West Bromwich Partnerships for Health

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (The practice was previously inspected in March 2015 and rated Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive at West Bromwich Partnerships for Health on 15 November 2017. We inspected this location as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The lead GP engaged with the local community by attending places of worship to encourage uptake of reviews for long term conditions and screening.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect.
- Patients we spoke 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice was able to demonstrate a governance framework which supported the delivery of the strategy and good quality care.
- There was evidence that the practice had sought feedback and implemented changes to improve.

Summary of findings

- The practice was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The practice had achieved training status and there were two associate GP trainers working at the practice.

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

- Continue to engage with patient groups to improve uptake of cervical cytology.
- Achieve improvement in the number of carers identified in order to offer them support.
- Carry out learning disability reviews for all patients on the register

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

West Bromwich Partnerships for Health

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 second CQC inspector.

Background to West Bromwich Partnerships for Health

West Bromwich Partnerships for Health is located on Izons Road, West Bromwich, Sandwell, Birmingham. It is located in a purpose built building with consulting rooms on the ground floor. There is easy access to the building and disabled facilities are provided. There is car parking on site for patients and staff. The practice holds a General Medical Services (GMS) contract to deliver General Medical Services to the local community or communities. The practice is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The surgery served a population of approximately 3800 patients. On the day we spoke with two of the partners who told us that although the registration with CQC did not reflect this, they also own two other nearby practices with two further branch sites. They told us that these practices regularly collaborate and share resources where possible.

There was a full time salaried GP (male) and a regular locum GP (male) who worked two to three sessions a week. There was also an advanced nurse practitioner (ANP) working one session a week and a practice nurse working four sessions a week. There was also a team of administration staff and a practice manager responsible for the day to day running of the practice.

The practice had achieved training practice status helpingqualified doctors to complete the final stages of their GP Training. The practice also engaged in the training of undergraduate medical students. The salaried GP is the approved trainer and currently there are two GP registrars based at the practice.

The practice is in an area with a high ethnic population. Many of the practice population are from South Asia and Eastern Europe and have health needs that reflect that community, for example, a high rate of diabetes. It is a deprived area with a high rate of unemployment. The practice has a higher than the national average patients aged between 25 and 50 years old, particularly male patients. The practice has a population of 50 to 85 year olds which is lower than the national average.

The practice phone lines opened from 8am to 6.30pm Monday to Friday (except Thursdays) and appointments were available from 8.30am (when the doors opened) until 6pm Monday to Friday. The practice is closed on a Thursday at 12.30pm and the services phone is diverted to one of the sister practices where appointments are available with other GPs.

The practice has opted out of providing out-of-hours services to their own patients. This is provided by an external out of hours service contracted by the Clinical Commissioning Group (CCG).

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. There was a policy which was regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff took steps to protect patients from abuse, neglect, harassment and discrimination. The practice worked with other agencies to support patients and protect them from neglect and abuse.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Infection control audits were carried out annually and all improvement areas were actioned.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice was part of a larger group (although it was not reflective of the registration with CQC) and could use staff from other sites if required.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Staff were made aware of red flags on the system for sepsis. The GP was aware on what was required and had updates to this during the CCGs Protected Learning Time (PLT) events.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. The practice had carried out a range of risk assessments to manage risks to patients.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. The practice had carried out an audit on referrals and learning identified were actioned.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. Most of the prescriptions were electronic which further aided to safety and security.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

Good

Are services safe?

requirements and current national guidance. The practice had audited its antimicrobial prescribing. We saw that the practice was one of the lowest prescribers for antibiotics and was below the target set by the CCG.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. The GP and advanced nurse practitioner (ANP) along with the practice nurse carried out reviews of patients on long term medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. Records we looked at confirmed that fire alarm tests and fire drills were carried out regularly. Training records looked at showed that staff had attended fire training. This supported the understanding of risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons to improve safety in the practice. The practice had identified that a patient with the same name was marked as 'arrived' on the appointment system. However, the GP realised that they were looking at the wrong patient's details and had identified learning to prevent re-occurrence.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.
- All high risk medicines were not on automatic repeat and patients needed to request for the medicine each time which needed to be authorised by the lead GP. Administration staff were unable to authorise any high risk medicines.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The nurse emailed out NICE guidance to clinical staff and we saw evidence of discussion for some guidance. The CCG also sent out guidance through its newsletter which highlighted changes to guidance and this was also considered by clinicians. We saw guidance such those related to Vitamin B12 was available in the practice. .

