

# Mythe Medical Practice

## Quality Report


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

## Ratings

### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Mythe Medical Practice on 22 November 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised, staff demonstrated a detailed knowledge of learning from previous events.
- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it

delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, following a cease in funding for an NHS acupuncture clinic the practice and PPG worked collaboratively to source new funding to ensure the service could continue.

- The practice had good facilities and was well equipped to treat patients and meet their needs. Due to a growing population and a recent merger the practice had secured new purpose built premises that they were due to relocate into by the end of 2016.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice including:

- The practice had trialed and continued to use a new model to manage non urgent paediatric outpatient

# Summary of findings

referrals in Tewkesbury. Multi-agency paediatric hub team meetings were arranged on a monthly basis to discuss and plan care for children. The hub meetings enabled access to specialist advice within four weeks as opposed to waiting up to 12 weeks for a referred appointment. Due to the multi-agency representation the meetings reduced multiple referrals and inappropriate referrals. Each meeting was concluded with interactive teaching and reflections on learning.

- A practice GP was instrumental in developing the 'Big Six', which was a pathway toolkit designed to ensure clinicians offered appropriate and high quality care when children presented for emergency care for one of the six main clinical areas (bronchiolitis/croup, fever, gastroenteritis, head injury, asthma or

abdominal pain). This pathway was actively used in practice, adopted by the local commissioning group (CCG) for use in locality practices and adopted by other CCGs in England.

- The practice had been recognised as being one of ten exemplar practices in England for supporting carers. An article was published detailing how these practices had identified and supported carers, which other practices could learn from. The practice had developed a carers group, met monthly and invited speakers to support and educate as required. All carers were invited for annual health checks. Carers worked with the PPG to improve patient care.

**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, including monthly review meetings and a supportive 'no blame' culture of working.
- Lessons were shared to make sure action was taken to improve safety in the practice; this was evident through minutes of practice meetings and discussions with staff.
- 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.

### Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines such as GAC Clinical Alliance for Research and Education (G-Care).
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average and in some cases significantly better.
- Clinical audits demonstrated quality improvement and a proactive approach to conducting pilot schemes and changes in practice to maximise good patient outcomes.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. The practice had a substantial long-term research profile with evidence this contributed to on-going improvements to patient care and quality measures. For example: a practice GP was instrumental in developing the 'Big Six', which was a pathway toolkit designed to ensure

# Summary of findings

clinicians offered appropriate and high quality care when children presented for emergency care for one of the six main clinical areas (bronchiolitis/croup, fever, gastroenteritis, head injury, asthma or abdominal pain).

- The practice had trialled and continued to use a new model to manage non urgent paediatric outpatient referrals in Tewkesbury. Multi-agency paediatric hub team meetings were arranged on a monthly basis to discuss and plan care for children.
- 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.
- One of the practice nurses was an independent prescriber and could therefore prescribe medicines for specific clinical conditions.

## Are services caring?

The practice is rated as good for providing caring services.

- 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.
- Comprehensive advice and signposting to a number of organisations that provided patient support was displayed in the waiting room alongside a patient information screen which provided health promotion advice.
- The practice had been recognised as being one of ten exemplar practices in England for supporting carers. An article was published detailing how these practices had identified and supported carers, which other practices could learn from.
- Support was provided for carers and family members after bereavement, including support to access counselling and a sympathy letter with help sheets being sent upon notification of death. The practice also reminded the patients GP on the first anniversary of a death so that they could contact the family or carer to see if they required further support.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as outstanding 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 (CCG) to secure improvements to services where these were identified. For example, the practice introduced a 24 hour electrocardiogram monitoring system (used to detect abnormal heart rhythms) for patients. It was implemented as part of a pilot scheme looking to reduce the number of cardiology outpatient appointments and the practice reduced theirs from 15% in 2013/14 to 1% in 2015/16.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice held weekly sexual health drop in clinics for young patients.
- There are innovative approaches to providing integrated patient-centred care. For example, the practice took part in a local social prescribing initiative. This is where patients with non-medical issues, such as financial debt or social isolation, could be referred by a GP to a single hub for assessment to find which alternative service might be of benefit.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. Following a cease in funding for an NHS acupuncture clinic the practice and PPG worked collaboratively to source new funding to ensure the service could continue.
- Patients can access appointments and services in a way and at a time that suits them. The practice offered extended hours appointments, additional appointment slots throughout the winter, telephone consultations, 'Ask my GP' online consultations, skype and facetime consultations and the practice hosted the Choice Plus service which allowed additional emergency slots to be available for Tewkesbury patients.
- The practice was a C-card centre (a scheme designed to increase the access and availability to free condoms and chlamydia screening for young patients under 25).
- 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.

