

Barkantine Practice

Quality Report

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

Ratings

Overall rating for this service	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?	Outstanding	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barkantine Practice on 24 November 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.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Home visits by GPs, nurses and health care assistants were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice including patients with long term conditions. This included visits for annual health checks, chronic disease management and phlebotomy.
- The practice was co-located with an NHS birth centre and one GP had trained to become a community gynaecologist and offer ultrasonography services which meant that patients could have continuity of care during pregnancy.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw the following areas of outstanding practice:

- The practice had a track record of providing career progression opportunities for staff and had encouraged and supported staff to engage with

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ambitious training programmes. The practice also participated in wider training initiatives for clinicians as well as for younger people not in education or employment.

- The practice had a salary bonus scheme in place through which staff who performed well against agreed objectives could be rewarded with a bonus of up to 10% of annual salary. For instance, in the current financial year, some staff could achieve an element of the bonus by contributing to an increase in uptake of health screening programmes.

The areas where the provider should make improvement are:

- Review arrangements for managing vaccines to ensure that there is sufficient capacity to store stock safely.
- Continue to address issues identified in the national GP survey in order to improve patient satisfaction around involvement in care planning and making decisions about their care and treatment.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice held monthly GP peer support meetings during which doctors had an opportunity to seek advice from and share learning with other doctors at the practice. GPs used these meetings to undertake peer reviews of consultation notes and referrals.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

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- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had appointed a Carer's Champion and had recruited a Patient Support Worker to provide extra support to patients who were carers.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice population had a significantly larger than average number of patients of working age and the practice was open between 8am and 8pm daily, including weekends which helped people who found it difficult to attend appointments during normal office hours.
- The practice provided a walk-in clinic which was available to patients and non-patients and this was open between 8am and 8pm daily, including weekends.
- One GP had trained as an Ear, Nose and Throat specialist and another had qualified as a community gynaecologist. The practice operated an internal referral system so patients who needed this specialist care could receive it at the practice without having to visit secondary care providers.
- 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.
- The practice had arranged for a benefits advisor to hold clinics at the practice for two days every month and bookable appointments were available for this service. In the previous 12 months, the benefit advisor had provided support to 67 patients at the practice, with some of these having had up to nine appointments with the benefits adviser in that time.

Good



Summary of findings

Are services well-led?

The practice is rated as outstanding 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. All staff participated in an annual bonus scheme. This was used to incentivise staff to work in ways which improved services or outcomes for patients. For instance, some staff could earn elements of an annual bonus by contributing to improving health screening uptake rates, whilst others could so by improving their own absence record.
- 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 practice had a track record of undertaking pro-bono activities outside the surgery. For instance, the practice had been instrumental in a campaign to raise money as well as supplies of toiletries, clothing, food and sleeping bags for resident at a refugee camp in France and staff from the practice had provided transport for, and on-site assistance with, the distribution of the supplies. One GP had also recently spent two weeks working at a medical camp in Uganda supporting a campaign to improve rates of immunisation in an impoverished community. Staff at the practice told us they were particularly proud of these activities and that they were typical of the caring environment at the practice.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. For instance, the practice had undertaken a survey of the walk-in centre and had made improvements to the waiting area as a result.
- There was a strong focus on continuous learning and improvement at all levels. Staff were encouraged and supported to engage with ambitious training opportunities. For instance, one member of the administration team had been supported train as a nurse, whilst another member of this team had been trained to become a health care assistant. Two practice nurses had been supported to undertake nursing

Outstanding



Summary of findings

degrees, another had been selected as a Darzi Fellowship participant. (The Darzi Fellowship Programme is a prestigious, high profile leadership development programme run in association with the London Southbank University).

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointment times could be arranged for patients with complex care needs.
- The premises were suitable for older people, including those with hearing difficulties and wheelchair users.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Home visits were available for patients with long term conditions who had difficulty attending in person. These included GP visits as well as visits by nurses and health care assistants who could undertake diabetes management, NHS health checks and phlebotomy services.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- 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.
- Cervical screening appointments were available from 8:00am to 8:00pm, seven days per week. The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 82%.
- One GP at the practice had trained as a community gynaecologist and ultrasonographer and patients who required these specialist services could be seen at the practice and benefit from improved continuity of care.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open between 8am and 8pm seven days per week which provided access to people who found it difficult to attend during normal office hours.
- The practice provided telephone consultations every day and had put in place an online consulting service which was used by approximately 20 patients per week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- There were arrangements in place which involved a consultant dermatologist providing specialist advice online in situations where a GP was unsure if a patient required a referral to secondary care. This involved providing the specialist with images of skin conditions as well as details of any other symptoms.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice hosted a benefits advisor at the practice for two days every month. This service had been used by more than 60 patients in the previous 12 months.

