

Pitshanger Family Practice

Quality Report

209 Pitshanger Lane
Ealing
London
W5 1RQ

Tel: 020 8997 4747

Website: www.pitshangerfamilypractice.nhs.uk

Date of inspection visit: 21 December 2017

Date of publication: 09/02/2018

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

(Previous inspection January 2015 - The practice was rated as good overall).

The key questions are rated as:

Are services safe? - Good

Are services effective? - Good

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People - Good

People with long-term conditions - Good

Families, children and young people - Good

Working age people (including those recently retired and students - Good

People whose circumstances may make them vulnerable - Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Pitshanger Family Practice on 21 December 2017. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Pitshanger Family Practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

The areas where the provider **should** make improvements are:

- Review the system in place to improve the management of blank prescription forms.
- Review and monitor the system in place to ensure all national safety and medicines alerts are received and acted on.
- Review and improve the systems in place to effectively monitor and improve patient outcomes for patients with long term conditions.
- Ensure a response to complaints includes information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Pitshanger Family 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.

Background to Pitshanger Family Practice

- Pitshanger Family Practice is located in a residential area of Ealing. The practice provides primary medical services through a General Medical Services (GMS) contract to approximately 3,100 patients in the local area (GMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services).
- Services are provided from: 209 Pitshanger Lane, Ealing, London, W5 1RQ.
- Online services can be accessed from the practice website: www.pitshangerfamilypractice.nhs.uk.
- There are two GP partners, a salaried GP and a long term locum GP. Three GPs are female and one male, who work a total of 10 sessions per week. The practice employs two practice nurses and two health care assistants. The practice manager is supported by a team of administrative and reception staff.
- The practice offers 95 appointments per 1000 registered patients per week. The practice had achieved the target set by the Ealing Standard.
- The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.
- The practice population of patients aged between 5 to 9 and 30 to 25 to 49 years old is higher than the national average and there is a lower number of patients aged between 0 to 4, 10 to 24, 65 to 74, and aged above 80 years old compared to national average.
- Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 32% of the population is composed of patients with an Asian, Black, mixed or other non-white backgrounds.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely. On the day of inspection we saw there was a system in place to monitor the use of blank prescription forms for use in printers but these were not correctly recorded and tracked through the practice at all times.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Are services safe?

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- We reviewed records of seven significant events and incidents that had occurred during the last 16 months. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we

- reviewed two significant events which highlighted administrative errors when handling pathology samples. We saw the practice had investigated the incidents and reviewed the operating procedure to ensure this did not happen again. All members of staff were reminded to follow the correct procedure and cross check the paperwork when handling the pathology samples.
- On the day of inspection, we found there was a system for receiving and acting on safety alerts. We saw the practice had started to maintain the log of safety alerts received from October 2017. The practice informed us they had previously received and acted on safety alerts but did not maintain the record. A day after the inspection the practice had sent us a log of safety alerts received by the practice in the last 14 months. However, we noted some medicine safety alerts were missing from the log. For example, a medicine safety alert for a medicine used to prevent and treat seizures had not been included in the log and there was no evidence that the practice had carried out searches to identify patients at risk. From those records we reviewed on the day of inspection there was no evidence of harm to individual patients.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population group except for people with long-term conditions population group which we rated as requires improvement.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Performance for the daily rate of prescribing of Hypnotics (medicines used to treat insomnia) was 0.52 which was below the CCG average of 0.59 and the national average of 0.98.
- Performance for the daily rate of prescribing of all antibacterial medicines was 0.81 which was comparable to the CCG average of 0.82 and the national average of 0.98.
- Performance for the percentage of antibiotic medicines prescribed that were Cephalosporins (usually prescribed for patients undergoing dialysis) or Quinolones (used to treat infections) was 9% compared to the CCG average of 5% and the national average of 5%. The practice was aware of the high percentage of antibiotic medicines prescribed and was working with CCG pharmacist to improve in this area.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over 75 care plans were merged with the

frailty risk score. The practice had completed 211 care plans since April 2016. During the current year, the practice had completed 95 care plans, out of which 71 patients were over 75 years old.

