

Dr H.Ullah & Partners

Quality Report

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Date of inspection visit: 11 October 2016
Date of publication: 14/11/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Dr H.Ullah & Partners	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr H.Ullah & Partners on 11 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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 difficult to make an appointment but that there was continuity of care when they received an appointment, with urgent appointments available the same day.
- We saw evidence of improvements made by the practice to improve access to appointments, including the introduction of a minor illness/injury service.
- 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 are:

- Develop systems to identify and support more carers in their patient population.
- Continue to monitor and ensure improvement to national patient survey results including access to GP appointments.
- Secure the storage bin for clinical waste outside the premises to ensure that it cannot be removed.

Summary of findings

- Continue to monitor and encourage patient uptake of screening and vaccination programmes.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation of events, and a written apology. They were told about any actions taken 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. They worked in close liaison with the locality Multi-Agency Safeguarding Hub (MASH) to co-ordinate and share information for patients identified as at risk.
- The practice maintained effective working relationships with other safeguarding partners such as health visitors.
- There were appropriate systems in place to protect patients from the risks associated with medicines management and infection control.
- Health and safety risk assessments, for example, a fire risk assessment had been performed and were up to date.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were largely comparable to Clinical Commissioning Group (CCG) and national averages.
- The practice had responded to lower performance for blood pressure monitoring and encompassed opportunistic blood pressure monitoring into flu days to improve care for these patients.
- Staff assessed needs and delivered care in line with current evidence based guidance. We saw evidence of regular discussions on updated guidance in clinical meetings.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. We noted that the practice encouraged staff to upskill and train for additional qualifications.

Good



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. This included collaborative working at locality wide multi-disciplinary team meetings.
- Clinical staff were aware of the process used at the practice to obtain patient consent and were knowledgeable on the requirements of the Mental Capacity Act (2005).
- The practice was proactive in encouraging patients to attend national screening programmes for cervical, breast and bowel cancer.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2016 showed patients rated the practice below local and national averages for several aspects of care. The practice had attributed this to staff turnover and difficulties patients had experienced in accessing appointments. We saw evidence of successful staff recruitment and improvements made to the appointment system.
- 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.
- The practice had successfully bid for funding to become a dementia friendly practice working alongside the Oxford research project. The practice had used funds to train all staff as dementia friends and made improvements to the care provided to these patients, including the development of a dementia passport.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 0.9% of patients as carers and was continuing with efforts to ensure all carers within their population were identified and supported. We saw that a member of staff had trained as a Carers Champion.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Milton Keynes Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice

Summary of findings

had engaged in the pilot Transformation Project to reduce unplanned emergency admissions. The practice project was extremely successful and we saw evidence that the project had reduced emergency admissions, with a reduction in out of hours emergency hospital admissions of 165 patients compared to the previous 12 month period.

- Whilst some patients said they were able to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day, others commented on difficulty accessing appointments. The practice was proactive in developing improvements to increase access. They had successfully recruited new clinical and non clinical staff and extended appointment availability through the introduction of a minor illness/injury service. They had also introduced online appointment bookings and improved efficiency on telephone call handling.
- 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.
- A HIV quick test was available for all new patients registering at the practice (that met specified criteria).

Are services 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.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.
- The leadership, governance and supportive culture of the practice was used to drive and improve the delivery of good quality person-centred care.
- There was a focus by the practice on continuous improvement of the quality of care and treatment provided, which meant improved patient outcomes.
- We saw that the practice demonstrated resilience and was proactive in overcoming challenges, for example through successful recruitment and adjustments to their appointment system to improve accessibility.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over the age of 75 had a named GP.
- The practice had a lead nurse for elderly patients aged over 75 years who worked to optimise their care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided influenza, pneumonia and shingles vaccinations.
- A phlebotomy clinic ran daily enabling patients to have blood tests conducted locally rather than at the local hospital.
- The practice offered health checks for patients over the age of 75.

Good



People with long term conditions

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

- A specialist nurse for long term conditions led chronic disease management clinics supported by GPs and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 71%, where the CCG average was 74% and the national average was 78%.
- Longer appointments and home visits were available when needed.
- The practice provided an insulin initiation service for diabetic patients.
- A robust recall system was utilised to manage these patients.
- Patients with long term conditions benefitted from continuity of care with their GP or nurse. 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 more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

- All discharge summaries were reviewed on the day they were received ensuring medicines were adjusted and appropriate primary care follow-up was arranged.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children and infants who were unwell were always seen on the same day.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Family planning and contraceptive advice was available. The practice provided a variety of health promotion information leaflets and resources for this population group for example the discreet provision of chlamydia testing kits.

