Prospect Surgery

Quality Report

Ossett Health Village
Kingsway
Ossett
Wakefield
WF5 8DF
Tel: 01924 274123
Website: www.prospectsurgery-ossett.co.uk

Date of inspection visit: 2 August 2016
Date of publication: 12/09/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Prospect Surgery on 2 August 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.
- 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 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 improvement were:

- The practice should review their stock checking procedures to ensure that all medicines available for use are in date.
- Review their arrangements for the checking of their fire alarms on a regular basis.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had pharmacist support within the practice via participation in a Wakefield Vanguard programme and used this for activities such as carrying out medication reviews and dealing with queries with regards to medicines.
- Risks to patients were assessed and well managed.
- Two recently date expired medicines were found within a doctor's bag. When informed of this the practice took immediate action to replace the medicines in question.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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.
- As well as weekly clinical meetings the practice held a daily meeting where staff could discuss current issues and concerns. The practice felt this aided communication and offered effective peer support.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- The practice offered online-consultations with secondary care (hospital) specialist consultants.

Are services caring?

Good

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.
- Staff assisted patients to check in for appointments if they were experiencing difficulties and required help.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice:
  - Worked within a local Vanguard programme (Vanguard programmes seek to develop new care models which support the improvement and integration of services. By participating in this programme the practice delivered enhanced health and care signposting, referral and information for patients (using care navigators and improved IT access), extended hours access to services, and offered in-house services such as physiotherapy. The practice also worked closely with other health and care professionals to integrate and link services for patients.
- Patients said they found it easy to contact the surgery and to make an appointment with a GP.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice also acted as a Yellow Fever vaccination centre.
- The practice hosted a number of additional services which included; AAA (Abdominal aortic aneurysm) screening, cognitive behavioural therapy services, retinal screening and a monthly arthritis drop in session.

Summary of findings

- The practice gave care homes direct dial telephone numbers which enabled them to contact the surgery quickly should services be required.
- 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?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning, improvement and career development at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population and wherever possible prioritised continuity of care.
- The practice was responsive to the needs of older people, and the duty doctor was available all day for triage and late home visit requests.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. At the time of inspection the practice had 122 patients on their avoiding unplanned admissions register.
- The full practice team was involved in annual flu, pneumococcal and shingles programmes which included dedicated weekend clinics.
- The practice offered electronic prescribing, sending prescriptions direct to the patient's pharmacy of choice. This made the prescribing and dispensing process more efficient and convenient for patients.

People with long term conditions

Good

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

- GPs and nursing staff had lead roles in chronic disease management such as diabetes, and asthma. The practice kept registers of patients with long term conditions and used these to effectively manage treatment packages which included structured examinations, the development of personalised care plans and regular reviews.
- Longer appointments and home visits were available when needed.
- The practice hosted a monthly arthritis drop in clinic.
- The practice offered online-consultations with secondary care specialist consultants (an online-consultation is a mechanism that enables primary care providers such as GPs to obtain specialists' inputs into a patient's care treatment without requiring the patient to go to a face-to-face visit by using IT based communication links and data sharing).

Summary of findings

- The practice delivered a diabetic clinic delivered in conjunction with a local secondary care provider. The practice also offered specialist care management and enhanced services such as insulin initiation in-house.
- 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

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- We were told by staff that that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice was working towards Young People Friendly Accreditation. Once achieved, this would demonstrate that the practice had effectively engaged with young people and sought to meet their specific needs.
- The practice was a c-card distribution centre which gave improved access to contraceptives for young people, and chlamydia screening was available (chlamydia is a common sexually transmitted disease which may not show obvious symptoms).
- The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 84% and the national average of 82%. In addition the practice followed up cervical screening non-attenders.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice contacted new mothers to explain the registration process and to arrange postnatal and six week baby checks.

