 13.88 which was comparable with the CCG average of 13.75 and national average of 14.6. Ambulatory care sensitive (ACS) conditions are chronic conditions for which it is possible to prevent acute episodes and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions.

The practice was working with the primary support medicines management team on the practice performance on prescribing medicines. They were in receipt of a report

Are services effective?

(for example, treatment is effective)

based on their prescribing data between 2015/16 from NHS Shropshire Clinical Commissioning Group, Prescribing Quality and Optimisation Scheme (PQOS). The practice engaged with the CCG's medicines management team who supported them in ensuring best practice in medicine optimisation and prescribing and in the monitoring and auditing for example, in antibiotic prescribing levels within the practice.

There had been two cycle clinical audits undertaken and we reviewed them both. For example, we saw that there had been an audit completed regarding joint injections, their success as a treatment and of any complications. The audits demonstrated an improvement in the set standard. All patients had a written record of consent, all had been reviewed within two weeks of the treatment and no complications were found.

Effective staffing

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

A GP partner retired in 2013 and the practice had successfully recruited to the position on a number of occasions but due to unforeseen circumstances the recruits had not taken up the position. During this period the practice had provided the same GP services and used the same locum GPs where able. A new GP partner planned to join the practice in August 2016 and the practice planned to advertise for a fifth partner. The practice had completed a review of its staffing skill mix and following a vacancy to their nurse practitioner position they employed a locum practice nurse on a regular basis and a locum advanced nurse practitioner to provide extra clinical consultations and to help with telephone triage.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff had 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.
- The newly appointed practice business manager had identified gaps in staff training and had plans in place to ensure staff received training relevant to their role. For

example, they had invited the designated nurse for safeguarding children for Shropshire to support staff in their safeguard training in July 2016. Following the inspection the practice business manager provided a list of staff who had attended fire safety awareness training in 2014 and those who had completed this training via e-learning between 2014 and 2016. Staff identified as not up to date with training, including GPs were informed. Some staff had not completed training in the Mental Capacity Act (2005), or been in receipt of infection prevention and control (IPC) training during their induction, or received refresher training in information governance. The practice gave assurances that this would be addressed, and following the inspection they informed us that staff who had not completed the training would do so on 5 July 2016.

Working with colleagues and other services

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005, although not all had undertaken MCA training. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

Health promotion and prevention

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

- NHS Health Checks were offered to patients between 40 and 74 years of age to detect emerging health conditions such as high blood pressure/cholesterol, diabetes and lifestyle health concerns. We saw that 192 eligible patients had been invited to attend in the previous five years and 139 had attended to date.
- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- New patients were offered a health assessment with a member of the nursing team, with follow up by a GP when required.
- The practice's uptake for the cervical screening programme was 95% which was higher than the CCG average of 83% and national average of 82%.

Data from 2014, published by Public Health England, National Cancer Intelligence Network Data showed that the following percentage of patients engaged with national screening programmes:

- 74% of eligible females aged 50-70 had attended screening to detect breast cancer. This was comparable with the CCG average of 77% and higher than the national average of 72%.
- 62% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was comparable with the national average of 58%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 29 completed cards, all were positive about the caring and compassionate nature of staff. Patients told us they were treated with care, dignity, respect and understanding.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 227 patients to submit their views on the practice, and a total of 116 forms were returned. This gave a return rate of 49%.

The results from the GP national patient survey showed, for example that:

- 92% of patients said that the GP was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 92%, and national averages of 87%.
- 98% had confidence in the last GP they saw or spoke with compared to the CCG average of 97% and national averages of 95%.
- 91% said that the last GP they saw was good at listening to them compared with the CCG average of 92% and national average of 89%.

The results in the national patient survey regarding nurses however showed lower than average satisfaction when compared locally and nationally:

- 81% said that the nurse was good at giving them enough time which was lower than the CCG average of 94% and national average of 92%.
- 79% said the nurse was good at listening to them which was lower than the CCG average of 94% and national average of 91%.