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).

- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 87%.
- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy two survey forms were distributed and 73 were returned. This represented less than 1% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. People said they found staff to be helpful and there was a recurring positive theme around the wide range of clinical expertise available at the practice.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Barkantine Practice

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 Barkantine Practice

Barkantine Practice provides GP primary care services to approximately 19,000 people living in the Isle of Dogs area, London Borough of Tower Hamlets. The practice is also a member of the Healthy Island Partnership (HIP), a CCG sub-group of four GP surgeries in the local area. The practice has an Alternative Personal Medical Services (APMS) contract for providing general practice services to the local population. Alternative Personal Medical Services (APMS) are time limited, locally agreed contracts between NHS England and a provider, usually, though not necessarily, a GP practice.

Information published by Public Health England rates the level of deprivation within the practice population group as sixth on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest. This information also shows that Income Deprivation Affecting Older People (IDAOPI) is 38% which is higher than the national average of 16%. Income Deprivation Affecting Children (IDACI) is 33% (national average 20%).

There are currently six GP partners, two male and four female, all of whom are full time. There are seven salaried GPs, three male and four female. Three of the salaried GPs

work full time and three work part time. The practice provides a total of 80 GP sessions per week. The practice is a training practice with one trainee GP at the time of the inspection.

There is one full time and two part time advanced nurse practitioners, three full time practice nurses, one full time and two part time health care assistants. The health care assistants are also trained as phlebotomists (Phlebotomists are specialist healthcare assistants who take blood samples from patients for testing in laboratories). There is also a full time practice manager and a total of twenty four administrative and reception staff and four apprentice staff who undertake a range of administrative duties.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice is located in a modern purpose built, three storey building which was designed to be a polyclinic (a polyclinic is a health centre, typically independent of a hospital, where both general and specialist examinations and treatments are available to outpatients). Consulting rooms are located on two floors. Patients are able to access upper floors via a lift.

The practice opening hours for the surgery are:

Monday 8:00am to 8:00pm

Tuesday 8:00am to 8:00pm

Wednesday 8:00am to 8:00pm

Thursday 8:00am to 8:00pm

Friday 8:00am to 8:00pm

Saturday 8:00am to 8:00pm

Detailed findings

Sunday 8:00am to 8:00pm

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to four weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

The practice has opted not to provide out of hours services (OOH) to patients and these were provided on the practice's behalf by a nominated provider. The details of the how to access the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

The practice provides a wide range of services including clinics for diabetes, weight control, asthma, contraception and child health care and also provides a travel vaccination clinic. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

The practice was inspected in December 2013 using our previous inspection methodology and was found to be meeting the required standards in place at the time.

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 24 November 2016. During our visit we:

- Spoke with a range of staff including GPs, practice manager, advanced nurse practitioner, practice nurse, health care assistants and members of the administration and reception teams and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

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. GPs told us that learning was shared at meetings of the Healthy Island Partnership when this was appropriate. For example, on one occasion a GP reviewing pathology results noted that a result did not match with information already recorded for the patient. The practice had investigated this and had identified two separate mistakes, one which had happened at the laboratory and one at the practice. The practice had contacted the laboratory with the findings of the investigation, had improved checking of results and staff underwent refresher training to prevent a repeat of the incident.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, two of the nursing team and five members of the administration team, including the practice manager were trained to child protection or child safeguarding level 3. Three nurses, one healthcare assistant and one member of the administration team were trained to level 2. All other members of staff, including two healthcare assistants were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. An advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The lead nurse for infection control had also undertaken interim focused audits to monitor adherence to infection control policy. For instance, we saw records of an audit of handwashing standards by clinicians at the practice that had been undertaken in September 2016.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice used two fridges to store vaccines and told us they ordered these weekly to ensure that appropriate levels of stock were maintained. However, we noted that one fridge was heavily stocked and some medicines were

Are services safe?