Good



Working age people (including those recently retired and students)

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

- 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.
- Pre-bookable appointments were available at both sites from 6.30pm till 7.30pm on Mondays, Tuesdays and Fridays.
- The practice provided telephone consultations daily.
- A HIV quick test was available for all new patients registering at the practice (that met specified criteria).
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

Good



Summary of findings

- The practice encouraged the use of the on line services to make it easier to book appointments and order repeat prescriptions.
- The practice encouraged screening for working age people such as bowel screening and cervical screening. Practice staff followed up any patients who did not respond to screening invitations so that they knew they were welcome to make contact if they wished to re-engage.

People whose circumstances may make them vulnerable

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

- The practice had developed a register of patients in vulnerable circumstances including homeless people and those with complex social needs.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including corroborative working at locality wide multi-disciplinary meetings.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.
- The practice held palliative care meetings in accordance with the national Gold Standards Framework (GSF) involving district nurses, GP's and the local Willen Hospice nurses.
- 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 had identified 108 patients (approximately 0.9% of the practice list) as carers. The practice was continuing with efforts to ensure all carers within their population were identified and supported. We saw that a member of staff had trained as a Carers Champion.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The practice had successfully secured funding to become a dementia friendly practice in February 2015, working alongside the Oxford research project. The practice had used funds to train all staff as dementia friends and made improvements to the care provided to these patients.
- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 84% where the CCG average was 78% and the national average was 88%.
- The practice provided dementia screening services for patients identified as at risk of developing dementia to allow for early intervention and support if needed.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice held a register of patients experiencing poor mental health and invited them to attend annual reviews. The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing slightly below local and national averages. 296 survey forms were distributed and 122 were returned. This represented approximately 1% of the practice's patient list (a response rate of 38%).

- 47% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 59% and national average of 73%.
- 66% 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 75% and national average of 76%.
- 64% of patients described the overall experience of this GP practice as good compared to the CCG average of 76% and national average of 85%.
- 61% 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 69% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards in total, of which 29 were all positive about the standard of care received. In

particular, patients commented on the clean environment, polite and caring staff and the high level of care they felt they received from the doctors and nurses. Negative comments surrounded difficulty accessing appointments.

We spoke with six patients and a member of the patient participation group (PPG) during the inspection. (The PPG is a group of patients who work with the practice to discuss and develop the services provided). Whilst they all informed us that they were generally pleased with the standard of care they received, some patients stated that they found it difficult to arrange an appointment. Whilst some patients were aware of changes the practice had made to improve access to appointments not all patients were aware of new services such as the minor illness clinic and online booking. Patients we spoke to described the staff as friendly, accommodating and compassionate.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from April to August 2016 showed that 62% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice (16 responses were received).

Dr H.Ullah & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr H.Ullah & Partners

Dr H Ullah & Partners, also known as Bedford Street Surgery, provides a range of primary medical services, including minor surgical procedures from its location at Bedford Street in Milton Keynes. The practice has a branch surgery known as the Furzton Medical Centre, located on Dulverton Drive in Furzton, Milton Keynes. We visited the branch surgery on the day of our inspection but did not undertake a complete inspection of the branch.

The practice serves a population of approximately 12,500 patients with slightly higher than average populations of males and females aged 35 to 49 years. The practice population is largely White British, with increasing populations of European and Asian patients. National data indicates the area served is one of slightly less than average deprivation in comparison to England as a whole.

The clinical team consists of four female and four male GP partners, two nurse practitioners (qualified as Independent Prescribers), a practice nurse, two health care assistants and a phlebotomist. The team is supported by a practice manager, a finance manager, a reception manager and a team of administrative staff. In the 18 months preceding our inspection the practice had experienced an unusually high turnover of both clinical and non clinical staff. The

practice told us that this had impacted on access to appointments and patient satisfaction. We saw that the practice had successfully recruited additional staff and at the time of our inspection had stabilised the practice team.