Care planning and involvement in decisions about care and treatment

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

The GP patient survey information we reviewed showed patients' responses to questions about their involvement in planning and making decisions about their care and treatment with GPs in comparison to national and local CCG averages. The GP patient survey published in January 2016 showed;

- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% said the last GP they saw was good at explaining tests and treatments which comparable with the CCG average of 90% and national averages of 86%.
- 75% said the last nurse they saw was good at involving them about decisions about their care which was lower than the national average of 85%.
- 78% said the last nurse they saw was good at explaining tests and treatments which was lower than the CCG average of 92% and national average of 90%.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment.

The practice's computer system alerted staff if a patient was also a carer. The practice community care co-ordinator also took the role of ensuring that the carers register was well maintained. As of June 2016 there were 25 carers on the practice carers' register and the community and care co-ordinator was involved in ensuring patient and family awareness regarding the support the practice could offer to carers and in increasing the carer register at the practice. Known carers had been offered an annual health check and seasonal flu vaccination.

Are services caring?

If a patient experienced bereavement, practice staff told us that they were supported by a GP with access and signposting to other services as necessary.

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. One of the GP partners and the practice business manager attend the South East Shropshire Locality CCG meetings held monthly.

- The practice offered extended hours morning appointments from 7am Tuesday to Friday.
- Online services for ordering repeat prescriptions and appointments were available.
- Same day appointments were available for children and those with serious medical conditions.
- Telephone consultations were offered with the GP and Advanced Nurse Practitioner.
- Emergency admissions to hospital were reviewed and patients were contacted to review their care needs if required.
- There were disabled facilities, a hearing loop and translation services available.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided a minor surgery clinic and hosted a general surgery clinic every month with a consultant general surgeon at New Cross Hospital, Wolverhampton.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Practice staff visited local care homes to administer Influenza vaccines.
- Diabetic eye screening and podiatry foot screening clinics were held onsite so that patients did not need to travel far for these services.
- The practice was involved in immunising children from the travelling community in conjunction with the health visitor and Public Health England.
- The practice had a room available should a breast-feeding mother request one to feed her baby.

- The practice provided general medical services for young people suffering from severe autism residing locally. This included meeting with staff who supported these young people. Arrangements were agreed that staff would notify the practice reception when the young person arrived at the practice. The young person would be called from the car and taken straight to the consulting room.
- There were longer appointments available for patients with a learning disability.
- The practice had access to an in-house counsellor for mental health patients, and the surgeries were used by two cognitive behaviour therapists (CBT).

Access to the service

The practice provided GP services at a main location and two branch sites. The main location was based at Shifnal Medical Practice in Shifnal. The branch locations were at Priorslee and at Weston Under Lizard. The practice had opted out of providing cover to patients outside of normal working hours. These out-of-hours services were provided by Shropdoc. The on call duty GP provided cover for Wednesday afternoons and cover at lunchtimes, the contact details of which were provided on the practice telephone system. The practice telephones switched to the out-of-hours service each weekday evening and during weekends and bank holidays.

- The opening hours at the main Shifnal location were between 8am and 1pm and 2pm to 6pm Monday to Friday. The practice provided extended hours between 7am and 8am every weekday with the exception of Mondays.
- The Priorslee branch site opening hours also included Thursday between 8am and 1pm and 2pm and 6pm, in addition to the 7am – 8am extended hours.
- The Weston under Lizard, branch was open for 15 minutes between 11.30am and 11.45am on a Friday.

The practice offered pre-bookable appointments and telephone access appointments for all patients who required an urgent (same day) appointment. Patients could book appointments in person, by telephone and on line access. The availability of appointments was a mix of book on the day or routine book ahead.

Are services responsive to people's needs?

(for example, to feedback?)

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 by contacting the appropriate emergency service to meet their needs.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages.

- 59% of patients found it easy to contact the practice by telephone compared to the CCG average of 86% and national average of 73%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 28% of patients felt they did not have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.
- 59% of patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.

The practice had recognised access as a problem. It identified that this was in part due to patient GP preference, and a reluctance to travel to available appointments at the Priorslee branch. The practice took action and approached the NHS England Supporting Change in General Practice Team and worked with them from September 2014. Suggestions made included; patients only being able to book appointments up to two weeks in advance, the employment of an advanced nurse practitioner and the continued employment of regular locum cover, as well as the recruitment of a fourth partner

in August. As part of the improvements to the appointments system, the practice changed the afternoon duty GP system, so that the duty GP no longer had a booked surgery and was able to focus on the urgent matters arising in a more timely manner.