touching the sides of the fridge. This meant there was a risk of individual doses freezing which could render the vaccine ineffective. We also saw the date on one vaccine had expired in September 2016. The practice removed this from stock immediately.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three 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. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We looked at PGDs held at the practice and noted that one folder included documents which were out of date. The practice investigated this immediately and identified that older versions had mistakenly been filed as current. The practice were able to provide valid versions of the out of date documents and took steps to ensure that all invalid versions were removed. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSDs) or direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 emergency medicines were available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice had produced an in-house training video demonstrating practice procedures to be followed when in the event of medical emergencies. This was shown to all new members of staff during induction.
- 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, utility companies and contractors as well as details of a separate local GP

Are services safe?

practice with whom reciprocal emergency cover arrangements had been made. The plan was stored on a cloud server which was located off-site and was available to all members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date and one GP partner had a lead role in monitoring, distributing and reviewing guidance and updates. Although clinical staff had direct access to updates, the GP partner also distributed these to ensure that they were always received. There was a process in place to discuss latest guidance and updates during clinician peer support group meetings which were held monthly.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The GP with responsibility for this area produced a practice specific briefing note for each update, which included a summary of the contents and analysis of the possible impact on the practice population.

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 98% of the total number of points available.

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

- Performance for diabetes related indicators were comparable to CCG averages but below national averages. For instance, 71% of patients had well controlled blood sugar levels (CCG average of 72%, national average 78%). The exception reporting rate for

this indicator was 7% (CCG average 7%, national average 12%). The percentage of patients on the diabetes register, with a record of a foot examination within the preceding 12 months was 94% (CCG average 90%, national average 88%). The exception reporting rate for this indicator was 3% (CCG average 3%, national average 8%).

- Performance for mental health related indicators was comparable to the national average. For example, 89% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the CCG average of 83% and national average of 88%. The exception reporting rate for this indicator was 6% (CCG average 7%, national average 13%).
- 88 % of patients with hypertension had well controlled blood pressure compared to the CCG average of 88% and the national average of 84%. The exception reporting rate for this indicator was 4% (CCG average 3%, national average 4%).
- Outcomes for patients with asthma were comparable to CCG and national averages. For instance, 73% had had an asthma review in the preceding 12 months using a nationally recognised assessment tool compared to the CCG average of 76% and the national average of 75%. The exception reporting rate for this indicator was 1% (CCG average 3%, national average 8%).

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, the practice had undertaken an audit to identify patients being prescribed simvastatin, a medicine used to treat patients with high cholesterol levels. The audit was triggered by a report which showed that this medicine can interact with other medicines in a way which increases the risk of muscle breakdown or weakness. The first cycle showed that 52 patients were being prescribed the medicine at the same time as one of the other medicines known to pose a potential risk. The practice had put a plan

Are services effective?

(for example, treatment is effective)

in place to advise all prescribers about the risks and had reviewed all patients identified in the audit and changed medicines where this was clinically advisable. A follow up audit had been undertaken in which showed that the number of patients being prescribed the combination of medicines in the audit had reduced from 52 to 4.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered 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. All 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.
- The practice held monthly GP peer support meetings during which doctors had an opportunity to seek advice from and share learning with other doctors at the practice. GPs used these meetings to undertake peer reviews of consultation notes and referrals.

- GPs at the practice had undertaken additional training in areas of special interest which meant that the practice had in-house clinical expertise in a range of areas including dermatology, gynaecology, paediatrics and substance misuse.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- 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. Patients were signposted to the relevant service.
- Staff at the practice had been trained to be observant of certain changes in patient's demeanour such as repeated confusion around appointments or memory loss and report these to a clinician to assist in the earlier detection of dementia.
- The practice website provided detailed health promotion information and had specific sections covering health issues for men, women, families, older people, and sexual health. Videos were used to support key messages and the website included a translation feature which meant that all information was instantly available in over 100 languages.
- The practice hosted a psychological therapist which meant that patients referred to this service could have appointments at the surgery.
- The practice was co-located with an academic dental clinic which was part of Barts Health School of Medicine and Dentistry and arrangements were in place for patients at the practice to receive free dental treatment from dental students under the close supervision of senior academic and NHS staff.
- The practice had joined with three other GP practices in the area to form the Healthy Island Partnership and through this partnership was involved in co-ordinating and delivering a range of programmes including health education and awareness and self-help groups. The partnership had recently held an 'Over 50s' event at a local community centre and used this to promote seasonal vaccinations, health screening programmes and healthy living through active lifestyle.
- GPs and nurses from the practice had visited schools in the area on different occasions and had spoken with pupils, parents and staff about a range of health related matters including the importance of a balanced diet and exercise and the purpose of health screening programmes.
- The practice engaged with high profile national health campaigns and recently had hosted an event to