**Outstanding**



## Are services well-led?

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

**Outstanding**



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and improve the patient experience. 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. The practice had merged 18 months ago and used the opportunity to use the skill sets and expertise in the practice to improve care for patients.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- 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 and met every two months.
- There was a strong focus on continuous learning and improvement at all levels. The practice was a training and research practice which supported GP registrars, medical students and paramedics.

# 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 outstanding for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example in influenza, pneumococcal and shingles immunisations. In addition to this the practice had employed a nurse to visit patients over the age of 75 in their homes to ensure that their health and social needs were met.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice undertook a nursing home medication review to reduce medicines related to anticholinergic burden (multiple medicines which could contribute to aggravate frequent problems to which the medicine was designed to treat such as: cognitive impairment, loss of balance, falls, constipation etc.). The practice pharmacist reviewed 24 patients and decreased the anticholinergic burden by 30%. Due to the positive results and outcome this pilot has now been implemented countywide.
- Weekly meetings took place that included discussions of hospital admissions, hospital discharges and palliative care patients.
- The practice visited four local care homes on a fortnightly basis to see patients and carry out annual reviews, medication reviews and end of life planning.

**Outstanding**



### People with long term conditions

The practice is rated as outstanding for the care of patients with long-term conditions.

- Nursing staff and GPs had lead roles in chronic disease management and ran the following clinics: diabetes, asthma and chronic obstructive pulmonary disease (COPD). Patients at risk of hospital admission were identified as a priority.
- The practice offered patients with long term conditions a structured 'MOT' appointment annually.
- Performance in 2015/16 for overall diabetes related indicators was 99% which was above both the clinical commissioning group (CCG) average of 94% and the national average of 90%.
- Longer appointments and home visits were available when needed.

**Outstanding**





# Summary of findings

- 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.

## Families, children and young people

The practice is rated as outstanding for the care of families, children and young patients.

- 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 patients who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations and the practice performed at 96% to 98% for all childhood immunisations for those two years old and under compared to the national average of 73% to 95%. In addition, the immunisation rates for children aged five years was 89% to 100% which was significantly higher than the national averages of 81% to 95%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A practice GP was instrumental in developing the 'Big Six', which was a pathway toolkit designed to ensure clinicians offered appropriate and high quality care when children presented for emergency care for one of the six main clinical areas (bronchiolitis/croup, fever, gastroenteritis, head injury, asthma or abdominal pain).
- The practice had trialled and continued to use a new model to manage non urgent paediatric outpatient referrals in Tewkesbury. Multiagency paediatric hub team meetings were arranged on a monthly basis to discuss and plan care for children.
- We saw positive examples of joint working with midwives, health visitors and school nurses, multi-disciplinary meetings attended by community staff were held every month.
- The practice's uptake for women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 84% which was comparable to both the clinical commissioning group (CCG) average of 84% and the national average of 82%.

Outstanding



# Summary of findings

- The practice held weekly sexual health drop in clinics and had received a “You’re Welcome” award in recognition of the service they provided to young patients. (A Department of Health initiative to encourage young people to utilise a friendly health service and has a set of criteria that health services must to meet to be accredited). These patients did not have to be registered at the practice to be seen.
- The practice was a C-card centre (a scheme designed to increase the access and availability to free condoms and chlamydia screening for young patients under 25).
- The practice offered a family planning and sexual health service with a GP that had a special interest in women’s health and family planning who assessed patient need, initiated treatments and offered ongoing monitoring of all family planning and sexual health needs.

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

The practice is rated as outstanding for the care of working-age patients (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 such as ‘Ask my GP’ as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available on two evenings each week from 6.30pm to 7.45pm for working age patients to attend outside of working hours.
- The practice offered telephone, skype and facetime consultations for all patients which was useful for working age patients.
- The practice engaged with patients using various streams of social media including Twitter and Facebook.

Outstanding



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability who were offered comprehensive annual reviews.
- The practice offered longer appointments for patients with a learning disability.

