

# Trinity Surgery

## Quality Report

29 St Augustines Road,  
Wisbech,  
Cambridgeshire  
PE13 3UZ  
Tel: 01945476999  
Website: [www.trinity-surgery.co.uk](http://www.trinity-surgery.co.uk)

Date of inspection visit: 21 April 2016  
Date of publication: 24/06/2016

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

### Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	12
Background to Trinity Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Trinity Surgery on 21 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said there were urgent appointments available on the same day and continuity of appointments, however some patients told us they did not always find it easy to make an appointment with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice worked closely with three other practices in Wisbech to provide a community eye service, Anglia Community Eye Services (ACES). This initial concept

# Summary of findings

was developed by four Wisbech practices and provided the services of consultant ophthalmologists out of hospital into the community. In addition the practices joined to provide out of hospital DEXA scan provision for the community.

The areas where the provider should make improvement are;

- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by staff to ensure patients whose health might deteriorate can be observed.
- Ensure that medical consumables are in date.
- Ensure records of all clinical meetings are maintained and shared with staff to ensure learning outcomes.
- Establish an effective process for monitoring requests and the collection of repeat prescriptions for vulnerable and high risk patients.
- Continue to monitor clinical exception reporting process within the practice to ensure reviews of patient health and medication are undertaken where appropriate.
- Continue to monitor patient feedback and implement changes to practice when required.
- Continue to encourage and improve the uptake of bowel and breast screening for patients.

**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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The exception reporting for some of these indicators for 2014/2015 QOF was lower or in-line with the CCG and national averages. However, we noted there were some indicators these were above the CCG and national average. Following the inspection we were told the practice had identified that in addition to global exception reporting the system recorded an exception code where a clinician recorded that a patient had either a contra-indication to a medicine or had declined that medicine. The practice confirmed an on-going review of all current exception coding.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## 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. For example the practice provided a community dermatology service led by one GP with a special interest in dermatology. This service was commissioned by the local CCG and enabled patients from both Trinity Surgery and other local GP surgeries to be seen closer to home and quicker than referral to hospital. This service was in its fifth year and we were told was seeing 600 new patients per year.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice would contact all vulnerable patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice offered health checks for patients aged over 75.
- The practice reviewed all home visit requests to facilitate earlier visits where hospital admission may be an outcome.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people including heart failure and rheumatoid arthritis were above local and national averages.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. They were supported by GP clinical leads for long term conditions who worked closely with the nurse practitioner and the nursing team.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 100%, which was above the CCG average by 10.5% and the national average by 10.8%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

- Nurses provided spirometry, chronic obstructive pulmonary disease and asthma reviews and worked closely with the GPs to highlight any concerning results. In addition to this, the practice had a process in place where they would contact any patient following an admission to hospital for an asthma exacerbation or if the patient had contact with the out of hours service as a result of an asthma exacerbation. Patients in the community with chronic obstructive pulmonary disease were provided with rescue packs containing medications to prevent an exacerbation of their condition.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, district nursing, family planning and midwifery, health screening, health visitor, minor injuries and minor surgery.

## Families, children and young people

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 83%, which was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered the fitting and removal of long term contraception devices. In addition the practice encouraged chlamydia testing for the under 24 age group. Referrals were also made to a local outreach sexual health service. Emergency contraception was available at the practice. The practice took part in the C Card system which provided free condoms to patients between the ages of 13 -24.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 48 %; this was below the CCG average of 59% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months at 60% was also below the CCG and national average of 72%.
- One GP had a special interest in dermatology and the practice offered in house dermatology services to patients from other local practices including cryotherapy for warts verruca and some skin lesions. The waiting list for this service was for two weeks and the practice had seen an increase in use from 300 referrals in 2010/2011 to over 600 this year.

## People whose circumstances may make them vulnerable

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 homeless people, travellers and those with a learning disability. Clinicians undertook both planned and opportunistic vaccinations when patients attended the practice to ensure patients received appropriate immunisations.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out- of- hours.
- Families who suffered a bereavement, were contacted by their usual GP and a condolence letter was sent to the family which included telephone numbers and addresses for services such

Good



# Summary of findings

as the Wisbech registrar, Age Concern, Citizens Advice Bureau, CRUISE bereavement (a support and counselling organisation), plus a bereavement booklet with signposting and guidance for the family).