coincide with Sexual Health Awareness Week when advisers from the sexual health team at Barts Health Trust had spent time at the surgery speaking to practice patients and visitors to the walk-in centre. To mark Mental Health Awareness month, the practice had organised Recovery College, from East London Foundation Trust to provide information to the Patient Participation Group about their service. (Recovery College is an initiative commissioned by Tower Hamlets Council to support mental health patients to learn mechanisms and techniques to better manage their mental health).

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by providing appointments from 8:00am to 8:00 pm seven days per week. Information was available in different languages and for those with a learning disability and a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 92% and five year olds from 83% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 31 patient Care Quality Commission comment cards we received included positive comments 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. Three cards also included comments about long waiting times at the walk-in centre.

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

Results from the national GP patient survey showed that although patients said they had trust GPs and nurses, they did not always feel they were treated with compassion, dignity and respect. The practice was lower than average for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 71% 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%.
- 70% of patients said the GP gave them enough time. (CCG average 80%, national average 87%).
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).
- 92% of patients said they had confidence and trust in the last GP they saw. (CCG average 92%, national average 95%).
- 94% of patients said they had confidence and trust in the last nurse they saw. (CCG average 93%, national average 97%).

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 less positively to questions about their involvement in planning and making decisions about their care and treatment.

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 61% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 64% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice had undertaken an analysis of the survey results and this had been discussed at a partners meeting. An action plan had also been developed which sought to address areas where scores were lower than average. For instance, the practice had looked at the how GPs behaved during consultations and had emphasized to GPs, the need to maintain eye contact with patients and the benefits of recapping with a patient in order to ensure the patient had

Are services caring?

been listening carefully. Other actions taken included providing consultation skills refresher courses and reviewing the process of booking longer appointments for patients with multiple conditions.

The practice had sought to assess the impact of these actions by undertaking a second patient survey during October and November 2016. This survey had received 277 responses, almost four times as many as had been received through the national GP survey and responses indicated that patient satisfaction had improved. For instance, in the second survey 81% of patients said the last clinician they saw was good at involving them in decisions about their care compared to 61% in the national survey whilst 84% said that clinicians gave them enough time compared to 70% in the national survey.

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

- Staff told us that interpreter and translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 113 patients as

carers (less than 1% of the practice list). The practice had a GP lead for carers and a health care assistant who was a designated Carer's Champion. Carers were offered seasonal flu vaccinations and annual health checks and the Carer's Champion told us they helped patients to access support organisations and counselling where this was helpful. A patient support worker had been recruited to provide extra support to patients who were also carers and this person had recently joined the board of Healthwatch Tower Hamlets to represent the interests of carers. The patient support worker was based in the reception area and actively sought to identify patients who might benefit from additional support. For instance, we observed two patients being helped to complete forms and another being assisted to a consulting room for an appointment. We saw evidence that the carers champion and the patient support worker helped patients to understand and access a wide range of services and support that was available to carers. For instance, a practice specific Carer's Directory had been produced. This provided details of practical and financial support available such as the Carer's Allowance scheme and carer's protected rights under the Carer's Act 2014 as well as information about free support for families and friends caring for someone affected by conditions including mental illness, cancer, strokes and old age. Members of staff supporting carers had undergone DBS checks prior to undertaking these roles.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice was open between 8:00am and 8:00pm every day including Saturdays and Sundays and services available during these times included GP appointments, cervical cytology screening and childhood immunisations. Between 6:30pm and 8:00pm from Monday to Friday and 8:00am and 8:00pm on Saturday and Sunday, the practice was one of four hub locations provided by the local CCG.
- There were longer appointments available for patients who needed them including those recently diagnosed serious illnesses, patients with complex conditions and patients with a learning disability. These longer appointments were available with GPs, nurses and health care assistants.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included patients with long term conditions and in addition to home visits by a GP, visits were also available by nurses and health care assistants and could be arranged for health checks, care planning reviews, phlebotomy and annual flu vaccinations.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice was located adjacent to a major employment area which had a daily influx of over 100,000 people, many of whom found it difficult to attend appointments at their own GP practices. The practice had responded to this by successfully applying for an Alternative Provider Medical Services (APMS) contract to provide a Walk-in-Centre which was also open from 8.00am to 8.00pm every day including Saturdays, Sundays and bank holidays. (Alternative Personal Medical Services are time limited, locally agreed contracts between NHS England and a provider, usually, though not necessarily, a GP practice). This service was available to the general public and appointments were not required. Care was primarily