Outstanding



# Summary of findings

- The practice supported a school for children with severe learning disabilities and held weekly clinics at the school. The practice also cared for children from a local special needs school and held weekly clinics in the practice for these children.
- The practice regularly worked with other health care professionals such as the district nurses in the case management of vulnerable patients and met with them weekly.
- 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. The practice held monthly multi-disciplinary meetings with the health visitor to discuss at risk children.

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

The practice is rated as outstanding for the care of patients experiencing poor mental health (including patients living with dementia).

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (2015/16), which was above both the clinical commissioning group (CCG) average of 86% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice carried out mental health reviews and had a system in place for severe and enduring conditions. Patients could self-refer to courses for anxiety, stress management, improving self-confidence and sleep management.
- The practice was participating in a research project that was designed to support patients with mild to moderate depression.
- 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.

Outstanding



# 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. Two hundred and twenty-seven survey forms were distributed and 129 were returned, a completion rate of 57% (which represents 1% of the patient population).

- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a clinical commissioning group (CCG) average of 89% and a national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to a CCG average of 89% and a national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to a CCG average of 83% and a national average of 78%.

- However, 64% of patients found it easy to get through to this practice by phone compared to a CCG average of 83% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. Staff were described as kind, caring and respectful. Patients commented on the excellent service they had received from all staff members at the practice and that they felt listened to and clear explanations were always given. There were three comment cards, which although were mainly positive also contained negative feedback. Of these three comment cards, two related to difficulty in obtaining a routine appointment with a named GP within four weeks and one related to GP knowledge of autism.

We spoke with five patients during the inspection who said they were satisfied with the care they received and thought staff were professional, committed and caring.

# Mythe Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was supported by a GP Specialist Adviser and a Nurse Specialist Advisor.

## Background to Mythe Medical Practice

Mythe Medical Practice consists of two long established GP practices which have recently merged and were previously known as Watlege Surgery and Jesmond House. The practices are located approximately 600 yards apart on the west side of Tewkesbury town centre. At the time of our inspection, we were informed that new purpose built premises were almost ready for the team to relocate to by the end of 2016. On the day of our inspection we did not visit Jesmond House.

The practice is readily accessible for patients who use wheelchairs and by parents with pushchairs. A portable hearing loop system is available and there are quiet waiting facilities for patients who find the main waiting area a cause of anxiety. Private space is available for breast-feeding. Patients can check-in using a self-service kiosk, which provides instructions in several languages.

The practice provides general medical services to approximately 12,500 patients. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice has six GP partners and two salaried GPs (four female and four male) which is equivalent to six and three quarter's whole time equivalent GPs. The clinical team include a clinical manager, a nurse practitioner, four practice nurses and two health care assistants (all female). One member of the nursing team is a nurse prescriber. The practice management team supporting the GPs comprises of a practice manager, a receptionist manager, an Information Technology manager, a data manager and a large administration and reception team.

Mythe Medical Practice is an approved training practice for a range of professionals including GP registrars, nurses and paramedics.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the third least deprivation decile. The prevalence of patients with a long standing health condition is 52% compared to the local CCG average of 55% and the national average of 54%. Patients living in more deprived areas and with long-standing health conditions tend to have greater need for health services. An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Average male and female life expectancy for the practice is 79 and 84 years, which is comparable to the national averages of 79 and 83 years respectively.

The practice is open between 8am and 6.30pm on Monday to Thursday and 8am to 5.30pm on Friday. Between 5.30pm and 6.30pm on Fridays telephone calls are diverted to the practice call handling service (Message Link). They refer urgent matters to the practice that have members of staff on standby to respond to issues if needed. Appointments are available between 8.30am to 11.40am in the morning and 2pm to 5.40pm in the afternoon. Extended surgery hours are also offered on Monday and Thursday evenings each week between 6.30pm and 7.45pm.

# Detailed findings

Out Of Hours cover is provided by South Western Ambulance Service NHS Foundation Trust and can be accessed via NHS 111.

The practice provided its services from the following addresses:

Watledge Surgery

Barton Road

Tewkesbury

Gloucestershire

GL20 5QQ

Jesmond House (Branch Surgery)

Chance Street

Tewkesbury

Gloucestershire

GL20 5RF

This is the first inspection of Mythe Medical Practice.