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Data provided by the practice showed that they was one of the lowest prescribers for medicines such as antibiotics. The practice prescribing was at or below the target set by the CCG in most areas of prescribing.
- We saw no evidence of discrimination when making care and treatment decisions. The practice has a very diverse population and comments received and patients we talked with were positive about their experience.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. The practice provided telephone consultation where required.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. We saw care plans were in place and there was a dedicated line for these patients.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by appropriate care plans. Over a 12 month period the practice had offered 200 patients a health check and 89 had taken up the offer.
- The practice followed up on older patients discharged from hospital. The practice was taking part in the CCGs Primary Care Commissioning Framework (PCCF). The PCCF was intended to help develop general practice, encourage partnership working and deliver improvements in clinical outcomes for patients. The practice told us that they had achieved 97% across eight of the PCCF standards for 2016/2017. As part of the PCCF, the practice was required to follow up on unplanned admissions to hospital. The practice carried out weekly monitoring and reviewed their needs to minimise admission to secondary care.
- The practice offered flu and shingles vaccination. They also offered pneumococcal vaccine to elderly patients.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice took part in the CCG initiated Diabetes in Community Care Extension (DiCE) clinic held at the practice with a specialist nurse consultant.
- The GP had obtained additional training in diabetes such as insulin initiation and injectable.
- The practice offered spirometry clinic for diagnosis and these were available with two ANPs who worked for the provider at the other sites as well as this surgery. These nurses specialised in respiratory conditions including Chronic Obstructive Pulmonary Disease (COPD) and Asthma.
- Longer appointments for complex conditions such diabetes were available
- Flu vaccines and annual reviews were offered for patients with long term conditions.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- Practice staff liaised with local health visitors to offer a full health surveillance programme for children.

Good

Are services effective?

(for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- Children under five years old were always seen on the same day

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 74%, which was slightly below the 80% coverage target for the national screening programme.
- The practice was aware of this and was recalling these patients for screening where appropriate. There were alerts on the system and the GP was engaging with the community through places of worship and community centres to encourage uptake.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The practice offered patients in this group open access or specific appointment times which were accessible, flexible and offered continuity of care. Telephone appointments, online booking of appointments and ordering prescriptions were available to meet the needs of those patients who worked.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including patients with mental health needs and those with a learning disability. Alerts were on the system to ensure follow ups were not missed.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The GPs carried out regular home visits to patients who were housebound and to other patients on the day they had been requested.

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

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was slightly lower than the local CCG average of 84% and national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months. This was above the local CCG and national average of 93% and the national average of 89%. The exception reporting was 0% which was below the CCG average of 11% and the national average of 10%.
- The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Annual health checks were offered to patients with long term mental health conditions. GPs had the necessary skills and information to assess and treat or refer patients with poor mental health.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. There was an annual audit plan in place to measure performance in both clinical and non-clinical areas. The practice was part of a group of practice and where appropriate, clinicians took part in benchmarking. The practice took part in the PCCF, a CCG initiative intended to help develop general practice, encourage partnership working and deliver improvements in clinical outcomes for patients. The practice told us that they had achieved 97% across eight of the PCCF standards for 2016/2017.

The most recent published Quality Outcome Framework (QOF) results were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The overall exception reporting rate was 15% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- There were some areas for exception reporting such as asthma and heart failure which was above local and national averages. The practice explained that there this

Good

Are services effective?

(for example, treatment is effective)

was largely due to a transient population. The practice had tried to engage with the community to improve attendance and the GP attended places of worship and community centres to encourage attendance for reviews. The GP was trying to also opportunistically review patients where possible and we saw patient reminders and alerts were in place on the electronic system. The practice also explained that there were some coding issues which may have been contributing to some high exception reporting but they were looking to resolve this.