- The practice followed up on older patients discharged from the hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- In 2016-17, the practice had referred 43 patients to the local home ward service (funded by the local CCG) in order to avoid a hospital admission for elderly at risk patients.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

The overall performance for diabetes related indicators was below the CCG and national averages. The practice had achieved 70% of the total number of points available, compared to 90% locally and 91% nationally. Exception reporting was 10% compared to the CCG average of 11% and the national average of 11%. The practice had a lower prevalence of diabetes than the national average (practice 5%; national 7%). Specifically, we found:

- The percentage of patients with diabetes, on the register, in whom the last HbA1c is 59 mmol/mol or less in the preceding 12 months was 55% (CCG average 70%; national average 72%) with an exception reporting of 8% (CCG 12%; national 12%). However, we noted during the current year 2017-18, the practice had achieved 56% of the total number of points available.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 56% (CCG average 76%; national average 78%) with an exception reporting of 8% (CCG 9%; national 9%). However, we noted during the current year 2017-18, the practice had achieved 63% of the total number of points available.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol

Are services effective?

(for example, treatment is effective)

(measured within the preceding 12 months) is 5 mmol/l or less was 65% (CCG average 75%; national average 80%) with an exception reporting of 7% (CCG average 9%; national 13%).

We looked at current systems in place to recall patients for annual review and saw that patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.

We found the overall performance for asthma-related indicators was 100% which was above the CCG average of 98% and the national average of 97% and the overall performance for COPD-related indicators was 87% which was below the CCG average of 97% and the national average of 96%. For example:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 71% (CCG average 79%; national average 76%) with an exception reporting of 5% (CCG average 4%; national average 8%).
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 82% (CCG average 93%; national average 90%) with a low exception reporting of 3% (CCG 9%; national average 11%).

Patient outcomes for hypertension-related indicators was below the CCG and national averages. For example, the overall performance for hypertension was 66% (CCG average 98%; national average 97%).

- The percentage of patients with hypertension having regular blood pressure tests was below the CCG and national average. The practice had achieved 64% of the total number of points available, compared to 83% locally and 83% nationally. Exception reporting was 4% compared to the CCG average of 4% and the national average of 4%. However, we noted during the current year 2017-18, the practice had achieved 60% of the total number of points available.

Families, children and young people:

- Childhood immunisation rates for the vaccines given in 2015-16 were below the national averages. For children under two years of age, four immunisations were

measured; each had a target of 90%. According to the data available to the care quality commission, the practice had not achieved the target in any of the four areas and the practice scored was ranged from 75% to 88%. However, on the day of the inspection, the practice had provided recent data which was ranged from 91% to 95%.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

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

- The practice's uptake for cervical screening was 74%, which was below the 81% coverage target for the national screening programme. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was an appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- Data from 2016-17 showed performance for dementia face to face reviews was above the CCG average and national average. The practice had achieved 91% of the

Are services effective?

(for example, treatment is effective)

total number of points available, compared to 88% locally and 84% nationally. Exception reporting was significantly high (21%) compared to the CCG average of 7% and the national average of 7%.

- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average (92%) and national average (90%). Exception reporting was 3% compared to the CCG average of 11% and the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 77% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, compared to 93% locally and 91% nationally. Exception reporting was 6% compared to the CCG average of 8% and the national average of 10%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results for the period 1 April 2016 to 31 March 2017 were 89% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and the national average of 96%. The overall exception reporting rate was 9% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- Performance for mental health related indicators was below the CCG and national average. The practice had achieved 84% of the total number of points available, compared to 94% locally and 94% nationally. Exception reporting was 7% compared to the CCG average of 10% and the national average of 11%.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

- There had been eight clinical audits commenced in the last two years, two of these were completed audits, where the improvements made, were implemented and monitored.
- The practice used information about care and treatment to make improvements. For example, we saw evidence of repeated audit cycle of patients with atrial fibrillation (AF) (AF was a heart condition that caused an irregular and often abnormally fast heartbeat that could lead to blood clots, stroke, heart failure and other heart-related complications) not receiving anti-coagulation treatment (anticoagulants medicines were used to reduce the body's ability to form clots in the blood and prevent stroke).
- The aim of the audit was to identify and offer treatment to the patients with AF who required anti-coagulation treatment. The initial audit demonstrated that 58% of patients with AF were receiving anti-coagulation treatment. The practice reviewed their protocol and invited patients for medicine reviews. We saw evidence that the practice had carried out follow up audit which demonstrated improvements in patient outcomes and found 100% AF patients were receiving anti-coagulation treatment.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from the hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Data from 2015-16 showed, in total 61% of patients eligible had undertaken bowel cancer screening and 68% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 73% respectively.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

The staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- Consultation and treatment room doors were closed during consultations. However, conversations taking place in one of the consulting rooms could be overheard. The practice was aware of this issue and had already booked an appointment to carry out the remedial work to improve the sound proofing.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Two patients and a member of the patient participation group (PPG) we spoke with were also happy with the service. Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and sixty-four survey forms were distributed and 95 were returned (a response rate of 36%). This represented about 3% of the practice population. The practice results were comparable or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.