## 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 22 November 2016. During our visit we:

- Spoke with a range of staff including five GPs, a nurse practitioner, a practice nurse, a health care assistant, a practice manager, a clinical manager, two reception team members and a community pharmacist.
- We spoke with five patients who used the service, two members of the patient participation group and one member of the carers group.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 47 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 management team 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). This formed part of a wider working culture that valued honesty and enabled staff to work on a 'no blame' basis, which encouraged them to report concerns or problems to the practice management team.
- 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.
- Incidents were discussed at weekly partnership and team meetings and the practice carried out a thorough analysis of significant events. Learning was identified, documented and shared with all staff where appropriate.

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. For example, following a safety alert relating to a batch recall of a medicine the practice pharmacist searched the practice system to identify patients that may be affected. We saw evidence that letters were sent to all patients with details on what to do if they held the affected stock.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices 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 children and a lead for safeguarding vulnerable adults in each practice. 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 protection or child safeguarding level three. The remainder of the practice team were trained to child safeguarding level one or two.

- A notice in the waiting room and in treatment rooms 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. A 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with



## Are services safe?

best practice guidelines for safe prescribing. In addition the community pharmacist visited weekly to monitor and advise GPs and nurses on prescribing trends and carry out medicines reviews.

- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The nurse practitioner had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment). Health care assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD). (A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- 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 Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the practice which identified local health and safety

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.





# Are services effective?

(for example, treatment is effective)

## Our findings

The practice had a holistic approach to planning and delivering care and treatments for patients, safe and innovative approaches to care were embraced. All the staff were actively engaged in utilising ways to improve patient outcomes and developing new pathways.

### 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 also utilised other sources and guidelines such as GAC Clinical Alliance for Research and Education (G-Care) to ensure that they were clinically up to date.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We looked at patient records and found risk assessments, care plans and prescription templates to be completed appropriately and in line with national guidance.

### 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 recently published results from 2015/16 showed the practice had achieved 100% of the total number of points available. We noted that exception reporting overall was 10% which was comparable to both the clinical commissioning group (CCG) average of 10% and the national average of 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 2015/16 showed:

- Performance for diabetes related indicators was 99% which was above both the CCG average of 95% and the national average of 89%. We found that 96% of patients with diabetes received a flu vaccination in the preceding 12 months, compared to the CCG average of 96% and the national average of 95%. In addition, 91% of patients with diabetes had a foot examination and risk classification in the preceding 12 months, compared with the CCG average of 91% and the national average of 88.5%.
- We found that 98% of patients with schizophrenia, bipolar affective disorder or other psychoses had an agreed, documented care plan in the preceding 12 months compared with the CCG average of 93% and the national average of 89%.

There was evidence of on-going, proactive quality improvement including clinical audit:

- There had been 18 clinical audits commenced in the last 12 months, 14 of these were completed audits where the improvements made were implemented and monitored. Audits indicated performance was better than the national average in the care of patients with atrial fibrillation, including 100% of patients treated with an anticoagulant or had a documented reason why this was not appropriate.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice had a substantial long-term research profile with evidence this contributed to on-going improvements to patient care and quality measures. The practice was registered with the Royal College of General Practitioners (RCGP) as a 'research ready' practice and was an active member of the National Institute for Health Research (NIHR) clinical research network. For example, a practice GP was instrumental in developing the 'Big Six', which was a pathway toolkit designed to ensure clinicians offered appropriate and high quality care when children presented for emergency care for one of the six main clinical areas (bronchiolitis/croup, fever, gastroenteritis, head injury, asthma or abdominal pain). This pathway was actively used in practice, adopted by the local commissioning group (CCG) for use in locality practices and adopted by other CCGs in England. The practice was participating in a research project that was designed to support patients with mild to moderate depression.



# Are services effective?

## (for example, treatment is effective)

- Findings were used by the practice to improve services. For example, the practice undertook a nursing home medication review to reduce medicines related to anticholinergic burden (multiple medicines which could contribute to aggravate frequent problems to which the medicine was designed to treat such as: cognitive impairment, loss of balance, falls, constipation etc). The practice pharmacist reviewed 24 patients and decreased the anticholinergic burden by 30%. Due to the positive results and outcome this pilot has now been implemented countywide.