Working age people (including those recently retired and students)

Good

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

- The 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. For example, the practice offered extended hours opening and participated in the Measles, Mumps and Rubella and Meningitis C catch up programme for young people.
- Extended hours opening was available to meet the needs of patients who could not come to the surgery during regular operating hours.
- The practice was proactive in offering online services which included appointment booking, prescription ordering and medical records access.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group, this included referrals to other organisations such as health trainers and hosting cognitive behavioural therapy sessions.

People whose circumstances may make them vulnerable

Good

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

- The practice held registers of patients living in vulnerable circumstances including those with a learning disability and the frail elderly with complex needs.
- The practice offered longer appointments for patients with a learning disability as well as offering an annual health check.
- The practice IT system identified patients who had specific communication needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Staff proactively followed up vulnerable patients who did not attend appointments or referrals.

People experiencing poor mental health (including people with dementia)

Good

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

- Performance for mental health related indicators was generally better than the CCG and national averages. For example, 96% of

Summary of findings

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months compared to the CCG average of 89% and the national average of 88%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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 generally above local and national averages. As part of the survey 260 forms were distributed and 122 were returned which gave a response rate of 47%. This represented over 1% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and 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 24 comment cards which were all positive about the standard of care received. Many of the cards mentioned the friendly and caring attitude of staff within the practice and praised the standard of care that they had received.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The latest Friends and Family Test result for the practice showed that 100% of patients were extremely likely or likely to recommend the practice to others.

Prospect Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Prospect Surgery

The practice operates from a main surgery which is located at Ossett Health Village, Kingsway in Ossett, West Yorkshire WF5 8DF. The practice serves a patient population of around 8,100 patients and is a member of NHS Wakefield Clinical Commissioning Group.

The surgery is situated in purpose built premises which opened in 2009. The surgery is located over two floors and is accessible for those with a physical disability as floor surfaces are level, doorways are wide and fitted with automatic doors and a passenger lift is available for use. The practice shares the building with another GP practice, the offices of the local GP Federation and extended hours service, community services and an independent pharmacy. There is parking available on the site for patients.

The practice population age profile shows that it is comparable with both the CCG and England averages for those over 65 years old (18% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 79 years for males and 83 years for females (CCG average is 77 years and 81 years and the England average is 79 years and 83 years respectively). The practice population is predominantly White British. The practice population lives in an area which is relatively affluent being in the fourth least deprived decile.

The practice provides services under the terms of the General Medical Services (GMS) contract. In addition the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Dementia support
- Risk profiling and case management
- Support to reduce unplanned admissions
- Improving patient online access
- Minor surgery
- Patient participation
- Extended hours

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, diabetes, heart disease and hypertension, and physiotherapy.

Attached to the practice or closely working with the practice is a team of community health professionals that includes health visitors, midwives, members of the district nursing team and health trainers.

The practice has five GP partners (two male, three female), one advanced nurse practitioner (male), three practice nurses, one health care assistant and one phlebotomist (all female). Clinical staff are supported by a practice manager and an administration and reception team. In addition the

practice also has the services of a pharmacist and physiotherapists on site, as well as GP Registrars and Year One and Two medical students who are receiving training and gaining experience.

The practice appointments include:

- On the day/urgent appointments
- Pre-bookable appointments – up to four weeks in advance
- Telephone triage and consultations - where patients could speak to a duty GP to ask advice and if identified as being required obtain an appointment
- Home visits

Appointments can be made in person via the telephone or online.

The practice is open between 8am and 6.30pm Monday to Friday and offers extended hours opening on a Tuesday from 7am to 8am and on a Wednesday 6.30pm to 8.30pm. Additionally the practice works with other local GPs to offer appointments from 6.30pm to 8pm Monday to Friday and from 9am to 3pm on a Saturday and Sunday. This service is delivered from within the same building as Prospect Surgery.

The practice is accredited as a training practice and supports and hosts GP trainees and medical students.

Out of hours care is provided by Local Care Direct Limited and is accessed via the practice telephone number or patients can contact NHS 111.