The practice recently changed its contract with NHS England and now holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice at Bedford Street operates from a two storey converted property and patient consultations and treatments take place on ground level and first floor treatment room. There are limited designated car parking spaces available outside the practice with designated disabled parking bays. There is restricted hours parking available on the surrounding roads. The branch surgery is located in a single storey purpose built property. There is a car park outside the branch surgery, with disabled parking available.

Dr H Ullah & Partners is open at both the main site and branch surgery between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments are available at both sites from 6.30pm to 7.30pm on Mondays, Tuesdays and Fridays. The practice is a member of the local 'Prime Ministers Challenge fund' (PMCF) collaboration called MKExtra, enabling their patients, wishing to be seen outside of the practice's extended and core hours, to receive routine GP care at a network of practices across the locality.

The out of hours service is provided by Milton Keynes Urgent Care Services and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

Detailed findings

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 inspecting, 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 inspection on 11 October 2016. During our inspection we:

- Spoke with a range of staff including three GP partners, a practice nurse, the practice manager, a health care assistant and members of the administrative team.
- Spoke with patients who used the service and a representative of the patient participation group (PPG).
- Observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw that when a vaccine was administered incorrectly the practice were prompt to explore the incident and respond to the patient, conducting necessary investigations to ensure the patient was not at risk. Staff were reminded of practice protocols to ensure that the risk or recurrence was reduced.
- The practice maintained a log of significant events for analysis and these were discussed as a standing item on the agenda for practice meetings, to ensure that lessons learnt were shared and monitored.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, we saw that when an alert was received regarding a device used by patients with diabetes, a search of patients was undertaken and affected patients were contacted to advise them of the alert. We also saw that when an alert was received regarding guidance for home visits it was discussed at a practice meeting to ensure the practice was following best practice guidance. Copies of alerts were kept electronically by the practice manager and following discussions during our inspection the practice informed us that they intended to keep records available for staff to access.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two lead members of staff for safeguarding. They worked in close liaison with the locality Multi-Agency Safeguarding Hub (MASH) to co-ordinate and share information for patients identified as at risk. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw examples of referrals made for children highlighted as of concern.
- 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 the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice was awaiting a DBS check for one member of staff who undertook chaperoning duties. In the interim the practice had undertaken a risk assessment of the role to ensure risks to patients were minimised.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. A Nurse Practitioner was the infection control clinical lead who liaised with the local infection prevention team 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.

Are services safe?

- We noted that the storage bin for clinical waste was kept outside the premises and whilst it had a secure lock it was not fixed securely in place. We were advised that the practice had spoken to their waste contractor and that a security chain had been sent to the practice. We were assured that following our inspection the storage bin would be secured appropriately to avoid it being removed.
- 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 Milton Keynes Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Two of the nurses 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- 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 patients and staff safety. There was a health and safety policy available with a poster in the office area at both sites which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Fire alarms were tested weekly and 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 (COSHH), infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment had been checked in August 2016 to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. Staff informed us they worked flexibly as a team to try and provide additional cover if necessary during holidays and absences and the practice employed locum staff if needed. The practice provided an induction for locums and maintained appropriate records including background checks, proof of identification and registrations.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of both sites and all staff knew of their location. All the medicines we checked were in date and stored securely.
- An emergency pack was kept at the reception desks providing clear instructions to staff on what to do in emergency situations. In addition we saw flow charts displayed throughout both practices demonstrating action to be taken in the event of a heart attack, ensuring staff had a continued awareness of appropriate emergency action.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

Are services safe?

or building damage. The plan included emergency contact numbers for staff and copies were kept off site by the practice manager, reception manager and GP partners.

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, including regular discussions at clinical meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, we saw that following a review of NICE guidance the practice had discussed changes to the use and management of anticoagulant medicines to ensure the best possible outcomes for patients. (Anticoagulants are medicines used to prevent blood from clotting).

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available. The practice had a lead GP for QOF and held regular meetings to discuss QOF performance.

Data from 2014/2015 showed QOF targets to be similar to local and national averages:

Performance for diabetes related indicators was largely in line with the Clinical Commissioning Group (CCG) and national averages. For example,

- the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 71%, where the CCG average was 74% and the national average was 78%. Exception reporting for this indicator was 8% compared to a CCG average of 13% and national average of 12%. (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).