Information about patients' outcomes was used to make improvements such as: implementing a new model to manage non urgent paediatric outpatient referrals in Tewkesbury. Multiagency paediatric hub team meetings were arranged on a monthly basis to discuss and plan care for children. These meetings included the following representation: a Tewkesbury GP, paediatrician, children's community nursing team, occupational therapist, physiotherapist, early help team, primary mental health worker, health visitor and a school nurse. The hub meetings enabled access to specialist advice within four weeks as opposed to waiting up to 12 weeks for a referred appointment. Due to the multiagency representation the meetings reduced multiple and inappropriate referrals. Each meeting was concluded with interactive teaching and reflections on learning.

### Effective staffing

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

- The practice had a comprehensive, structured induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Following the merger of the two practices induction and recruitment policies and procedures had been reviewed and updated to incorporate the best practice from both practices. The practice manager had recently attended a best practice conference where a standardised practice information portal was presented which supports practice procedures and patient management to ensure patient safety which the practice had subscribed to.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

example, for those reviewing patients with long-term conditions. The practice had funded and supported staff to complete training including a diabetes diploma, diabetes, asthma, and prescribing training.

- The practice was an approved training practice for GP trainees, medical students and allied health professionals (paramedics) and had recently been quality approved as 'excellent' for being both an affective educational and safe supportive working environment. The practice had supported a district nurse and was supporting a community pharmacist by mentoring them through a prescribing qualification.
- 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 nurse practitioner had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. GPs maintained a programme of mandatory training that included safeguarding, life support, information governance and the Mental Capacity Act (MCA) (2005). Staff had access to a mandatory training online package with various subjects depending on the individual's role and responsibilities. Some training was mandatory for all staff, such as safeguarding, fire safety awareness, basic life support, information governance and equality and diversity. The practice manager maintained a training matrix that enabled them to identify when staff training needed to be renewed.
- All staff had received an appraisal within the last 12 months. Appraisals were used to identify future progression and development for staff. For example, following the merger of the two practices appraisals were used as a tool to establish career aspiration and development into newly created roles. This process saw current staff members developed into newly structured



# Are services effective?

## (for example, treatment is effective)

roles such as a clinical manager, Information Technology manager, data manager and reception manager. Due to the variation of skill mix within the practice and the vision of the partners and managers to enhance managerial support these roles were embedded into the practice smoothly. The restructure between the two practices has created additional support to the team by splitting the managerial responsibility for clinical and non-clinical staff.

- The nursing team demonstrated a commitment to ongoing professional and clinical development. For example, one of the nurses was receiving support from the practice to undertake a Masters qualification in advanced practice and had recently achieved a certificate in specialist practice. The nurse practitioner had qualified as prescriber and held acute illness clinics which provided significant support to GPs.

### 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 electronic patient records system was connected with out of hours services and the emergency ambulance service, which enabled staff to quickly access up to date information to help them treat patients. The practice hosted the 'Choice Plus' service which allowed additional emergency slots to be available for Tewkesbury patients.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and secondary care.
- 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.

- Staff were proactive in engaging with other healthcare services to improve their knowledge and practice. For example, nurses attended contraception updates and a diabetic interest group. In addition the clinical team worked with colleagues in two neighbouring GP practices to attend topical education meetings.

### 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 patients, staff carried out assessments of capacity to consent in line with relevant guidance, such as the Gillick competencies and Fraser guidelines.
- 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.
- The process for seeking consent was monitored through patient records audits.
- The practice had developed a social prescribing referral template that has been adopted by the CCG for use in the local area which included appropriate consent from the referrer and patient.

### 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, and counselling. Patients were signposted to the relevant service and could be referred to social prescribing. Social prescribing was a CCG initiative whereby patients with non-medical issues, such as financial debt or social isolation could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit. The practice hosted this service and acted as a hub for Tewkesbury.
- Smoking cessation advice was available from the practice nurses.



## Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 84% which was comparable to both the CCG average of 84% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were 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's uptake for females aged between 50-70 years, screened for breast cancer in last 36 months was 76%, which was comparable to the CCG average of 76% and above the national average of 72%.

The practice's uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 62% which was comparable to the CCG average of 63% and above the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to or better than CCG averages. For example, vaccines given to under two year olds ranged from 96% to 99% compared to CCG averages of 90% to 96%. Childhood immunisation rates for the vaccines given to five year olds ranged from 89% to 100%, which was comparable to the CCG averages of 90% to 95%.

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.