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 2 August 2016. Prior to and during our visit we:

- Spoke with NHS Wakefield Clinical Commissioning Group.
- Spoke with a range of staff, which included GP partners, nursing staff, the office manager and members of the reception/administration team.
- Spoke with patients who were all extremely positive about the practice and the care they received.
- Reviewed comment cards where patients and members of the public shared their views. Comments received were positive about the staff and the service they received.
- Observed in the reception area how patients were treated.
- Spoke with members of the patient participation group, who informed us how well the practice engaged with them.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

Detailed findings

- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Incident recording 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).
- The practice carried out a thorough analysis of the significant events. Significant events were carefully analysed by the practice and were discussed at weekly clinical meetings which were minuted. Details of the events were also cascaded to all appropriate staff.
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents. There was evidence of good investigation, learning and sharing mechanisms in place.

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, the practice had identified that a hospital letter had not been properly reviewed and appropriate action had not been taken. As a result the practice reiterated the need for staff to fully review all clinical letters in line with standard operating procedures.

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. A GP had been appointed as lead member of staff for safeguarding and they were supported by a deputy. The lead GP attended monthly safeguarding meetings with the health visitor and on a quarterly basis the full clinical team met to discuss safeguarding issues. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to safeguarding level three, nursing staff had been trained to level two and reception and administration staff had been trained to either level one or level two.
- A notice in the waiting room and in the consulting rooms advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). 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 GP was the infection prevention control (IPC) clinical lead and they were supported in this by the practice nursing team. There was an IPC 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 had pharmacist support within the practice via participation in a Wakefield Vanguard programme and used this for activities such as carrying out medication reviews and dealing with queries with regards to medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Good

Are services safe?

However, we found two recently date-expired medicines within a doctor's bag. When informed of this the practice took immediate action to replace the medicines in question.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice had one advanced nurse practitioner and one nurse who had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are documents permitting the supply of prescription-only medicines to groups ofpatients, without individual prescriptions). In addition the health care assistant was trained to administer vaccines and medicines against Patient Specific Directions (a PSD is a written instruction, signed by a prescriber eg a doctor for medicines to be supplied and/or administered to a namedpatientafter the prescriber has assessed the patienton an individual basis).
- We reviewed four 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. We saw that the practice had not checked the immunity status of staff in relation to chickenpox.

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 reception office which identified local health and safety representatives. The practice had up to date fire risk assessments although the weekly checks on the fire alarm system had lapsed in the weeks prior to the inspection. 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 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. When required the practice could call on the services of locum doctors, although this was not a common occurrence. The practice had developed a locum pack to give key information to any locums that were used.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers and an alarm button in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book were available within the practice.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. 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.

Good

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. Updates were cascaded to staff and were also printed off and signed by staff.
- The practice monitored that these guidelines were followed through audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98% of the total number of points available. Overall exception reporting for the practice was 8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, 96% of patients with diabetes, on the register, had received influenza immunisation in the preceding 1 August to 31 March compared to the CCG average of 97% and the national average of 94%.
- Performance for mental health related indicators was generally better than the CCG and national averages. For example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months compared to the CCG average of 89% and the national average of 88%.

The practice had designated GPs to lead on areas of QOF and performance was monitored and discussed at regular clinical and practice meetings.

There was evidence of quality improvement including clinical audit.

- The practice had completed a number of clinical audits in the last two years which included audits in relation to chronic kidney disease monitoring and recall (CKD), long-acting reversible contraceptives, and selective serotonin reuptake inhibitors (SSRIs are a widely used type of antidepressant medication). The CKD audit was a completed two cycle audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, action taken as a result of the CKD audit included raising awareness amongst colleagues of the use of recalls to improve monitoring performance.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The practice had the services of a pharmacist and physiotherapists on site as a result of a local Wakefield Vanguard programme. As well as being able to provide specialised knowledge within the practice, the pharmacist and physiotherapists also freed clinician time to carry out other duties. For example, between 1 April 2016 and 16 July 2016 the pharmacist had carried out 435 interventions which included carrying out medication reviews and giving medicines advice. This had saved an estimated 54 hours of GP time. Over the same period the physiotherapists had dealt with 58 appointments and saved an estimated 10 hours of GP time.

