

Leeds Student Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Leeds Student Medical Practice on 25 May 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised and incidents were shared with the Leeds West Clinical Commissioning Group (CCG).
- 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.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Feedback from patients about their care was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the University's pastoral services and the CCG to develop the mental health service.

Summary of findings

- The practice proactively sought feedback from patients and the active Patient Reference Group (PRG) using a range of social media which it acted on.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The practice held daily 'Tea and Toast' sessions to support team working, communication and increase morale across the team.
- The practice had developed an in house mental health team, to offer early interventions to patients. The programme focussed on the treatment of mild to moderate anxiety and depression with an emphasis on guided self-help. The practice had developed pathways to identify the most appropriate use of local services. Patients experiencing mild to moderate anxiety and depression or eating disorders were offered appointments with the practice mental health workers. Patient feedback showed the service was rated very highly.

We saw areas of outstanding practice including:

- The practice had a day care assessment facility within the building, with three beds which was overseen by a healthcare assistant. This provision enabled the practice to assure themselves that patients were well before they returned home.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was a clearly defined, embedded and effective system in place for reporting and recording significant events. Learning was based on a thorough analysis and investigation of significant events, and information about safety was highly valued and was used to promote learning and improvement. Lessons were shared to make sure action was taken to improve safety in the practice.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and the practice used every opportunity to learn from internal and external incidents to support improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff across areas such as medicines management, staff and premises.
- 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. There were sufficient numbers of appropriately trained staff in place to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) and other locally agreed guidance, and that the practice used these guidelines to positively influence and improve outcomes for patients.
- The practice used clinical audits to demonstrate quality improvement to the benefit of its patients.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes in key areas were at or above average the national average.

Good



Summary of findings

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

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example 100% of patients said the last GP they spoke to was good at treating them with care and concern, and 92% of patients said they found the receptionists at the practice helpful. Feedback from patients about their care and treatment was consistently positive and we observed a strong patient-centred culture.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. We found many positive examples to demonstrate how patient's choices and preferences were valued.
- The practice provided a three bed, day assessment unit for those patients who required a short period of observation following procedures such as injections or patients who were too ill to travel home immediately. This provision enabled the practice to assure themselves that patients were well before they returned home.
- Views of external stakeholders were very positive and aligned with our findings.
- Information for patients about the services available was easy to understand and accessible.

Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations including NHS England, the Leeds West Clinical Commissioning Group and the local community in planning how services were provided to ensure that they meet patients' needs.

Outstanding



Summary of findings

- The practice also worked closely with the universities and attended 'Fresher's Week' at the Universities. They proactively encouraged students to register with the GP service. They also gave information and explanations around how to use services effectively.
- Feedback regarding access to the surgery and the patients experience of the surgery was excellent and above local and national averages. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with appointments available the same day.
- The practice offered a comprehensive mental health service for its patients and had developed the mental health workers roles.
- The practice had developed innovative services that were tailored to the individual needs of the patient group. For example, a three bed day care assessment facility was provided which was overseen by a healthcare assistant. This provision enabled the practice to assure themselves that patients were well before they returned home. The unit was used on a daily basis, and one of the rooms was in use on the day of the inspection. The practice informed us that feedback from patients was positive.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient reference group. For example, changes and improvements to the appointment system which was constantly under review, and the provision of same day appointments. The PRG also worked with the practice to restructure the reception area and to provide a student newspaper.
- Patients could access appointments and services in a way and at a time that suited them. For example the practice was open from 7am to 7pm every weekday and patients could be seen face to face and consultations took place via the telephone.
- The practice discussed with us their future development plans and were looking to introduce digital health consultation via the internet.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

- The practice had initiated positive service improvements for its patients and used innovative methods to raise awareness of services, for example their 'Pink Weeks' to promote cervical screening where all staff would highlight this issue and wear pink t-shirts.
- In 2015/16 the practice focussed on increasing the uptake of retinal screening for at risk patients and succeeded in increasing the rate from 38% to a 79% uptake by 31/03/2016. The practice established links with the Retinal Screening service and arranged evening clinics at the surgery.
- The practice held additional child vaccination clinics around registration time for children and gave patients the opportunity to update vaccinations missed earlier in childhood.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. A strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a clear leadership structure and staff felt supported by management.
- 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 systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice had a number of policies and procedures to govern activity and held regular governance meetings. .
- High standards were promoted and owned by all practice staff and teams worked together for the benefit of patients.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient reference group which influenced practice development. An example of this was their input into the restructuring of the reception area and the provision of the student newspaper.
- The provider was aware of and complied with the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty.

Outstanding



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels as evidenced by their succession planning and teaching and learning schemes. The practice also used outside agencies for benchmarking and had commissioned a Medical Protection Society safety audit.
- A staff newsletter was produced at the start of each academic term
- A patient newsletter was produced three times a year.