The practice had worked closely with their patient participation group (PPG) to improve services for patients. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services).

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards, website and a practice leaflet.

The practice had received 33 complaints in the last 12 months. We tracked three complaints and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. The practice analysed complaints for trends, to which there were none. Complaints were discussed with staff and at practice meetings. We found that more detail could be added to record the practice's learning and any policy changes made in response to complaints. However, it was clear that learning did take place and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Staff were able to cite the practice values and new and understood them.
- The practice had a range of robust strategy and business plans which reflected the practice values and reflected the changing primary care priorities and this was regularly monitored. For example, the practice hoped to recruit a fifth GP partner in the near future to meet the potential increase in demand with new housing developments locally.
- Staff told us that practice values were regularly discussed and reinforced at team meetings.

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 staff were aware of their own roles and responsibilities and who to report to.
- Practice specific policies were implemented, monitored and reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous performance management and interrogation of their systems to internally audit and monitor quality and to make improvements was undertaken.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions including specialist outsourced support for some areas.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and managers were approachable and always took the time to listen to and engage with 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). Staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology where appropriate.
- 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. The practice had identified staff for key leadership roles within the practice.

- The practice held weekly practice meetings attended by the partners and management team. Staff were able to raise matters at the meetings; either in person or in writing and the minutes of the meetings were posted on staff notice boards. There were no specific whole team meetings but all staff attended the South East Shropshire locality protected learning time meetings at least three times a year.
- Monthly developmental meetings/sessions were held for the clinical staff with the plan to include their nurses.
- We saw examples of minutes and actions from meetings, including where clinical, operational and strategic issues had been addressed and actions met.
- 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 and managers in the practice.

Are services well-led?

Good 

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

- 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.
- Staff told us that their development was supported including through training and coaching. For example, three apprentices in the clinical support team at the practice were employed on completion of their apprenticeship in recent years.

Practice seeks and acts on feedback from its patients, the public and staff

- The practice had an active patient participation group (PPG) who worked with staff to improve services. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). They informed us they met with the practice on a regular basis and felt valued by the new practice business manager who attended each meeting. The PPG suggested however it would be valuable to have a GP attend these meetings on occasions.

The PPG said that patients were concerned over the potential increase in the local population, as new housing developments were planned, and how the subsequent population increase may impact on GP services.

When we spoke with members of the PPG and found some of the main priorities for joint working between the practice and PPG had been:

- Recruitment and retention of GPs
- Patient access to services
- Assisting the practice in its eligible population group's awareness of the flu vaccination programme.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for

improvements to the practice management team. We were told that examples of improvements included developing information packs for new patients and improving the appointments system.

Feedback was gathered from staff through weekly staff meetings, informal discussion and appraisals. Staff told us they were actively encouraged to give feedback and discuss any concerns or issues with colleagues and management, and would not hesitate to do so. Staff told us they felt involved and engaged to improve how the practice was run, for example reviewing the staff training and appraisal programme.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was part of local schemes to improve outcomes for patients in the area. The practice held monthly development meetings attended by the partners and practice business manager. Outside speakers were invited to talk to staff for example the next speaker planned was a consultant Urologist.

The practice had started to utilise a tablet computer for GP use at their weekly branch practice in the Women's Institute Room, Weston-under-Lizard. This improved safety as it enabled GPs to access patients' records. It was also helpful on home visits, particularly for the more complex, often housebound patients. Historically, the GPs had to obtain a printed patient summary record from the main Shifnal practice and scan hand-written notes onto their electronic records at Shifnal following patient appointments.

The practice arranged the most recent South East Shropshire Locality protected learning time meeting and led discussions about collaborative working/working at scale.

The practice had recognised access as a problem, they took action and approached the NHS England Supporting Change in General Practice Team and started to work with them in September 2014. The practice implemented changes as a direct result and continuously monitored its progress in respect of patient access.