

Priors Field Surgery

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Priors Field Surgery on the 26th October 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a 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.
- 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.

The areas where the provider should make improvements are:

- The practice should continue to proactively identify carers.

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.

Good



- There was an effective system in place for reporting and recording significant events and there was a recording form available on the practice computer system and also hard copy.
- 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.
- Risks to patients were assessed and well managed and these included comprehensive health and safety, legionella, building, control of substances hazardous to health (COSHH) and fire risk assessments.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The 2015/2016 QOF data showed the practice achieved 100% of the points available which was 4.5% above the CCG average and 4.7% above the national average. Exception reporting was 5.8% which was 4.9% below the CCG average and 4% below the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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.
- Carers were not always proactively identified. Only 0.5% of patients were registered as carers. The practice had identified that carers were not being recorded at registration and had added this section to their registration form prior to our inspection. They were also in the process of collecting information and setting up a carers corner in one area of the practice waiting room.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- 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.

Are services well-led?

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

Good



The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients as outlined in their vision statement as follows: 'To provide the patients registered at our practice with personal health care of high quality and to strive to improve the health status of the practice population overall. We aim to achieve this by developing and maintaining a happy, sound practice which is responsive to our patients health needs and expectations and which reflects, whenever possible, the latest advances in primary health care'.

Summary of findings

- Staff were clear about the vision and their responsibilities in relation to it.
- Staff and GPs had clearly defined roles within the practice with team leaders for all departments including dispensary, secretaries, finance and nursing.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 which ensured 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 focus on continuous learning and improvement at all levels.

Staff and GPs had received training including information governance, mental capacity act, and the role of the Caldicott Guardian, patient confidentiality and secure transfer of personal data.

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.

Good



- All patients over the age of 75 had a named GP to promote continuity of care. This was incorporated in the practice systems for administration, including letters, result, patient's queries, appointments and home visits.
- The practice worked with the JET (joint emergency teams) services, together with the multi-disciplinary team, for the assessment and support of patients to avoid unnecessary hospital admissions.
- Home visits were arranged early in the day in order that the practice could determine the best course of action for each request, and arrange support as soon as possible. Gps carried out home visits to patients unable to attend the surgery for their flu vaccination and offered home visits and urgent appointments for those with enhanced needs.
- Patients on the admissions avoidance register, once discharged from hospital, were contacted by the practice within three days of the receipt of the discharge summary.
- Multidisciplinary team meetings took place monthly to discuss patients with complex needs, end of life care, resuscitation decisions and patients requiring palliative care. These meetings were attended by the community matron, district nurse, multi-disciplinary team coordinator, palliative care nurse and all GPs within the practice. Comprehensive practice specific templates were set up on the practice medical system to capture data. Quarterly meetings also took place to reflect upon and improve outcomes for patients receiving palliative care.

Flu vaccinations were offered and supported by the district nursing team

People with long term conditions

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

Good



- Specialist nurse led clinics were available for patients with asthma, COPD and diabetes.
- Medication reviews and protocols had been integrated into the practice medical system to ensure that GP and nurse reviews were offered.

Summary of findings

- Referral and liaison with the community nurse specialist for patients with chronic health conditions were monitored.
- Patients were able to self-refer to the 'Improving Access to Psychological Therapies (IAPT) service.
- Weekly clinical meetings took place to discuss specific cases including patients with long term health conditions and those with complex needs.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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 2015/2016 showed that performance for diabetes related indicators was 100% which was 9.5% above the CCG average and 10% above the CCG average. Exception reporting was 9.5% which was below the CCG average of 13% and the national average of 11%.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and a structured annual review to check their health and medicine 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.
- Team meetings between the lead GP and lead nurse took place to discuss those patients with diabetes who attended for annual review, and a diabetes specialist nurse ran a monthly clinic to support patients with more complex diabetic needs.
- A medicine review protocol had been integrated into the medical system to ensure patients receiving treatments from long term conditions were offered reviews with an appropriate clinician, either a GP or nurse.