delivered by advanced nurse practitioners who had qualified as independent prescribers although a GP was always on-site when the clinic was open. The practice told us this had been attended by over 13,000 patients in 2015.

- The practice had been part of a Barts Health pilot scheme to provide a dedicated sexual health clinic at the practice between 5pm and 7pm every weekday evening but this scheme had come to an end in October 2016. When the scheme finished, the practice told us they had worked with the other practices in the Healthy Island Partnership to continue providing the services that had been provided in the dedicated clinic. The practice ensured that suitable clinicians were available until 8pm so that patients who were unable to attend the surgery during normal office hours could access this service. We saw records which indicated that for the period between July and September 2016, the practice had provided sexual health screening services for 286 patients.
- The practice provided online access to appointments and prescription requests and had actively promoted this to patients including a visible promotion during 'Tower Hamlets Get Online Week' (October 2016). We were told that to date, 47% of the practice population (19,000 patients) had registered to use online services and of this number, 22% had been identified as regularly using online access to make appointments or request repeat prescriptions.
- In addition to accessing the appointment system in person, by speaking on the telephone and using the online system, patients could use any standard push button telephone to access an automated telephone system. This allowed patients to use the keypad to make or cancel GP appointments without the need to speak with a receptionist.
- The practice allowed patients with long term conditions to arrange appointments up to six months in advance with no restrictions.
- The practice offered telephone consultations for patients who were unable to attend in person or who were unsure if their condition required a visit to the surgery.
- The practice provided an online consulting facility which meant that patients could get advice without visiting the practice. This service used a guided process to provide

Are services responsive to people's needs?

(for example, to feedback?)

general information about conditions and medicines which are available without prescription as well as access to personalised advice from a GP. We were told this was used by an average of 20 patients every week.

- The practice was co-located with a community pharmacy and worked with pharmacists to provide a dossett box service to patients who benefitted from this.
- The practice had invested in a computer product to help manage patient recall appointments. This had enabled the practice to identify patients with multiple conditions and coordinate their appointments in order to reduce the number of times patient's needed to visit the surgery.

The practice population was drawn from a diverse range of ethnicities and nationalities and approximately 70% of the practice population was under the age of 40. The practice had tailored services to meet the needs of individual patients and delivered these in a way to ensure patients could have flexibility, choice and continuity of care at primary care level.

- One of the GPs had trained as an Ear, Nose and Throat (ENT) specialist and held a weekly three hour clinic for patients who required specialist advice in this area. The practice operated an internal referral system for this clinic so patients requiring this specialist advice did not have to be referred to secondary providers. This meant that the waiting time for patients to see an ENT specialist had been reduced to one to two weeks and patients did not to travel out of the local area. The practice had audited this service and had provided evidence to demonstrate that for the period between November 2012 and November 2016, over 1,200 patients had been referred and a total in excess of 1,900 appointments had been provided. We saw evidence that the practice's ENT referral rate to secondary care for 2015/2016 was 28 per 1000 patients compared to the CCG average of 57 per 1000 patients.
- Two GPs had trained as specialists in dermatology and accepted internal referrals from other GPs at the practice. We saw evidence that the practice's dermatology referral rate to secondary care for 2015/2016 was 38 per 1000 patients compared to the CCG average of 77 per 1000 patients.
- The practice was co-located with a Barts Health managed freestanding maternity and birth unit. One GP had trained as a community gynaecologist and could also perform ultrasonography examinations.