As part of the same programme the practice had also trained practice staff to act as care navigators to refer or signpost patients to more appropriate health and care services. They were also able to explain to patients in more depth the range of services and treatment options available to them. Between 1 April 2016 and 16 July 2016 they had dealt with 563 patient contacts and made 262 referrals to a pharmacist, 193 referrals to a member of the nursing team and 36 referrals to a physiotherapist. These activities were estimated to have saved 62 hours of GP time within the practice, as patients had been referred to other appropriate services rather than see a GP.

Effective staffing

Good

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, for those reviewing patients with long-term conditions.
- 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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- As well as weekly clinical meetings the practice held a daily meeting where staff could discuss current issues and concerns. The practice felt this aided communication and offered effective peer support.
- The practice had in place a buddy system where clinicians covered for one another during times of absence. This was also supported by the duty doctor.

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. Partners were able to share and access patient information with other healthcare providers, such as district nurses via the common IT system, and the practice shared details of patients who were approaching the end of life with the out of hours service provider.
- The practice offered online-consultations with secondary care specialist consultants (an online-consultation is a mechanism that enables primary care providers such as GPs to obtain specialists' inputs into a patient's care treatment without requiring the patient to go to a face-to-face visit by using IT based communication links and data sharing). In addition the practice used electronic referrals.
- The practice proactively followed up patients who did not attend appointments or referrals to ascertain reasons and to establish if additional support was required.

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 including district nurses and palliative care nurses on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice also used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual.

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.

Good

Are services effective?

(for example, treatment is effective)

- 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 and signposted those to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- who required healthy lifestyle advice, such as in relation to diet and weight management and alcohol reduction
- Patients could access support from health trainers who were hosted by the practice and smoking cessation advice was available either in-house or via referral to an externally provided service.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 84% and the national average of 82%. There was a policy to follow up patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates for both bowel and breast cancer were above local and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% (CCG averages 95% to 98%) and five year olds from 92% to 100% (CCG averages 92% to 97%).

Patients had access to appropriate health assessments and checks. These included 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.

Good

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.
- Staff assisted patients to check in for appointments if they were experiencing difficulties and required help.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered good levels of service and that staff were generally helpful and caring, and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was either comparable to others locally and nationally, or were above average for satisfaction scores in relation to consultations with GPs and nurses. For example:

- 94% 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%
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%
- 96% 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%
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%
- 88% 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%
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% 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.

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 mainly above local and national averages. For example:

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

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

- Staff told us that translation and interpretation services were available for patients who did not have English as a first language.
- A hearing loop was available to assist those with a hearing impairment, and a wheelchair could be requested if a patient had a mobility problem.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patients could use an IT resource point in the waiting room which contained a community services directory, which provided up to date information about local community resources. More traditional advice and support leaflets were also available in this area. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 91 patients as carers (over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced suffered bereavement they could contact the practice for support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours opening on a Tuesday from 7am to 8am and on a Wednesday 6.30pm to 8.30pm.
- There were longer appointments available for patients with a learning disability and for 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice also acted as a Yellow Fever Centre.
- There were facilities specifically for the disabled which included dedicated parking spaces and access to a wheelchair on request. In addition a hearing loop and translation and interpretation services were available.
- The practice was a member of West Wakefield Health and Wellbeing Ltd (a federated network of GP practices and other health and partners). The practice participated in one of two local Vanguard programmes and with others sought to provide a larger, more diverse primary care team within the local area and deliver better co-ordinated services to meet patient need. A key element of the programme was improved physical access to care. The practice supported this approach and had:
  - Trained and used reception staff as care navigators to refer and signpost patients to appropriate health and care services should these be appropriate rather than access a GP appointment if this was appropriate. They were also able to explain to patients in more depth the range of services and options available to them.
  - Increased patient access to information regarding care services and wellbeing opportunities. For example, the practice had installed in the waiting area an information access point which allowed patient to access a local directory of services as well as book appointments.
  - Worked closely with other health and care providers to provide integrated care within the community.
  - Offered services led by pharmacists and physiotherapists. These staff were able to either directly support clinical staff or deliver enhanced services to patients which reduced the need to access these services at other locations and demand on primary and secondary care services.
- The practice supported the "Pharmacy First" scheme which promoted the use of pharmacies as a first port of call for the treatment of a number of common ailments such as coughs, cold sores and earache.
- The practice jointly delivered diabetic clinics in conjunction with a local secondary care consultant and diabetic specialist nurse. In the previous 12 months seven clinics had been held and 45 patients had been seen. In addition the practice also offered specialist diabetic care management and enhanced services such as insulin initiation in-house.
- The practice was a c-card distribution centre which gave improved access to contraceptives to young people, and chlamydia screening was available.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. At the time of inspection the practice had 122 patients on its register to receive this enhanced support.
- The practice hosted a number of additional services which included;
  - AAA screening - during 2015/2016 35 patients from an identified cohort and attended screening and 118 patients self-referred for screening. From attendance at these sessions six patients with aneurysms were identified.
  - Cognitive behavioural therapy services
  - Retinal screening – 383 patients had received screening during the previous 12 months