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

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

- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (01/04/2014 to 31/03/2015), which is below the national average of 84%.
- 93% of patients experiencing poor mental health had their care reviewed in a face to face meeting in the last 12 months (01/04/2014 to 31/03/2015), which is above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice liaised with the mental health link workers and other professionals to aid the management of those with mental health needs and those with chronic illnesses. In addition the practice worked with a local drug addiction support group and shared the care of ex drug abusers, monitoring medicines and general health.
- The practice carried out advance care planning for patients with dementia. Staff had attended training from the Alzheimers Society and had signed up as Dementia Friends.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was generally performing in line with local and national averages. 323 survey forms were distributed and 113 were returned. This represented 35% of the surveys sent out.

- 72% of patients found it easy to get through to this practice by phone compared to a CCG average of 75% and a national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% and a national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to a CCG average of 86% and a national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 80% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five CQC comment cards, two were positive about the service experienced. However three raised concerns regarding appointment availability. Patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to ensure patients whose health might deteriorate can be observed.
- Ensure that medical consumables are in date.
- Ensure records of all clinical meetings are maintained and shared with staff to ensure learning outcomes.
- Establish an effective process for monitoring requests and the collection of repeat prescriptions for vulnerable and high risk patients.
- Continue to monitor clinical exception reporting process within the practice to ensure reviews of patient health and medication are undertaken where appropriate.
- Continue to monitor patient feedback and implement changes to practice when required.
- Continue to encourage and improve the uptake of bowel and breast screening for patients.

## Outstanding practice

- The practice worked closely with four other practices in Wisbech to provide a community eye service, Anglia Community Eye Services (ACES). This initial concept was developed by four Wisbech practices and provided the services of consultant ophthalmologists out of hospital into the community. In addition the practices joined to provide out of hospital DEXA scan provision for the community.

# Trinity Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser and a practice manager specialist adviser.

### Background to Trinity Surgery

Trinity surgery provides Personal Medical Services to approximately 12,000 patients and comprises a full range of socio-economic groups including some affluent areas and some deprived council wards. Wisbech is the most deprived ward in Cambridge. The practice area covers the town and the immediately surrounding area. Trinity is situated close to the North Cambridge Hospital in a purpose built building and provides services including weekly midwifery and counselling services. The surgery was purpose built in 2006. Over 25% of the patient population do not have English as their first language. Translation services are available on the practice website and information in other languages is available on the electronic book in screen and in leaflets in the practice. We saw notices in the reception areas informing patients this service is available.

The practice area includes the most deprived ward in Cambridgeshire; however the deprivation index was varied across the practice area. There is significant rural deprivation with the main employment being manual (landwork) and food-packaging. The practice has seen a dramatic increase in the number of births in the area with a high number of 'at risk families and children of concern.

The practice provides treatment and minor surgery rooms, consultation rooms, a comfort room for distressed patients

and a blood pressure self monitoring area on two floors with ramp and lift access and automatic doors. On the second floor there are a number of administration offices, a library, a staff rest room and a meeting room. Parking is available across the hospital car parks.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 0-9 years and 20-34 years and a lower than average number of patients aged 54- 85+ years compared to the practice average across England.

The practice has a team of six GPs. All six GPs are partners which mean they hold managerial and financial responsibility for the practice. There is a team of practice nurses, which includes four nurse practitioners, three practice nurses and two healthcare assistants who run a variety of appointments for long term conditions, minor illness and family health. All four nurse practitioners and one of the practice nurses are qualified to prescribe.

There is a practice manager who is supported by an assistant practice manager. In addition there is a team of non-clinical administrative, secretarial, scanning and prescription clerks and reception staff who share a range of roles, some of whom are employed on flexible working arrangements.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 1pm and 2.00pm to 6.30pm daily. On the third Thursday of each month the practice is open from 8.30am to 12.30pm and then reopens from 5pm to 6.30pm. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that need them.

The practice offers a range of appointment options which include; pre-bookable appointments follow up appointments, on-line access, and telephone

# Detailed findings

consultations. These are supported by telephone access to a GP for those patients who do not require a face to face consultation. The appointment system is continually reviewed by the management team to establish any increase in demand and to warrant an increase in access.