Performance for mental health related indicators was largely comparable to local and national averages. For example,

- The percentage of patients with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (1 April 2014 to 31 March 2015) was 84% where the CCG average was 78% and the national average was 88%. Exception reporting for this indicator was 10% compared to a CCG average of 9% and national average of 8%.

The practice was an outlier for the percentage of patients with hypertension having regular blood pressure tests, which was 74%. This was below the CCG average of 81% and national average of 84%. Exception reporting for this indicator was 2% compared to a CCG average of 6% and national average of 4%. Similarly the practice was an outlier for the percentage of patients with diabetes, on the register, in whom the last blood pressure reading showed good control, which was 61% where the CCG average was 76% and the national average was 78%. Exception reporting for this indicator was 9% compared to the CCG average of 10% and national average of 9%.

The practice told us that they were aware they needed to improve on their performance for managing patients with high blood pressure. In an effort to improve blood pressure monitoring the practice had incorporated blood pressure monitoring as part of their flu clinics allowing for opportunistic screening of patients within these risk groups. The practice was able to demonstrate a marked improvement in these QOF indicators in their unverified QOF data for 2015/2016. For example, for the year 2015/2016 the practice demonstrated that of the 121 patients on their hypertension register, 118 had received a blood pressure monitoring test (98%).

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. We were told of plans for the practice to undertake further complete cycle audits as their clinical team had stabilised.
- Findings were used by the practice to improve services. For example, an audit was undertaken following a significant event relating to the prescribing of a

Are services effective?

(for example, treatment is effective)

controlled medicine. (Controlled medicines are prescription medicines which are controlled under the Misuse of Drugs legislation and are subject to strict legal controls to prevent them being misused, being obtained illegally or causing harm). The purpose of the audit was to identify and correct any errors in quantity or duration of repeat prescribing and was first run in October 2015 and repeated in September 2016. Following the first audit the practice changed its procedures and protocols for repeat prescribing of controlled medicines. A reaudit demonstrated improvement in the quality of prescribing.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. All new staff received an induction pack which 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, we saw that nursing staff involved in reviewing patients with long term conditions such as diabetes and asthma attended regular updates and received training to support them specifically in these roles.
- 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. All staff had received an appraisal within the last 12 months.

- We noted that the practice encouraged staff to upskill and train for additional qualifications. For example, a phlebotomist had trained to become a health care assistant.
- The practice closed on ten afternoons each year to provide protected learning time for staff.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment and planning of ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. The practice held a register of patients at risk of unplanned hospital admission or readmission. We saw that patients on this register and any others who had been recently admitted or discharged from hospital were discussed at clinical meetings when needed. At the time of our inspection there were 284 patients on the unplanned admissions register receiving this care.
- The practice held regular multi-disciplinary team (MDT) meetings that made use of the Gold Standards Framework (GSF for palliative care) to discuss all patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses, Willen Hospice nurses and local support services. A list of the practice palliative care patients was also shared with the out of hours service to ensure patients' needs were recognised. At the time of our inspection 12 patients were receiving this care.

Are services effective?

(for example, treatment is effective)

- The practice also shared concerns regarding vulnerable patients at wider locality MDT meetings. Complex patients in need of social support, mental health intervention and those that would benefit from other Third Sector interventions were shared at the forum and support was sourced and provided appropriately.
- The practice held monthly safeguarding meetings, attended by GPs, the practice nurse and health visitor. Records were kept of discussions and action taken in relation to children at risk. Information from other agencies involved in safeguarding was also shared during these meetings.
- All discharge summaries were reviewed on the day they were received ensuring medicines were adjusted and appropriate primary care follow-up was arranged.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- Nurses provided smoking cessation and weight management advice to patients with the option to refer patients to local support groups if preferred. An external smoking advisor also provided services from the branch practice every Tuesday and patients were able to self-refer to the service.
- A specialist nurse trained in chronic disease management held a lead role in supporting patients

with long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). She was supported by GPs appropriately to ensure patient care was maximised.