- The practice was actively involved in quality improvement activity. The practice had an annual audit plan to ensure an effective service. Examples of audits we looked at demonstrated improvement in care.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected learning times (PLTs) and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The practice had carried out a training needs assessment for 2017/18 detailing training needs.
- The practice provided staff with ongoing support. This included an induction process and appraisals. The providers also owned two other practices with two branch sites and there were some overlap of management staff. For example, the training manager supported the practice manager who was new into the role. There were two advanced nurse practitioners (ANPs) both of whom were respiratory specialists. One of the advanced nurse practitioner was also the respiratory lead for the CCG. The ANPs held respiratory clinics at the practice and supported the practice nurse during clinics.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Most of the practices locally used the same clinical system including the out of hours (OOH) service which facilitated transfer and sharing of patient information.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. We saw examples of asthma, COPD and diabetes care plans and they followed guidance.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Records we looked at demonstrated that regular multidisciplinary meetings were held to discuss these patients.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. The practice supported local priorities such taking part in CCG initiated PCCF to reflect local priorities
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions such as spirometry.
- The practice participated in tuberculosis (TB) screening among new entrants into the UK (from countries with high prevalence) to identify those who are at risk of developing the disease so that it could be detected and treated at the earliest possible stage.

Consent to care and treatment

Good

Are services effective?

(for example, treatment is effective)

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. The practice had carried out minor surgery histology audit where recording of consent was included as a criterion.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.
- Clinical staff members we spoke with were aware of capacity, Gillick competency and Deprivation of Liberty Safeguards (DoLS).

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. There was a range of staff which represented many of the patient population.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 382 surveys that were sent out and 79 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses in comparison to the CCG averages and generally in line with national averages. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time; CCG - 81%; national average - 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; national average - 95%.
- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 80%; national average - 86%.
- 87% of patients who responded said the nurse was good at listening to them; (CCG) - 86%; national average - 90%.
- 86% of patients who responded said the nurse gave them enough time; CCG - 87%; national average -92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 95%; national average - 97%.
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 85%; national average - 91%.
- 78% of patients who responded said they found the receptionists at the practice helpful; CCG - 82%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, staff were able to speak some of the languages spoken by patients.
- Staff helped patients and their carers find further information and access community and advocacy services. For example, the practice signposted patients to the route2wellbeing website, a web portal with information on local voluntary and community health and care services in Birmingham.

The practice identified patients who were carers. The practice encouraged patients to register as carers through the notice board and during health checks and other reviews. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 21 patients as carers (0.6% of the practice list). The practice was currently working to increase the number of carers and had made improvement s from six weeks previously where 15 had been registered. The practice told us that they had a very young and transient population which contributed to

Good

Are services caring?

the low number of carers identified. The practice offered carers pack, health checks and flu jabs. Records we looked showed seven patients had received a health checks and four had received a flu jabs so far this year.

- The practice was taking part the PCCF initiated by the CCG. There were eight standards to the PCCF and the one of these standards required the practice to identify carers. One of the staff members took on a lead role to ensure achievement for the PCCF. They actively worked to identify caers and offered support and this was ongoing.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 82% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 76%; national average - 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 86%; national average - 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 82%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity. There were posters on display advising patients to ask if they needed to discuss anything in private.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998. Training record we looked at showed that staff had completed training in data protection and confidentiality.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

The GP went out to the local mosque, gurdwara and temple to encourage patients to attend screening and flu clinics. Currently, the GP was engaging with the local community groups to encourage uptake of cervical cytology, breast and bowel screening as some patients were unwilling to attend. The GP highlighted the importance of attending cancer screening tests and receiving the flu jab. The practice manager told us that following a visit to the local mosque recently, patients had followed the GP into the practice to make appointments for their flu vaccination.