Families, children and young people

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

- The practice promoted antenatal wellbeing including telephone contact to women eligible for flu vaccinations and pertussis vaccinations.
- Childhood well-being leaflets and booklets were available in the practice waiting room.
- Family planning services including emergency contraception were available.

Good



Summary of findings

- The practice offered sexual health advice, including chlamydia screening. All children were automatically given a same day appointment.
- 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 in line with the CCG and national average for all standard childhood immunisations.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 82% which comparable to the local average of 82% and the national average of 82%.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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).

- 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.
- Text reminders were sent for appointments.
- The practice website had links to promote lifestyle changes and self-care.
- NHS health checks were offered and the results were given to patients in a written format with lifestyle advice and referral for support and onward management if required.

Good



People whose circumstances may make them vulnerable

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

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out-of-hours
- The practice worked with patients with substance abuse including alcohol dependence.

Good



Summary of findings

- All staff were trained in child protection and safeguarding vulnerable adults.
- 100% of patients with learning disabilities had received an annual review.
- Multi-disciplinary team meetings took place to include case management of vulnerable groups.
- Information on various support groups was made available with leaflets in the waiting room and on the website.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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).

The results taken from the 2015/2016 QOF achievement showed that:

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was 2% above the CCG average and 3.4% above the national average. Exception reporting was 5% which was below the CCG average of 11% and the national average of 8%.
- 100% of patients with mental health problems had received an annual physical health check which was 6.% above the CCG average and 7% above the national average. Exception reporting was 8% which was below the CCG average of 13% and the national average of 11%.
- Longer appointments were available for patients with dementia, mental health needs and learning disabilities.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Information was available for patients experiencing poor mental health on 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 July 2016. The results showed the practice was performing in line with local and national averages. 222 survey forms were distributed and 113 were returned. This represented a 51% response rate.

- 84% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the 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 15 comment cards which were all positive about the standard of care received. Patients commented that the staff were always helpful and accommodating and treated them with dignity and respect. Comments also stated that patients had received excellent care, were always given enough time and were respected and listened to by GPs. .

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The four patients said they would recommend the surgery to someone moving into the area.

Priors Field 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 advisor, a CQC inspector and a practice manager specialist advisor.

- The practice is open between 8am to 6:30pm Monday to Friday. Out of hours GP services were provided by Herts Urgent Care through the 111 service. The practice dispensary was open between 8.30am to 6.30pm Monday to Friday.
- The practice provides a range of services including maternity and midwifery, family planning, chronic disease management and phlebotomy

Background to Priors Field Surgery

Priors Fields Surgery is situated in a semi-rural area and covers Sutton and the nearby villages and provides services for approximately 6000 patients. The practice dispenses medicines to patients that are eligible, we included the dispensary in our inspection.

- The practice has three GP partners and two salaried GPs (four female and one male). There are, three practice nurses, and three healthcare assistants. There is a team of reception and administration staff who support the practice manager. The practice also dispenses medicines and employs four dispensary staff.
- The practice holds a General Medical Services (GMS) contract and is a teaching practice and teaches second, third and fourth year medical students from Cambridge University.
- The most recent data provided by Public Health England showed that the patient population has a lower than average number of patients up to the age of nine and 20 to 39 compared to the England average. The practice had a higher than average number of patients aged between 45 to over 85 compared to the England average. The practice is located within an area of lower deprivation.

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 the 26th October 2016. During our visit we:

- Spoke with a range of staff including practice nurses, receptionists and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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).

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 complete a significant event form either as a hard copy or electronically and forward to the practice manager. Seven significant events had been recorded in the past 12 months. 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 an annual analysis of the significant events and had noted that no trends were identified.

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. Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) and guidance alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by designated members of staff. All alerts received were categorised as being either urgent, routine or for information. Urgent alerts were addressed immediately by the lead GP. The alert was then given a number and linked to the practice alerts spread sheet. On completion of the alert, the lead GP signed off on the recording sheet.

A library of the alerts was saved on a shared drive, for access and future reference by any member of the practice team.