# 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 due to the layout of the building.
- 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 47 patient Care Quality Commission comment cards we received were positive about the service experienced. There were three comment cards, which although were mainly positive, they also had negative feedback. Of these three comment cards, two related to difficulty in obtaining a routine appointment with a named GP within four weeks and one related to GP knowledge of autism. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two 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 PPG actively sought patient feedback through surveys, were visible during flu clinics and supported patients to use the new check in system.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above both clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.

- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and 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 97% and national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and 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 positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages for GP and nursing data. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice had developed and produced their own range of patient information leaflets including information on: access to medical records and data protection, advance directives, acute kidney injury, carers information, new patient information, non NHS services and associated fees, online services, PPG information, repeat prescription service and travel information and vaccination advice.
- The practice had a hearing loop in reception to assist patients with hearing aids.

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

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

The practice had been recognised as being one of ten exemplar practices in England for supporting carers. An

article was published detailing how these practices had identified and supported carers, which other practices could learn from. The practice had developed a carers group, met monthly and invited speakers to support and educate as required. All carers were invited for annual health checks. Carers worked with the PPG to improve patient care. Bi-monthly carer newsletters were available in the practice and on the website which had additional signposting and seasonal advice. There was a carers corner in the waiting room, carers leaflets and carer packs available to all patients. On the day of our inspection we met with a representative from the carers group who informed us that the carers group was a lifeline for carers and as well as receiving ongoing support they also learnt a lot from one another. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 166 patients as carers (1.3% of the practice list).

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy letter and patient help sheets. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. In addition, staff sent a message to the relevant GP on the first anniversary of a death so that they could contact the family and offer additional support if required.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs and promoted equality. This included people who were in vulnerable circumstances or who had complex needs.

### Responding to and meeting patient'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 introduced a 24 hour electrocardiogram monitoring system (used to detect abnormal heart rhythms) for patients. It was implemented as part of a pilot scheme looking to reduce the number of cardiology outpatient appointments. The practice reduced their outpatient appointments from 15% in 2013/14 to 1% in 2015/16.

- The practice took part in a local social prescribing initiative. This is where patients with non-medical issues, such as financial debt or social isolation, could be referred by a GP to a single hub for assessment to find which alternative service might be of benefit. The practice acted as the hub and hosted this service for Tewkesbury and had developed a social prescribing referral template that has been adopted by the CCG for use in the local area. The practice had undertaken an audit to establish the impact of referring to this service. The results of 11 patients referred identified that 73% had noticed a positive difference in their life as a direct result.
- Following a cease in funding for an NHS acupuncture clinic the practice and PPG worked collaboratively to source new funding to ensure the service could continue. This included a service evaluation consisting of patient survey and experience audit, financial audit and referral audit which was drafted by one of the practice GPs and presented to a local charity organisation, in a funding bid. The evaluation showed that 58% of patients were able to reduce their prescribed pain relief and 83% of patients felt that they

were in less pain following acupuncture treatment. The practice and PPG were successful and the acupuncture clinic was still available at Mythe Medical Practice to patients in the Tewkesbury area.

- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had secured new premises which had been purpose built and they were aiming to relocate by the end of 2016.
- A practice nurse visited over 75's at home for reviews and annual health checks.
- The practice GPs visited four local care homes on a fortnightly basis to see patients and carry out annual reviews, medication reviews and end of life planning.
- There were longer appointments available for patients with a learning disability and patients who were carers.
- 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 vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Weekly meetings took place that included discussions of hospital admissions, hospital discharges and palliative care patients.
- The practice was a C-card centre (a scheme designed to increase the access and availability to free condoms and chlamydia screening for young patients under 25).
- The practice held weekly sexual health drop in clinics and had received a "You're Welcome" award in recognition of the service they provided to young patients. (A Department of Health initiative to encourage young people to utilise a friendly health service and has a set of criteria that health services must to meet to be accredited). These patients did not have to be registered at the practice to be seen.
- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that met those needs. For example, the practice was supported by a community pharmacist to support optimal medicines management for patients.