Arrangements were in place to access specialist advice and support from a consultant obstetrician when this was needed. This meant that many patients were able to receive continuity of maternity care from the practice's premises. The practice's referral rate to secondary care for gynaecology in 2015/2016 was 76 per 1000 patients compared to the CCG average of 86 per 1000 patients.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice population was drawn from a diverse range of nationalities and the practice had responded by providing links to detailed information about vaccinations required for over 200 separate destinations. A practice specific form was available which helped patients understand, plan and book appointments for travel vaccinations.
- There were disabled facilities, a hearing loop and translation services available. The practice website had been designed to include an online translation tool which could automatically translate every element of the website into any of over 100 languages. The practice had recently started using an analysis tool to identify when and how frequently the website was translated and the languages into which it was translated and were using this to plan future services.
- The practice had a significant population of Somalian patients and had recognised that many patients in this group found it difficult to access services using the online portal. The practice had approached a local Somalian community group to help understand any specific barriers inhibiting patients from using this service. A volunteer advisor from the community group had been trained by the practice on how to access online services including ordering repeat prescriptions, making and cancelling appointments and accessing health screening information. The volunteer advisor provided tutorial sessions at the community group and included patients from other providers in these sessions. The practice told us this had already seen an increase in the level of online access by Somalian patients though the precise number of patients accessing because of the tutorials had not been measured.
- There was a weekly joint GP and health visitor baby clinic for six week checks for mothers and babies

Are services responsive to people's needs?

(for example, to feedback?)

meaning baby checks and post-natal checks could be done at the same appointment. This reduced the number of visits new parents needed to make and reduced the amount of time spent in the waiting area.

- The practice had arranged for a benefits advisor to hold clinics at the practice for two days every month and bookable appointments were available for this service. In the previous 12 months, the benefit advisor had provided support to 67 patients at the practice.

Access to the service

The practice opening hours for the surgery were between 8:00am and 8:00pm every day including weekends. The practice also provided a walk-in-service which was open between 8:00am and 8:00pm every day and this also included public holidays.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Text message reminders of appointments were sent to patients who had agreed to receive them.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 71% of patients said they could get through easily to the practice by phone compared to 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.

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 including posters in the waiting area.

The practice had recorded 32 written and verbal complaints in the previous 12 months. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We looked at seven complaints and found that these had been handled in line with the practice procedure. For instance, we saw one complaint where a patient had develop an allergy to a medicine which had been prescribed. The practice had undertaken an investigation and had added a note to the patient record to ensure the medicine was not prescribed to the patient again.

Are services well-led?

Outstanding 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

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

Governance arrangements

The leadership, governance and culture of the practice was used to drive and improve the delivery of high-quality person-centred care. Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed.

- Each of the six partners held executive responsibilities for a specific clinical and business area. There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The management structure of the practice was presented using an organogram which included details of individual responsibilities and this was displayed throughout the practice meaning that staff could easily see where to seek managerial advice.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and this was supported through a highly structured meeting calendar.
- 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.

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.

There was a systematic approach to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. The practice had joined with three other practices in the local area to form the Healthy Island Partnership. The partnership had agreed a mission statement to 'ensure that all the residents of Isle of Dogs have access to a good quality of life, through improved health and well-being, equitable and co-ordinated access to local primary and community health services'. The practices worked together to provide extra clinical services in the area including clinics for diabetes, hypertension and anticoagulation and had collaborated on a continued programme of health education and promotion. For instance, GPs and nurses from the practice had attended a local children's centre to talk with parents about topics including managing asthma, oral hygiene and childhood immunisations.

The practice had a track record of undertaking pro-bono activities outside the surgery. For instance, the practice had been instrumental in a campaign to raise money as well as supplies of toiletries, clothing, food and sleeping bags for resident at a refugee camp in France and staff from the practice had provided transport for, and on-site assistance with, the distribution of the supplies. One GP had also recently spent two weeks working at a medical camp in Uganda supporting a campaign to improve rates of immunisation in an impoverished community. Staff at the practice told us they were particularly proud of these activities and that they were typical of the caring environment at the practice.

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

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

Are services well-led?

Outstanding



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

- 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 we spoke with demonstrated high level of staff satisfaction. Staff told us they were proud to work at the practice and told us they felt fully involved in defining the vision of the practice and delivering its aims and objectives.