- The practice provided contraceptive advice, including fitting of intra-uterine devices and implants.
- All patients over 75 had a named GP. The practice employed a lead nurse for elderly patients over the age of 75 years who liaised with local agencies to provide additional care and support to these patients.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average and national averages of 82%. Due to staff shortages the practice had not exception reported any patients for the cervical screening programme until 2016 when staffing had begun to stabilise. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and providing additional information for those with a learning disability and by ensuring a female sample taker was available. Patients who failed to attend screening appointments were followed up with a phone call from the practice so that they knew they were welcome to make contact if they wished to re-engage.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We saw that in response to an increase in cancer diagnosis amongst its working age population the practice had created information boards, educating patients on the importance of screening and early detection. Data published in March 2015 showed that:

- 50% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 56% and the national average was 58%.
- 74% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 74% and the national average was 72%.

The practice was below average for the number of Infant Meningitis C vaccines provided which was 52% but the vaccine was discontinued in 2015/16 as per Department of Health guidance. Childhood immunisation rates for the vaccinations given were otherwise comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 96% and five year olds from 66% to

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

96%. The practice advised that their population posed some challenges as there were high numbers of transient patients who often moved out of the locality and did not advise the practice they had relocated. There were also significant proportions of patients whom emigrated from the country for six months of the year due to cultural beliefs.

Patients had access to appropriate health assessments and checks. These included health checks for new patients,

patients over 75 years old and NHS health checks for patients aged 40–74 years. At the time of our inspection for the period April 2016 to March 2017 the practice had identified 643 eligible patients of which 420 had received health checks. 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.
- The practice had clearly signposted waiting areas and patients were requested to stand behind visibly marked lines when waiting to speak to receptionists to ensure patient confidentiality was maintained.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 32 patient Care Quality Commission comment cards we received 29 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients and a member 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. In particular, patients commented on the clean environment, polite and caring staff and the high level of care they felt they received from the doctors and nurses.

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

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice were aware of these lower figures and attributed them to recent staff changes and turnover and the impact that in turn had had on appointment availability. We saw evidence that the practice team was stabilising through successful recruitment and the practice were optimistic that patient satisfaction would improve.

Care planning and involvement in decisions about care and treatment

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

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format and different languages if required.

Are services caring?

- A hearing loop was available for patients who suffered from impaired hearing.
- The practice planned to provide additional training for staff on supporting partially sighted patients.

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. New patient registration forms were comprehensive and enabled the practice to quickly identify patients that may need additional support, for example those with a learning disability, those with carers, patients in need of an interpreter and those with a registered disability.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 108 patients as carers (approximately 0.9% of the practice list). The practice was making continued efforts to identify carers in their population, for example, by developing carer's notice boards at both sites. We saw that a member of staff had attended additional training facilitated by Carers UK to

become a Carers Champion and the practice was proactive in encouraging carers to identify themselves to the practice. Written information was available to direct carers to the various avenues of support available to them.

In February 2015 the practice had successfully bid for funding to become a dementia friendly practice working alongside the Oxford research project. The practice had used funds to train all staff as dementia friends and made improvements to both sites to ensure the environments for patients were more relaxing. The practice identified all dementia patients registered at the time and they were reviewed by a clinician. In addition the practice had developed a 'This is Me' dementia passport for patients to complete. This document enabled the practice to keep a record of social preferences and other background information on patients assisting them to provide a holistic package of care to patients. The practice also piloted the Memory Service Clinic allowing patients access to the service at the practice for six weeks.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

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 Milton Keynes Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, in September 2015 the practice had engaged in the locality pilot Transformation Project to reduce unplanned emergency admissions. The practice appointed a nurse to lead on the project and they focused efforts on elderly patients over the age of 75 years. A risk assessment tool was used by the practice to review all patients before they were contacted by the nurse who carried out an assessment and worked to optimise their care. The practice worked with multi-disciplinary teams to support patients to avoid hospital admission. The practice project was extremely successful and was extended for a further six months from the initial 12 month period. We saw evidence that the project had successfully reduced emergency admissions, with a reduction in out of hours emergency hospital admissions of 165 patients compared to the previous 12 month period. We noted that whilst the project itself had ended the practice continued to utilise the tools developed to support patients and minimise hospital admissions.