- 97% 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%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 85% of patients said the nurse was good at listening to them compared to the CCG average of 85% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared to the CCG average of 85% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 94% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The practice had analysed the national GP patient survey results and developed an action plan in response to areas where improvement had been identified. For example, the practice had planned additional support for the nursing staff and reviewed the practice's opening hours.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about the multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice had identified patients who were carers. The practice had identified 53 patients as carers (1.7% of the practice list). The practice's computer system alerted GPs if a patient was also a carer.

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced 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.

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 mostly in line with local and national averages:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 90%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice offered extended opening hours, online services such as repeat prescription requests and booking of online appointments.
- The practice had launched a new website in December 2017. Over 25% of the patients were registered for the online access.
- The practice had installed a touch screen check-in facility to reduce the queue at the reception desk.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms and was visible from reception. There was enough seating for the number of patients who attended on the day of inspection.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had reviewed the opening hours and added an additional 10 hours per week to improve the access.
- There were accessible facilities, which included a disabled toilet and baby changing facility. A hearing induction loop was not available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice sent text message reminders of appointments and test results and used text messages to promote the NHS Friends and Family Test (FFT).

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice had regular interaction with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- An anti-coagulation clinic was offered onsite, resulting in patients who required this service not having to travel to local hospitals. (An anticoagulant is a medicine that stops blood from clotting).
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening hours on Thursday from 7.30am to 8am and 6.30pm to 7.30pm.

Are services responsive to people's needs?

(for example, to feedback?)

- In addition, the patients at the practice were offered extended hours appointments through a locality hub Monday to Friday from 6.30pm to 8pm, Saturday and Sunday from 8am to 8pm at three local locations. This extended hours service was funded by the local CCG.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- There was a system for flagging vulnerability in individual patient records.
- All clinicians had received female genital mutilation (FGM) and prevent training.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was closely working with a primary care mental health counsellor.
- The practice was pro-actively monitoring the increasing prevalence of children's mental health disorders especially with respect to the effects of social media, bullying, self-harm and eating disorders.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice was open from 8am to 6.30pm Monday to Friday. The practice offered a range of scheduled

appointments to patients from 8.30am to 5.30pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

- The appointment system was easy to use and pre-bookable appointments could be booked up to four weeks (via online) or two weeks (via telephone or walk-in) in advance.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. For example:

- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 71%.
- 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 84%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 69% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.
- 82% of patients said they have to wait 15 minutes or less after their appointment time compared with the CCG average of 55% and the national average of 64%.
- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 82% of patients said they would recommend this practice to someone new to the area compared with the CCG average of 69% and the national average of 77%.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. However, improvements were required.

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last 12 months. We reviewed three complaints and found that they were satisfactorily handled in a timely way. However, complaint responses did not include information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice had reviewed their record sharing protocol following patient feedback.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff employed by the practice received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

Good 

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

- The practice had processes to manage current and future performance. Practice leaders had oversight of MHRA alerts, incidents, and complaints. However, some improvements were required in streamlining the processes related to MHRA alerts.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For

example, the practice's opening hours had been reviewed and a television information screen had been installed in the waiting area following feedback from the patients.

- The practice had carried out an internal survey in April 2017.
- The practice had published an annual newsletter in summer 2017.
- The practice had established a virtual patient participation group (PPG). We spoke with a PPG member who was positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice was taking part in a local project (cohort of 10 local practices) in with the aim to improve the general productivity at the GP service and streamline the processes.
- The practice was taking part in a workflow optimisation training programme (eight weeks duration). This aim of this programme was to implement a streamlined document handling system to eliminate duplication and reduce the volume of correspondence that GPs dealt with. This process would be operated by a trained administrative staff member with regular oversight by one of the GPs and the process would be routinely audited.
- The reception staff had completed advance reception training.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.