The practice does not provide GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided via the 111 service provided by Integrated Care 24.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 April 2016. During our visit we:

- Spoke with a range of staff including GPs, nurse practitioners, practice nurses, the practice manager, the assistant practice manager and members of the reception/administration teams. We also spoke with patients who used the service.

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. There were systems in place to ensure where relevant complaints were reviewed as significant events. In addition, the practice had a policy to ensure patients were consulted when their complaint was reviewed as a significant event and were consulted on the outcome of the review.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. In addition all nurses were trained to safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Four nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. Nurses received mentorship and support from the medical staff for this extended role, however there were no processes in place for nurses to receive supervision from GPs, we were told this level of supervision was available from the local clinical commissioning group nurse lead. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

## Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

Risks to patients were assessed and managed;

- Some procedures were in place for monitoring and managing risks to patient and staff safety, but there was scope to improve these. There was a health and safety policy available with a poster in the administration office area which identified local health and safety representatives. However no health and safety risk assessments had been undertaken. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that not all patients waiting for their appointments in areas of the practice could be clearly seen by reception or other staff, there was a risk that patients, whose health could deteriorate while waiting for their appointment, may be overlooked.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. We noted that some equipment such as needles and a dressing were out of date in one treatment room. We discussed this with the lead nurse and were assured that these were disposed of and replaced during our inspection.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which was accessible to all staff. The plan included emergency contact numbers for staff.

# 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 other medicine and equipment safety alerts and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results April 2014 to March 2015 were 99.9% of the total number of points available. With a practice overall exception reporting rate of 18.9% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for mental health related indicators was also better in comparison to CCG and national averages with the practice achieving 98%. This was six percentage points above the CCG average of 92% and five percentage points above the national average of 93%. Exception reporting rates for these indicators were 11%, this was below the CCG average of 13% and in-line with the national average of 11%.
- Performance for diabetes related indicators was better in comparison to the CCG and national average, with the practice achieving 100%. This was 11 percentage points

above the CCG and the national average of 89%.

Exception reporting rates for these indicators were 27%, this was above the CCG average of 13% and the national average of 11%.

- Performance for asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, chronic kidney disease, dementia, depression, diabetes, epilepsy, heart failure, hypertension, learning disability, osteoporosis, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic heart disease were all in line or above CCG or national average with the practice achieving 100% across each indicator.

The exception reporting for some of these indicators for 2014/2015 QOF was lower or in-line with the CCG and national averages. However, we noted the high overall exception reporting rate of 18.9%. In addition there were some indicators, for example the percentage of patients on the chronic kidney disease register with hypertension and proteinuria treated with an ACE-1 medication, where the exception reporting (26.5 percentage points above the CCG average and 7.9 percentage points above the national average) was above the CCG and national average. We discussed the high exception reporting with the GPs and practice nurses. The practice were unable to confirm the reasons for these higher figures, however following the inspection the practice reviewed their QOF exception reporting. We were told the practice had identified that in addition to global exception reporting the system recorded an exception code where a clinician recorded that a patient had either a contra-indication to a medicine or had declined that medicine. The practice confirmed that a review of all current exception coding was on-going and they would be assessing the 2015 to 2016 figures when they were released in October 2016.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff was involved to improve care and treatment and patient outcomes. Clinical audits completed in the last two years included an audit of antibiotic prescribing, an audit of infection rates following minor surgery at the practice and an audit on intrauterine coil fittings. These were completed audits where the improvements made were implemented and monitored.



# Are services effective?

(for example, treatment is effective)

Findings were used by the practice to improve services. The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. The practice also reviewed information from local hospitals, out of hours services and outpatients departments to identify patients who attended regularly, and might need to have their own personalised care plans.

## Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. However nurses told us that they were not receiving any clinical supervision from the GPs at the practice, we were told that informal supervision was available from the CCG and nurses attended the practice nurse forum where they could discuss clinical cases in order to improve their practice.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice liaised with the locality multi disciplinary coordinator (MDT) coordinator who organised monthly local meetings with GPs, district nurses, palliative care nurses and administrative staff. In addition the MDT coordinator reviewed patient hospital discharges and where required ensured systems were in place to provide patients with any extra support services they required. The practice worked closely with the community matron and palliative care team and supported the realisation of patients' end of life wishes. The palliative care team meetings supported this process. The community matron was available each day of the week at the practice and undertook the management of patients with long term conditions and vulnerable patients in the community. We saw minutes of meetings where teams had discussed future care requirements for patients with complex needs. Staff we spoke with told us this system worked well and commented on the usefulness of the forum as a means of sharing important information.

## Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

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

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, a health trainer was available to help patients manage their weight, reduce alcohol intake and stop smoking. In addition patients were able to join the walking group led by the health trainer.

The practice's uptake for the cervical screening programme was 83%, which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in

different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 48 %; this was below the CCG average of 59% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months at 60% was below the CCG and national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 96%, these were comparable to the CCG average of 52% to 96% and five year olds from 77% to 91%, these were below the CCG averages fo 89% to 95%. We were told the practice continued to work closely with community midwives and health visitors to encourage uptake for childhood immunisations.

Patients had access to appropriate health assessments and checks. These included health NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Of the five patient Care Quality Commission comment cards we received, two were positive about the service experienced. However three raised concerns regarding appointment availability. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published January 2016; showed patients felt they were treated with compassion, dignity and respect. The practice performed in line with the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 97% and the national average of 97%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

There were several survey results which were significantly worse than CCG or national averages. For example:

- 26% of patients with a preferred GP usually get to see or speak to that GP compared to the CCG average of 61% and the national average of 59%.
- 64% of patients describe their experience of making an appointment as good compared to the CCG average of 77% and the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.

These comments were reflected in our conversations with patients who were complimentary about the care they received but were not satisfied with the appointment system or with being asked to give reception information prior to making an appointment. We discussed these concerns with the practice management team; we were told the practice would continue to monitor the appointment system and patient feedback.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, and supported by, staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.

## Are services caring?

- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%)

The practice provided facilities to help patients be involved in decisions about their care: over 20% of the patient population did not have English as their first language. Staff told us that translation services were available for patients; in addition members of staff spoke a number of languages including Polish. We saw notices in the reception areas informing patients this service was available with patient information leaflets in other languages such as Polish. The practice website also had a system for translating information for patients who did not speak English as a first language.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 144 patients as carers (1.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice offered the carers' prescription service and clinicians could refer carers for respite care and support.

Staff told us that if families had suffered bereavement, their usual GP contacted them and a condolence letter was sent to the family which includes telephone numbers and addresses for services such as the Wisbech registrar, Age Concern, Citizens Advice Bureau, CRUISE bereavement (a support and counselling organisation), plus a bereavement booklet with signposting and guidance for families. In addition the practice website provided information and support for bereaved families. Calls were 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 other support services.

# 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. For example the practice provided a community dermatology service led by one GP with a special interest in dermatology. This service was commissioned by the local CCG and enabled patients from both Trinity Surgery and other local GP surgeries to be seen closer to home and quicker than referral to hospital. This service was in its fifth year and we were told was seeing 600 new patients per year.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. These included diabetic review health checks for patients with diabetes who were unable to attend the practice
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. Health information leaflets were also available in other languages.
- There was a lift to the first floor for ease of access.
- Services for children included school leaver's immunisations, Meningitis C vaccinations for university students.
- GPs provided peer support to each other, nursing and non-clinical staff through daily morning and monthly clinical governance meetings to review care and treatment.
- The practice worked closely with community midwives, health visitors and mental health link workers, and promoted provision of these services from the surgery premises where possible. For example local midwives and the mental health link worker provided weekly clinics.
- Nurses provided spirometry, chronic obstructive pulmonary disease and asthma reviews and worked

closely with the GPs to highlight any concerning results. In addition to this, the practice had a process in place where they would contact any patient following an admission to hospital for an asthma exacerbation or if the patient had contact with the out-of-hours service as a result of an asthma exacerbation.

- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking. Long term condition rescue packs were provided by the practice to patients in the community with chronic obstructive pulmonary disease and contained medications to prevent an exacerbation of their condition. Other services available at the practice included district nursing, family planning and midwifery, health screening, health visitor, minor injuries and minor surgery.
- The practice offered a range of on-line services, which included; appointment bookings, prescription requests, Summary Care Records access and access to clinical records.
- The practice took part in discussions of hospital out-patient referral rates and prescribing data with other local practices within the CCG.
- The practice identified and visited isolated, frail and housebound patients regularly. Chronic disease management was provided for vulnerable patients at home and the practice were active in developing care plans and admission avoidance strategies for frail and vulnerable patients.
- The practice liaised with the mental health link workers and other professionals to aid the management of those with mental health needs and those with chronic illnesses. In addition the practice worked with a local drug addiction support group and shared the care of ex drug abusers, monitoring medicines and general health.
- The practice had a self-service blood pressure machine in a discreet area of the waiting room with height and weight measuring devices. Results were reported by the patient to the receptionists and if necessary an appointment was made to see a clinician.
- The practice offered the fitting and removal of long term contraception. In addition the practice encouraged chlamydia testing for the under 24 age group. Emergency contraception was available at the practice. The practice took part in the C Card system which provided free condoms to patients between the ages of 13 -24.

# Are services responsive to people's needs?

(for example, to feedback?)

- Where patients had provided a current mobile telephone number the practice sent appointment reminders via text message.
- The practice facilitated the services of a Health Trainer who was able to provide NHS health checks, smoking cessation advice, weight management advice, armchair exercise classes and health walks around Wisbech.
- The practice worked closely with four other practices in Wisbech to provide a community eye service, Anglia Community Eye Services (ACES). This initial concept was developed by four Wisbech practices and provided the services of consultant ophthalmologists out of hospital into the community. In addition the practices joined to provide out of hospital DEXA scan provision for the community.
- The practices facilitated the Diabetic Eye Screening service from the practice.

## Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 1pm and 2.00pm to 6.30pm daily. On the third Thursday of each month the practice was open from 8.30am to 12.30pm and then reopened from 5pm to 6.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the national and CCG average of 75%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.

## Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed in the reception area. Reception staff showed a good understanding of the complaints' procedure.

Patients we spoke with had not had any cause for complaint. We looked at complaints received in the last 12 months and found that they had all been responded to in a timely way. If a complaint was found to be on-going, the practice manager would continue to monitor the complaint until it was resolved.

# 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 vision to provide a strong organisation where a satisfied, capable workforce was supported in providing safe healthcare to satisfied patients. The practice mission was to provide high-quality, patient-centered healthcare within a happy workplace, offering a supportive culture in which all workers felt valued, were fairly remunerated and carried a realistic workload.

- Staff we spoke with knew and understood these values.
- There were robust strategies and supporting business plans which reflected the vision and values of the practice and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Arrangements were in place for monitoring and managing risks to patient and staff safety, but there was scope to improve these.

### 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 were approachable and always took the time to listen to all members of staff.

The provider was aware of, and had systems in place to ensure compliance with, the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted partner away days were held every six months and the practice closed every third Thursday of the month for clinical governance and staff training.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPGs are a way for patients and GP surgeries to work together to improve services, promote health and improve quality of care.) and through surveys and complaints received. We saw that the practice had an active and engaging PPG to promote and support patient views and participation in the development of services provided by the practice. We saw that the PPG were able to feed back into the surgery patients' views and concerns. PPG fundraising had provided equipment in the practice. For example larger chairs in consultation rooms, for the comfort of patients. PPG members attended the practice flu days along with other services such as the fire service, age concern and the Carers Trust to promote their services.

# Are services well-led?

Good 

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

- The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and away days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

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

patients in the area. One GP was the local commissioning group chairperson and a member of the CCG board, another GP was the local CCG prescribing lead and a member of the CCG prescribing group board.

The practice were working towards increasing its involvement in medical training to include GP registrars, with the aim to help to mitigate the reduction in GP workforce. The practice proactively engaged in horizon scanning in order to ensure workforce continuity.

The practice were also exploring a 'super-sizing' of practices by working with the other local practices to reduce duplication of services and increase provision of services closer to home, they were working closely with other local practices to develop a federation, providing services to all patients in the Wisbech area with a focus on a provision of services for patients seven days a week.