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 and nurses were trained to child safeguarding level three and administrative staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. Information on the practice website also advised patients of chaperones. 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. Comprehensive annual infection control audits were undertaken as well as three monthly audits. We saw evidence that action was taken to address any improvements identified as a result.
- We reviewed eight 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

Are services safe?

appropriate checks through the Disclosure and Barring Service. An induction training programme was evidenced and all new staff received a training folder at the start of their employment.

Medicine Management

- 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). Dispensing 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
- There was a named GP responsible for the dispensary. All members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded as a significant event for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewards practices for providing high quality services to patients of their dispensary. As part of this scheme the practice ensured that face to face reviews (DRUMS - dispensing review of the use of medicines) of 10% of patients were carried out to confirm compliance and understanding of the medicines being prescribed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the staff lounge which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of comprehensive risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). Minor recommendations were recorded which the practice were carrying out. Fire drills were carried out and the practice had two members of staff who were fire marshals.

- 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 enough staff were on duty. Staff were trained in various aspect of administration and were able to cover each other for sickness and holidays.

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. Records were kept by the dispensary of medicines the practice had been supplied with.
- 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.
- Personal protection supplies including gloves and aprons were available in the treatment and consulting rooms.

Are services safe?

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage, loss of computer systems, incapacity of GPs and loss of telephone and gas. The plan included emergency contact numbers for suppliers and practice 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 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.
- The practice had developed its own bespoke clinical templates which were embedded in the computerised medical system. These included end of life decisions, assessment of mental capacity and reviews of chronic diseases (dementia, COPD and diabetes).

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 were 100% of the total number of points available. This result was 5% above the CCG average and 5% above the national average. Exception reporting was 6% which was 5% below the CCG average and 4% below the national average. (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 the side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from the 2015/2016 results showed:

- Performance for diabetes related indicators was better than the national average. The practice achieved 100%

of points available which was 10% above the CCG average and 10% above the national average. Exception reporting was 9% which was below the CCG average of 13% and the national average of 11%.

- Performance for mental health related indicators was better than the national average. The practice achieved 100% of points available which was 6% above the CCG average and 7% above the national average. Exception reporting was 8% which was below the CCG average of 10% and the national average of 12%.

An audit in October 2015 showed low adherence with national standards for the monitoring of patients receiving Methotrexate (a medicine requiring frequent blood testing to assure safety). Following the audit, alerts were placed on patients records and information was provided to relevant staff members. A subsequent reaudit in February 2016 demonstrated an improvement in the criterion measured.

Other audits included audits of medicines prescribed in the treatment of atrial fibrillation. As a result of this audit practice protocols were amended with regard to annual health reviews. An audit on the follow-up of women in general practice who have had gestational diabetes had also been completed.

Weekly clinical meetings took place, to which external specialists were invited, to provide teaching in order to improve awareness of services. Case discussions took place to highlight new cancer diagnoses, diagnostic challenges and to support patients in need of co-ordinated care across the team. Clinical pathways and threshold criteria were discussed to support peer review of referrals.

The practice were pro-active with regards to benchmarking against other practices both locally and nationally including reviewing CCG comparable data. This was used to review referrals and prescribing data in order to focus on making improvements in these areas.

The practice was part of a steering group with local practices on how to implement 'The Forward View for General Practice'. This scheme included the opportunity for all practices to bid for money through the CCGs for new IT to help improve patients' access and reduce GP workload, financial investment to support the most vulnerable GP practices, and the launch of a return to nursing programme to deliver new practice nurses from 2016/2017.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses had undertaken specific training in chronic obstructive pulmonary disease (COPD), asthma and diabetes. Dementia and mental health reviews took place with a named GP.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on-line resources and discussion at 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 on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and 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.

- The lead GP had a close working relationship with the local adult learning disability team including psychiatrist, learning disabilities nurse, support workers and counsellors.