Good

Are services responsive to people's needs?

(for example, to feedback?)

- A monthly arthritis drop in session where patients could access advice and support from a national arthritis voluntary group

- The practice gave care homes direct dial telephone numbers which enabled them to contact the surgery quickly should services be required.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and offered extended hours opening on a Tuesday from 7am to 8am and on a Wednesday 6.30pm to 8.30pm. Additionally the practice worked with other local GPs and offered appointments from 6.30pm to 8pm Monday to Friday and from 9am to 3pm on a Saturday and Sunday. This service was delivered from within the same building as Prospect Surgery and patient satisfaction was high with 97% of patients being extremely likely or likely to recommend the extended hours service to others. Between 1 April 2016 and 16 July 2016 patients had used 97 extended hours appointments.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, on the day/urgent appointments and telephone triage were also available.

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

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the 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.

The practice carried this out by discussing with the patient their symptoms and needs and using this to make an informed decision based on clinical need. 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 would be made.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and this was available in leaflet form and on the practice website.

We looked at three complaints received in the last 12 months and found that these had been investigated in line with current practice. Lessons were learnt from individual concerns and complaints action was taken to as a result to improve the quality of care. For example, a complaint in relation to electronic prescriptions being sent to the incorrect pharmacy had led to a revision to the process. This included the removal of all obsolete nominated pharmacy information from the record to prevent a recurrence of the incident. We did note though that some complaint responses had not followed the practice's complaints policy, for example not all responses contained information as to how to escalate a complaint.

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.

- The practice had values and an ethos which staff knew and understood.
- The practice had a robust strategy and approach to care which reflected the vision and values and which were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented.
- 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.

  We did however note that at the time of inspection staff experienced some difficulty in accessing all information on the practice IT system. We raised this with the practice who said that they would investigate this further.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support and awareness training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and we saw evidence that these were minuted.
- 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. The practice had a very warm, family atmosphere and as an example we were told of how new staff were welcomed into the practice from their first day.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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. We noted that the practice held whole team events periodically to discuss new and developing issues.
- The practice worked closely with others in their local network and federation and with the local CCG. For example, one of the practice GPs sat as a member of the CCG Medicines Optimisation Board.

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,

Are services well-led?

Good

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

proactively supported the surgery and submitted proposals for improvements to the practice management team. For example, the PPG told us how they had worked with the practice in respect to improving telephone access and how members of the PPG helped out during flu clinics. We were also told by the practice that the PPG was instrumental in the establishment of the monthly arthritis drop in session.

The practice had gathered feedback from staff through away days and through staff meetings, appraisals and discussions. 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 a strong training culture and as well as being a training practice for doctors, supported career development which for example had seen administration staff trained in phlebotomy.
- The practice participated in a local Vanguard programme to improve the delivery of integrated care. Activities to achieve this within the practice included the training of staff as care navigators, improved patient information with regard to care and support services, and the provision of pharmacist led services and physiotherapy within the practice.