- The practice understood the needs of its population and tailored services in response to those needs. The practice took part in hub working arrangement offering access to appointments from 8am to 8pm Monday to Friday. It also offered weekend appointments. Online services such as repeat prescription requests, blood test appointments and advanced booking of appointments were available.
- The practice was taking part in an additional local enhanced scheme to offer further extended hours opening on a Thursday evening at the practice.
- The practice improved services where possible in response to unmet needs. For example, the GP engaged with hard to reach groups by attending community centres, mosques and temples.
- The facilities and premises were appropriate for the services delivered.
- The practice was taking part in a local enhanced service for minor surgery and there was a dedicated minor surgery room in the practice. We were told that the minor surgery room was used by a community healthcare service (health harmony) to offer minor surgery to patients from nearby practices.
- The practice made reasonable adjustments when patients found it hard to access services. The front entrance was fully automated and the premise was accessible using a wheel chair.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- Practice gives same day access to all patients aged 75 years and over. Extended appointments were also offered.
- The practice participated in the Primary Care Commissioning Framework (PCCF) which included falls service, near patient testing and, in-house electrocardiogram (ECG) service.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice offered home visits for those who had difficulties getting to the practice.
- There was a dedicated telephone number given to patients, their carers and other healthcare providers identified as high risk in order to enable timely telephone access. Reception team also held a list of vulnerable adults in reception.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues. The practice explained that they held joint multidisciplinary meetings with other practices owned by the same providers. This was due to the request of health visitors and also enabled the GPs from all the practices to work together to better manage these patients. .

Families, children and young people:

- Any patient requesting an appointment for a child under five years old were offered same day appointment following triage by a clinician.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. All A & E letters for child attendances were reviewed by a clinician.
- The practice nurses and health visitors liaised with the health visiting team for hard to reach children requiring immunisation.
- The practice offered pre-conceptual advice together with contraceptive services for example, oral contraceptives or injections.

Working age people (including those recently retired and students):

- Appointments were available to meet the needs of those patients who worked. The practice offered late evening appointments between 6.30pm to 8.00pm Monday to Friday and Saturday & Sunday appointments were also available.
- The practice offered a full range of online service such as access to medical records, blood test results, booking of appointments and ordering prescriptions.
- Telephone appointments were also available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered appointments with health advisor from my time active for 40 to 74 year old patients for health checks and weight management to improve health and to prevent any further health conditions.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including a learning disability. There were 16 patients on the learning disability register and the practice was taking part in the learning disability local enhanced scheme. The practice had sent out two reminder letters to these patients and so far three patients had responded for their reviews. The practice now planned for practice nurse to carry out home visits as these patients had not responded.
- The practice offered an interpreter service for pre-bookable appointments. Some of the staff were able to speak other languages including Hindi, Punjabi and Urdu.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice undertook dementia screening and annual reviews for the patients with a diagnosis of dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Patients with a diagnosis of mental health had a care plan agreed with them and they were reviewed on an annual basis.
- The practice provided same day access and emergency access to these patients

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. We saw that the practice had carried out minor surgery patient satisfaction audit. The feedback from 32 patents showed that 72% thought the waiting time for minor surgery was good.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Patients we spoke with were positive about the GP, other staff and the service. There were 382 surveys sent out and 79 were returned. This represented about 2% of the practice population.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 70% of patients who responded said they could get through easily to the practice by phone; CCG – 60%; national average - 71%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 63% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 76%; national average - 84%.
- 47% of patients who responded said their last appointment was convenient; CCG - 72%; national average - 81%.
- 59% of patients who responded described their experience of making an appointment as good; CCG - 63%; national average - 73%.
- 58% of patients who responded said they don't normally have to wait too long to be seen; CCG - 54%; national average - 64%.

There was one area of the survey where the practice had achieved significantly below local CCG and national averages and this was in relation to convenience of appointments. The practice had carried out a survey in September 2017 which were positive and did not identify any issues around convenience. For example, patients were asked how quickly they were able to see their choice of GP and the results showed 44% were able on the same day or the next day. Also, 36% stated that they were able to see their choice of GP within two to four days. Only 5% stated that it took them five days or more. The practice had engaged with the PPG and had identified telephone access as an issue. We saw that an action plan had been developed to make improvements in August 2017. One of the actions was to take part in hub working arrangements to offer appointments from 8am to 8pm Monday to Friday as well as offering weekend appointments. This participate had now started to participate in hub working arrangements. The practice was also encouraging the use of online booking for appointments and this was ongoing.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We saw two complaints were received in the last year. We reviewed both complaints and found that they were satisfactorily handled in a timely way.
- As a result of complaints, treatment delivered was reviewed to ensure any lessons were learned. For example, we saw that a patient's delivery of care was reviewed in relations to a specific condition. The review concluded that appropriate care was delivered.

Are services well-led?