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 on-going 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. In addition weekly clinical meetings took place to plan care for patients with acute illnesses, rehabilitation and end of life care. The GPs worked closely with the local diabetic specialist nurses and virtual annual reviews were undertaken with the local Consultant Diabetologist.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were able to access specialist nurse led clinics. Patients were referred to the Cambridgeshire stop smoking service and weight management service where appropriate.
- The percentage of women aged 25-64 years whose notes record that a cervical screening test had been

Are services effective?

(for example, treatment is effective)

performed in the preceding five years (01/04/2014 to 31/03/2015) was 82% which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Practice nurses were responsible for carrying out cervical cytology testing and had undergone a recognised cytology course with regular updates.

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- The number of females aged 50-70 years screened for breast cancer in the last 36 months was 75% which was slightly higher than the CCG average of 74% and the national average of 72%.
- The number of females aged 50-70 years screened for breast cancer within 6 months of invitation was 81% which was above the CCG average of 74% and the national average of 73%.
- The percentage of patients aged 60 – 69 years, screened for bowel cancer in the last 30 months was 61%, compared to the CCG average of 58% and the national average of 58%.
- The percentage of patients aged 60 – 69 years screened for bowel cancer within 6 months of invitation was 60%, compared to the CCG average of 58% and the national average of 58%.

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 84% to 98% and five year olds from 84% to 96%.

The practice undertook an audit in October 2016 to ensure all patients who were eligible for the flu injection had been offered an appointment and encouraged to attend. We noted that the practice had appointments available and arranged home visits for those that were unable to attend the practice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and 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. The practice identified that 2,780 of their patients were eligible for an NHS health check. Three hundred and six patients had been invited for a check in the last twelve months. One hundred and thirty three patients had attended for a health check. The practice also carried out health checks on patients over the age of 75 years and 514 patients had undergone a health check.

An action plan had been produced to improve the uptake of patients attending for chlamydia screening. The practice recorded that 34 patients under the age of 35 had been screened out of a target of 64 patients. The action plan included: in house educational meetings to raise staff awareness: ensure posters and information was readily available and to highlight sexual health services locally: ensure correct coding for patients declining chlamydia screening and to review month on month figures to reflect on the impact of the changes made

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.

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service from the doctors and nurses, and that staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice performed in line with local and national averages 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%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 83% 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% national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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 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:

- 79% 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%.
- 77% 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%.
- 88% 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% national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A variety of information leaflets were available in the waiting room as well as information on the practice website. This included information about alcohol support, memory loss advice, cancer, dementia and bereavement.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was a carer. However the practice were aware that they had not been able to identify all carers, and that this had been due

Are services caring?

to the fact that this information had not been included on the practice registration form. The process for identifying carers had been changed in order that appropriate coding could be made on the patients' medical records. At the time of our inspection the practice had identified 34 (0.5%) patients. Eighteen carers had been offered and received medication reviews. The practice were in the process of setting up a carer's corner in the waiting room and were collating information to be included in this area. The practice website included information for carers including Carers Trust, Cambridgeshire Crossroads Care and carers wellbeing from the NHS website.

The practice produced a monthly newsletter for patients which informed patients of any changes to the services, the practice participation group, how to leave feedback, make a complaint and request repeat medications.

The practice website provided patients with a link for help with bereavement and grief. The patients GP contacted the relatives either by telephone, face to face or offered a home visit and gave information and support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice regularly reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a range of appointments including same day, urgent and telephone consultations.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending 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.
- There were accessible facilities, a hearing loop and translation services available.
- The practice leaflet and website contained a range of information for patients including how to contact the out-of-hours service when the practice was closed, details of the minor treatment centre, including opening hours and a range of injuries that could be treated. The leaflet also detailed the new patient registration procedure, community service contact numbers, services provided at the practice and vaccinations available.
- The practice provided in-house monitoring of patients on Warfarin, ran regular nurse-led diabetic clinics with one GP and one practice nurse having achieved a higher qualification in diabetic care, and GPs have special interests including contraceptive implants and insertion and removal of intrauterine devices (coils).