- The practice offered appointments on Mondays, Tuesdays and Fridays evenings until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice operated a message board system for patients requesting an urgent appointment, home visit or telephone consultation. This was managed throughout the day by the triage nurse who would respond and allocate appointments accordingly.
- The practice provided a minor injury/illness service at the branch surgery for patients requiring urgent same day appointments, led by a Minor Illness Nurse supported by a GP.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- The practice attended locality multi-disciplinary meetings to discuss the needs of vulnerable patients and patients with complex needs.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately excluding Yellow Fever.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided an insulin initiation service for diabetic patients.
- The practice had a lift for patients and staff with limited mobility to access the first floor.
- A phlebotomy service was available Monday to Friday, reducing the need for patients to attend secondary care for blood tests to be undertaken.
- A HIV quick test was available for all new patients registering at the practice (that met specified criteria).
- A robust recall system was utilised to invite patients who had long term conditions for review. This included those suffering from poor mental health.
- The practice supported patients with dementia and patients with learning disabilities in local residential homes.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

Access to the service

Both the main practice site and branch surgery were open between 8am and 6.30pm Monday to Friday. In addition, pre-bookable appointments were available at both sites from 6.30pm to 7.30pm on Mondays, Tuesdays and Fridays. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for people that needed them. The practice had also joined the local 'Prime Ministers Challenge fund' (PMCF) collaboration called MKExtra, enabling their patients, wishing to be seen outside of the practice's extended and core hours, to receive routine GP care at a network of practices across the locality.

The out of hours service was provided by Milton Keynes Urgent Care Services and could be accessed via the NHS 111 service. Information about this was available in the practice and on the practice website and telephone line.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was slightly below local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 47% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and national average of 73%.

The practice had been proactive in responding to low patient satisfaction regarding access to appointments. We were told that closure of other local practice lists had placed the practice under increased pressure. Alongside staff shortages, appointment availability had been difficult to manage. However the practice had made several improvements in the months preceding our inspection. These included the development of a nurse led daily minor injury/illness service, increased availability of appointments through the employment of more clinicians, increased administrative staff to ensure more people were available to answer telephones, online appointment booking and restructuring of the branch site to move the telephones into the back office, improving efficiency. The practice informed us that as these improvements became embedded they expected patients to report an improvement on appointment availability and access.

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.

Patients were able to telephone the practice to request a home visit and a GP or nurse would call them back to make an assessment and allocate the home visit appropriately. 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 that information was available to help patients understand the complaints system in the waiting room, at reception and on the practice website.

We looked at 18 complaints received in the last 12 months and found that the practice handled them objectively and in an open and timely manner. Lessons were learnt from individual concerns and complaints and actions were taken as a result to improve the quality of care. For example, we saw that when a patient complained about their dissatisfaction with a GP extended hours appointment, the practice were prompt to investigate, before responding to the patient. Practice protocols were changed in an effort to reduce the risk of recurrence.

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 a values statement which was displayed throughout the practice and staff knew and understood the values. This statement promoted a caring, safe, effective and diverse team.
- The practice had a strategy which reflected the vision and values and was 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. Responsibility charts displayed throughout the practices clearly identified individuals with lead roles. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the computer system and staff handbook. We looked at a sample of policies and found them to be available and up to date.
- A comprehensive understanding of the performance of the practice was maintained using the Quality and Outcomes Framework (QOF) and other performance indicators. We saw that QOF data was regularly discussed and actions taken to maintain or improve outcomes for patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We looked at examples of significant event and incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made or were planned to be implemented in the practice as a result of reviewing significant events.

Leadership and culture

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

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

- The practice gave affected people reasonable support, an explanation of events 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 of regular formal communications between the practice team. We noted that social events were held regularly for the team to encourage a unified team approach across the two sites.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager. We were told there were good working relations within the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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. For example, the PPG had helped the practice review the appointment system and suggested areas for improvement. We were told by a member of the PPG that the practice was responsive to feedback given and that they felt the PPG made a valued contribution to how the practice operated.
- 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 by the practice on continuous improvement of the quality of care and treatment provided, which meant improved patient outcomes. For example, the practice had worked to reduce unplanned emergency hospital admissions through a Transformation Project Pilot, successfully reducing unplanned admissions within their patient population.

The practice recognised the challenges it had faced with staff changes and shortages and the difficulties patients had experienced in accessing appointments. We saw that the practice demonstrated resilience and were proactive in overcoming these challenges, for example through successful recruitment and adjustments to their appointment system to improve accessibility. Despite the difficulties the practice had experienced they continued to accept new patients and we saw evidence of future planning to increase the clinical space available and reorganise administrative space to improve capacity.