- Staff told us the practice held regular team meetings. Dates of meetings were clearly laid out in a practice calendar which included team meetings, management meetings, interdepartmental meetings and whole practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held by the practice, the most recent of these had involved a boat cruise on the River Thames.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had put a salary bonus scheme in place and this was accessible to all staff. Criteria for accessing the bonus pool were agreed during annual appraisals so staff could readily identify areas where higher performance would be rewarded. For instance, in the current financial year, some staff could achieve an element of the bonus through improved punctuality and attendance at work whilst other staff could earn a bonus by contributing to an increase in uptake of health screening programmes. For instance, we saw evidence that showed the uptake rate for seasonal flu vaccination amongst pregnant women had risen from 32% to 58% in the five years the staff bonus scheme had been in place.
- Doctors at the practice were supported through a monthly peer support group meeting which was attended by all 15 GPs at the practice. As well as having the opportunity to discuss professional experiences and share learning, meetings also included a peer to peer review element during which GPs would review and provide feedback on each other's consultation notes, prescribing and referrals.

The practice had a track record of providing career progression opportunities for staff and had encouraged and supported staff to engage with ambitious training programmes. The practice also participated in wider training initiatives for clinicians as well as for younger people not in education or employment.

- For instance, the practice had encouraged and supported a medical secretary to train as a nurse and had re-employed them as a practice nurse on completion of their training. A receptionist had been trained to become a healthcare assistant and was now the senior member of that team, whilst one of the advanced nurse practitioners had been selected as a Darzi Fellowship participant (The Darzi Fellowship Programme is a prestigious, high profile leadership development programme run in association with the London Southbank University). Two practice nurses had been supported to undertake nursing degrees whilst employed at the practice.
- The practice also provided training opportunities for clinical staff from outside the practice. As a supporter of the 'Open Doors' practice nurse training programme, the practice had trained three nurses to move from secondary care to practice nursing. Two of these nurses had been recruited as practice nurses at the practice on completion of their training. The practice had also provided training and formal clinical supervision for a pharmacist undertaking training as a community pharmacist.
- The practice had joined with two local charities to design and deliver a structured apprentice scheme for people who were not in education or employment and people in vulnerable circumstances who needed extra support to develop confidence entering or re-entering the workplace. This involved a supervised and documented one year training programme with a final assessment which led to an NVQ Level 2/3 in Business Administration and Customer Services. Five graduates from this scheme had been recruited to full time positions at the practice.
- The practice provided work placement opportunities to students from local schools and as part of this programme, offered one to one mentoring support during 2 or 3 week placements.

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

Are services well-led?

Outstanding



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

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 undertaken a patient survey during October and November 2016 and had received 277 responses. The practice used feedback from this survey to review existing services and plan for the future. For instance, during the most recent survey, patients had been asked how they normally booked appointments and this had shown that just 21% of patients arranged appointments in person, 51% arranged appointments by speaking on the telephone whilst the number who arranged appointments either online or by using the automated telephone system had risen to 27%. This information was being used by the practice to inform the recruitment plan for 2017/2018.
- The practice had undertaken a patient survey of the walk-in service during August and September 2016. Two hundred and eighty eight forms were distributed and 280 responses had been received. The practice had analysed results and had identified areas where improvements could be made. For instance, the practice had noted that 100% of patients were seen within the target time of four hours, with 99% being seen within two hours. A number of respondents said that there were issues with the waiting area experience. Patients had commented on the lack of information about current waiting times and the failure to provide any distractions to make long delays more bearable. The practice had responded to this feedback by arranging for waiting times to be displayed on the electronic screen in the waiting area and had briefed reception staff to advise patients about any delays on arrival. A well-known health food retailer had agreed to provide reading material for the waiting area and a new digital television screen had been acquired to make the waiting area more comfortable for patients. A further survey had been planned to assess the impact of these changes

- The practice had an active patient participation group (PPG) who had been meeting regularly for over five years and members we spoke with told us they had been involved in developing the practice mission statement and articulating the values of the practice. The group assisted in patient surveys and feedback analysis and were involved in developing proposals for improvements to the practice management team. A recent example of PPG activity was its role in reviewing the levels of patient non-attendance at appointments, often known as the 'Did Not Attend' (DNA) rate.
- The practice had gathered feedback from staff through staff away days and generally 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.
- The practice had made extensive use of social media to communicate with patients and used this to promote health screening, news items, PPG meetings and highlight concerns such as effect of DNA on service delivery and the cost of this to the NHS.

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 regularly worked in partnership with community organisations including children's centres, schools, sheltered accommodation and community centres to deliver education events directly to specific target groups. The practice had a clear idea of the challenges ahead and supported GPs to train in areas of special interest to deliver enhanced care pathways closer to home for its patients.