### Access to the service



# Are services responsive to people's needs?

## (for example, to feedback?)

The practice was open between 8am and 6.30pm on Monday to Thursday and 8am to 5.30pm on Friday. Between 5.30pm and 6.30pm on Fridays telephone calls were diverted to the practice call handling service (Message Link). They refer urgent matters to the practice that have members of staff on standby to respond to issues if needed. Appointments were available between 8.30am to 11.40am in the morning and 2pm to 5.40pm in the afternoon. Extended surgery hours were also offered on Monday and Thursday evenings each week between 6.30pm and 7.45pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. The practice offered additional appointment slots throughout the winter, telephone consultations, 'Ask my GP' online consultations, skype and facetime consultations.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 79%.
- 64% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and the national average of 73%.

The practice had recognised that this was lower than the local and national average and implemented a self-check in system and purchased a new telephone system for their new premises which would allow reception staff to see how many calls were waiting and how long they had been waiting. The practice implemented face time and skype consultations alongside AskmyGP online consultations to also reduce the telephone call volume.

Also when they relocate in January we have seen evidence that the two reception teams will be restructured to work as one team at one site with back office facility to support call answering during peak times.

Patients 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.

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

### 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 information was available to help patients understand the complaints system and there were complaint forms available from reception and details were also available on the practice's website.

We looked at 16 complaints received in the last 12 months and found that all complaints were dealt with in a timely manner, with openness and transparency. In each case complainants were offered a copy of the complaints procedure and encouraged to contact the appropriate ombudsman if they were unhappy with the outcome of the investigation. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, a patient complained that they were unhappy with a bandage dressing being done differently; the practice apologised to the patient and updated their records to ensure that the patient saw the nurse of preference for future dressings. This was discussed and minuted at a practice meeting and further training and support was given.



# Are services well-led?

Outstanding



(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 which included delivering high quality care and promoting good outcomes for patients working collaboratively with the patient participation group and to explore new ways to improve the patient experience and work towards truly holistic care.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored and supported the recent merger of both practices.

### 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:

- Within the last 18 months Watledge Surgery and Jesmond House had merged and the management and operation of these services was restructured to ensure optimum performance. 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 in hard copy and electronically on the shared drive.
- 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, including through a well-structured system of weekly practice meetings.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners and the management team in the practice demonstrated they had the

experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice management team 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 patients 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 weekly partnership meetings and quarterly whole-team meetings. Clinical meetings attended by GPs, management, nurses and health care assistants were held monthly and other staff could join them where appropriate to discuss practice or case studies. Medical students were encouraged to attend meetings and present case reviews to other staff for feedback.
- 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 team away days were held annually and the last one was in May 2016.
- Staff said they felt respected, valued and supported, particularly by the partners and management team 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?

Outstanding



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

- The practice manager had implemented staff newsletters following the merger of the practices so that all staff were kept informed of any changes and to ensure inclusivity and information sharing between the practices.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback that telephone access for patients was difficult the practice introduced self-check in screens to relieve the pressure. The PPG supported patients during the transition phase to ensure that they were able to use the new technology. The group also demonstrated a proactive approach to engaging with other agencies, such as attending locality commissioning group and local hospital meetings to support the practice with securing funding for a continuation of the acupuncture clinic. This activity formed part of the PPG's embedded, integrative approach to engaging with external organisations and staff regardless of their role.
- The PPG produced a quarterly newsletter that provided details of new clinics, updates about the practice and information on how patients could get involved. This included dates for additional winter pressure clinics, carer group meeting dates, details on the new premises building project and accountable GP details.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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, for example:

- The practice had funded and supported staff to complete training including Warwick diabetes diploma, diabetes, asthma, and prescribing training.
- The practice was a teaching and training practice and provided placements for GP registrars, nursing and medical students. The practice had supported a district nurse and were supporting a community pharmacist by mentoring them through a prescribing qualification.
- The practice had trialled and continued to use a new model to manage non urgent paediatric outpatient referrals in Tewkesbury. Multiagency paediatric hub team meetings were arranged on a monthly basis to discuss and plan care for children.
- The practice had developed a social prescribing referral template that has been adopted by the CCG for use in the local area which included appropriate consent from the referrer and patient.
- The practice had been recognised as being one of ten exemplar practices in England for supporting carers. An article was published detailing how these practices had identified and supported carers, which other practices could learn from.
- The practice introduced a 24 hour electrocardiogram monitoring system (used to detect abnormal heart rhythms) for patients. It was implemented as part of a pilot scheme looking to reduce the number of cardiology outpatient appointments. The practice reduced their outpatient appointments from 15% in 2013/14 to 1% in 2015/16.