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

This group includes patients within the population who are aged 75 and over. The practice does not have anyone registered with them at this current time in this age group.

Therefore the care given to this population group has not been rated.

- We saw evidence that the clinicians at the practice have the skills and abilities to manage patients in this age group should they choose to register with the practice.
- At their appraisal clinical staff were encouraged to become familiar with current guidelines for older people.

People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions (LTC).

- The care for patients with long term conditions had a different focus than most general practices due to the demographics of the population. The practice managed conditions such as inflammatory bowel disease, connective tissue disease, dermatological issues and the long term complications of cancer or transplant treatments.
- Patients who were university students were often under the care of specialists in their home area, or they become ill while they are studying. The practice recognised their role in care coordination which included keeping all relevant professionals up to date with current treatments.
- There were templates to record patient details and care plans were produced for patients to take home when they went on vacation to support continuity of care. The practice had a system to send copies of blood test results and current medications prescribed to specialists involved in the patients care. They also offered a copy of clinic and referral letters to the patient which they could share with others if required. This improved safety when monitoring, for example with immunosuppressant treatments.
- We saw evidence of close links with specialists in the adolescent cancer services in Leeds.
- Arrangements were in place for patients attending university for the first time to access support from the Young Person's Transition Service in the diabetic clinic.

Outstanding



Summary of findings

- In 2015/16 the practice focussed on increasing the uptake of retinal screening and succeeded in increasing the rate from 38% to a 79% uptake by 31/03/2016. The practice had established links with the service and arranged evening clinics at the surgery.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Fifteen minute appointments were the norm and home visits were available when needed.
- All patients had a named GP and were offered 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. The practice implemented the Year of Care (YoC) model which supports improving care for people with long-term conditions (LTCs) in the NHS, by involving the patients in their care and supporting them to self-manage. The practice had offered additional training for staff directly involved in the YoC.
- The practice developed an in house training session regarding Asthma as there was no e-learning programme available. They undertook an audit of A & E attendances, recruited an additional asthma trained nurse, provided spirometry training for the HCA, and a review of asthma management protocols in order to improve the management and follow up of patients with asthma.
- The 2015/16 Clinical Commissioning Scheme was based on breast, bowel and cervical screening and the practice aim was to increase screening by 10%. They launched their initiative during their 'pink week' devoted to cervical screening and worked jointly with four other local practices.
- GPs undertook monthly reviews of unplanned admissions with 1% of the practice list identified as at risk. Care plans were reviewed every three months and clinicians followed up patients who were admitted to hospital.
- There was a three bedded assessment bay (day care only) in the practice with an HCA in attendance. This provision was used to monitor patients who it was felt needed a period of monitoring or were not well enough to go home following treatment.

Families, children and young people

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

Outstanding



Summary of findings

- The practice coordinated the care of families and children with the midwives and health visitors and offered the appropriate vaccinations.
- In the event that there was not a same day appointment available to book when requested, all children would be seen on the day by the practice on-call team.
- The practice cervical screening rate for females between 25 – 64 were very low at 21% compared with the CCG average of 75% and the national average of 82%. Patients in the cervical screening age group were often international students or their dependents who were not aware of the benefits of this screening. To encourage patients to have a cervical smear the practice ran a 'pink week' campaign once every term. The practice provided evidence to show that following their 'Pink Week' initiatives the number smears taken in the following two week increased significantly.
- 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.
- We were told that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Approximately 1% of registered patients were below the age of 15 and the practice recognised the challenge of the co-ordination of international children's vaccinations. However, practice immunisation rates were comparable for most standard childhood immunisations ranging from 59% to 95% for children 24 months and under, and from 59% to 100% for children five years old. The practice opportunistically updated vaccinations missed in earlier childhood.
- Additional targeted immunisation clinics were undertaken at registration time.

Working age people (including those recently retired and students)

The practice is rated as outstanding for the care of working age people (including those recently retired and students). There were no retired or recently retired patients registered with the practice.

- The needs of the working age population and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, same day and telephone appointments.

Outstanding



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice held an “Access Group” meeting weekly which reviewed patient demand for appointments. This group would then plan appointments and staffing requirements proactively.
- In September 2013 the practice reviewed its appointment system and implemented ‘same day’ only and 15 minute appointments. This was done in response to concerns that the patient population had varying degrees of understanding about when it was important to seek medical attention. The practice implemented same day appointments to allow a greater opportunity to choose to attend on the day, when it was convenient for patients.
- The practice was open Monday to Friday from 7am to 7 pm.
- The practice held regular meetings with the Student Wellbeing Team.
- Enhanced access was provided every Saturday morning by two GPs, two nurses, two receptionists, one HCA and one mental health worker. Between November 2015 and February 2016, 223 patients were seen by a doctor, 220 by a nurse, 104 by an HCA and 37 by the mental health worker.
- We saw evidence of good uptake rates with a robust recall system.
- An in house sexual health clinic provided a full range of contraceptive choices. A team member was available on a daily rota basis to provide specialist advice. The practice had shared their experience of providing this service at a European Society of Contraception and Student Health Association Conference, and it was recognised as best practice.