Good

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. The practice staff understood the challenges and were addressing them. For example, the practice was aware that they had a transient and hard to reach population which presented a challenge for long term disease management. To overcome these challenges the lead GP engaged with the local community.
- Leaders at all levels were visible and approachable. Staff members we spoke with were positive about the leadership and felt supported.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice had developed a business plan and one of the aims of the plan was to recruit and develop highly skilled and motivated staff.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. Two of the partners we spoke with told us that they had committed to the NHS five year forward view to adapt and meet changing needs of patients and this was part of the practice business plan for 2016-20. The practice was also participating in the PCCF to improve patient care in line with local priorities.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued by the managers and the lead GP. They were proud to work in the practice and were always praised for their efforts.
- The practice focused on the needs of patients. The GP was motivated to provide quality care and engaged with the local population to ensure they attended reviews for their long term conditions and appointments for screening programmes.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw an example where a patient received an apology following an incident.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. We saw evidence of training needs assessment for staff member to ensure they received support appropriate to their role. There was a staff training plan in place.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. We examples of individual training needs assessment carried out for staff to ensure they received appropriate support in relation to their role.
- There was a strong emphasis on the safety and well-being of all staff. We saw risk assessments were in place to ensure wellbeing of staff such as those related the use of computer screen.
- The practice actively promoted equality and diversity. The practice population was diverse and the staffing reflected this. Staff members were able to speak many of the languages spoken by patients. Staff felt they were

Are services well-led?

Good

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

treated equally and could raise any issues during meetings. Some staff members told us that they were having quarterly appraisals and they could raise issues during these.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. There was a business plan which set out governance and partnership working.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, there were cleaning audits and hand hygiene audits carried out to ensure infection prevention and control processes were being followed. There was an annual audit plan to measure both clinical and non-clinical performance.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. We saw that appropriate risk assessments were in place and policies were reviewed regularly. The practice had carried out an audit on fast track cancer referral and had identified actions to improve care. There were cleaning schedules for instruments used such as ear syringe and spirometer and we saw infection control audits were carried out.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through prescribing and referral decisions. Relevant staff had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. There was an annual clinical audit plan in place to ensure quality of care was being monitored. Evidence of audits we looked at demonstrated improvement in care.
- The practice had plans in place and had trained staff for major incidents. The business plan detailed the business continuity plan. Furthermore, the plan identified that the lease for the current building ends in September 2020 and succession planning had been considered in the event the lease could not be extended.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. The practice faced a challenge in ensuring patients attended reviews for long term conditions or for screening. To improve the GP went to community centres and places of worship to engage with patients and to improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. There was a business plan which laid out areas for further development. They included areas such as patient engagement and experience, improving quality of care as well as increasing the use of technology.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The practice had carried out audits to monitor performance and there was an annual audit plan in place.
- The practice used information technology systems to monitor and improve the quality of care. For example, the practice aimed to further increase uptake on online services and for clinicians to increase use technology for tasks such as completing referral processes in the consultation.

Are services well-led?

Good

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

- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice had carried out in-house surveys in September 2017and had identified areas for improvement and had developed an action plan. These areas related to difficulty in getting through to the practice on the phone and the practice had developed an action plan to improve in this area. The practice was promoting the use of online bookings for appointments to free up telephone lines during busy periods. The practice was taking part in hub working arrangements to increase access times.
- There was an active patient participation group. The practice had developed an action plan for areas of improvement following a recent meeting with the PPG. Most of the issues raised were in relation to access to advanced appointments and getting through on the phone.
- The service was transparent, collaborative and open with stakeholders about performance. The practice shared relevant significant events with the CCG. We saw that the practice apologised to a patient following an error and ensured learning was identified and implemented.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had achieved teaching status and trained medical students and GP registrars. There were two associate trainers that worked for the provider and could support the training of the two current medical students at the practice
- The practice had two specialist nurses who offered care in diabetes and respiratory conditions and had access to specialist in training.
- The GP had obtained additional training in diabetes such as insulin initiation and injectable.
- Staff knew about improvement methods and had the skills to use them. There were audits in progress such as medicines audits and asthmas audits. The practice had carried out minor surgery patient satisfaction survey to ensure the service met patient preferences.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The GP went to local communities to engage and drive up performance for in long term conditions reviews and screening.