Access to the service

The practice was open between 8.00am to 1pm and 2.15pm to 6.30pm Monday to Friday. A telephone answer machine gave a message to patients who contacted the surgery between 1pm and 2.15pm providing a contact number to call which was answered by the practice

secretary. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

The practice's dispensary opening times were the same as the practice's opening hours.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

Home visits were taken by the reception staff and details entered onto the computer system. These were checked regularly by the duty doctor. Where urgent requests were made, the staff sent the GPs an urgent task.

Urgent appointments were automatically entered onto the GPs surgeries with six morning and five evening appointments per GP.

- Practice nurses had longer appointment times (20 – 30 minutes) for patients with chronic diseases including asthma and diabetes.
- Twenty minute appointments were available for dementia and mental health reviews with a named GP.
- Longer appointments were available for coil fitting, joint injections, for patients with learning disabilities and patients considered to be vulnerable.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

- 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. Information was available in the waiting room and on the practice website.
- The practice had a protocol in place for handling complaints and staff were aware of how to progress complaints.

We looked at complaints received in the last 12 months and found that these were handled satisfactorily. An analysis of complaints had been undertaken and actions taken to improve the quality of care. The practice had identified that five complaints related to consultation techniques, six complaints related to appointment availability and three complaints related to medication issues. Regular prescribing meetings were organised with all prescribing clinicians. All complaints were dealt with in a timely way and were discussed with the relevant staff according to the investigation being undertaken.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. There was a clear leadership structure and staff felt supported by management and clinicians. There were a number of policies and procedures to govern activity, and regular and varied meetings took place throughout the year to support, train, communicate and monitor and plan for the delivery of care.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff had received an annual appraisal within the last 12 months. There was a training log which showed that staff training had been undertaken in safeguarding, fire safety, equality and diversity, information governance and health and safety.
- Practice specific policies were implemented and were available to all staff. These were regularly reviewed and were in line with current legislation and guidance.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Clinical pathways were used to ensure patients received appropriate and consistent care from all clinicians.
- Peer reviews were carried out for patient referrals.

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 practice arranged for an assessor (who was trained in risk reduction in the primary care setting) to attend the practice in April 2016. The whole practice team were interviewed to identify any potential risks that could have an impact on patient or staff safety. A risk assessment workshop took place and discussions ensued on how risks might be managed or eliminated. A full report was produced and, as a result, an action plan was developed which set out short, medium and long term actions. Recommendations included: a new standard operating procedure to be produced for the dispensing of acute prescriptions: the production of an annual infection control statement and replacement of a specific area of flooring that had deteriorated. These recommendations were completed in 2016.

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 gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings with open questions and answers sessions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

- Weekly business meetings took place between the partners and the practice manager in order to facilitate good communication and effective management.
- The team leaders met monthly to discuss and implement changes, encourage team building and identify any risks and concerns.
- Nursing staff met monthly and the practice manager met the lead nurse on a weekly basis.
- Completion by one GP of an IFME course (International Fellowship in Medical Education) and was now an Associated Fellow of the Higher Education Academy, achieving 'outstanding' in the assignment 'What Makes A Good Clinical Teacher'.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), feedback forms and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a new area on the surgery web-site had been designed called "Help Us to Help You". This area contained links to resources to help

patients prepare for their consultations, downloadable leaflets, decision making tools and aids to improve shared decision making. We spoke with seven 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. The group met quarterly and had carried out a patient survey in 2014. Action plans were produced and acted upon. For example, text messaging for appointments had been introduced. In order to involve as many patients as possible, a virtual group had also been set up with over 400 members. The practice website contained information about joining the PPG and all patients, upon registration at the practice, were given information about the group. The friends and family results showed that from November 2015 to October 2016 one hundred and fifty four responses were received. One hundred and twenty one patients said they were extremely likely to recommend the surgery to friends and family. Twenty nine patients said they were likely to recommend and one was extremely unlikely to recommend.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice supported continual development of all staff and GPs. The practice nurses had attended training and update courses for cervical cytology, immunisations, safeguarding and role specific training including asthma and diabetes.