People whose circumstances may make them vulnerable

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

- The practice held a register of vulnerable patients and recognised that many patients may have moved away from their support network, be socially isolated or financially vulnerable and unsure of how to access support.
- The practice worked closely with colleagues at the Universities it supported to increase awareness of the services it offered. The practice also worked in partnership with voluntary services and the community police service to increase awareness of risk reduction programmes such as those that addressed alcohol and recreational drug awareness and the risks of sexual violence.

Outstanding



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with eating disorders.
- The practice worked with other health care professionals in the case management of vulnerable patients and 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 had identified a lead GP and nurse for safeguarding and regular safeguarding educational sessions were provided. All staff were trained to appropriate levels in safeguarding.
- Mental capacity was a significant area of concern in the practice population due predominantly to acute psychiatric illness and eating disorders.
- Female genital mutilation (FGM) awareness was raised within the team through a training session and was relevant to the patient group.

People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health.

- In response to concerns about delays in accessing support from mental health services the practice had developed a programme to offer early interventions to patients. The programme focussed on the treatment of mild to moderate anxiety and depression with an emphasis on guided self-help. Additional funding had allowed the practice to employ three Mental Health Workers. This scheme was regularly reviewed to determine how best to offer an equitable service and improve patient outcomes without duplicating services. The practice had developed pathways to identify the most appropriate use of local services. Patients experiencing mild to moderate anxiety and depression or eating disorders were offered appointments with the practice mental health workers. Patient feedback showed the service was rated very highly.
- The practice worked closely with a regional centre for eating disorders, University counselling services and community mental health services. The practice shared with us plans to develop the mental health service further.

Outstanding



Summary of findings

- The practice did not have any patients who were diagnosed with dementia.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 83% compared to the CCG and national averages of 88%
- Data showed that 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months, compared to a CCG average of 89% and the national average of 90%.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 415 survey forms were distributed and 13 were returned. This represented a response rate of 3% which significantly lower than the national average of 38%. Responses although positive, therefore represent less than one quarter of one percent of the population.

The low response rate may be due to the transient nature of the patient population, the high number of people from outside the UK and the preference of the age group for electronic communication. However, data showed:

- 100% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and national average of 76%.
- 100% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.

- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards, one which was positive about the service and one which was negative about the sexual health clinic.

We spoke to five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. There were positive comments about the same day service, but one patient commented that same day appointments could not be booked by phone. Patients also said that enough time was given during consultations.

The Friends and Family test is a survey which asks people if they would recommend the services they have used. The practice overall Friends and Family test results showed that 90% of patients would be extremely likely or likely to recommend the practice to their friends and family.

Outstanding practice

We saw areas of outstanding practice including:

- The practice had a day care assessment facility within the building, with three beds which was overseen by a healthcare assistant. This provision enabled the practice to assure themselves that patients were well before they returned home.
- The practice had developed an in house mental health team, to offer early interventions to patients. The programme focussed on the treatment of mild to

moderate anxiety and depression with an emphasis on guided self-help. The practice had developed pathways to identify the most appropriate use of local services. Patients experiencing mild to moderate anxiety and depression or eating disorders were offered appointments with the practice mental health workers. Patient feedback showed the service was rated very highly.

Leeds Student Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Leeds Student Medical Practice

The practice is based in the centre of Leeds at 4 Blenheim Court, LS2 9AE. It functions from purpose built premises with good facilities, parking and access and there are good transport links. It has a registered population of 39,000 patients, predominantly students, with approximately one third of these being international, and a turnover of 10,000 per year with the vast majority being between the ages of 15 and 30. The area in which the practice is situated is in the fifth most deprived decile. Figures show that 96% of practice patients are in paid work or full-time education compared with the CCG average of 66% and the national average of 62%.

There are over 50 members of staff covering a variety of roles including GPs, nurses, mental health care workers, health care assistants (HCAs), a practice manager, a finance manager, receptionists, and administration staff. There are seven partners six are full time and one part time. There are also eleven salaried GPs (7.75 whole time equivalents) and

2 GP registrars. There are also 19 nurses including a Lead Nurse, 12 practice nurses, 4 healthcare assistants and 3 mental health care workers. Fourteen of the GPs are female and 3 are male and all the nurses and HCAs are female.

The practice has a personal medical services (PMS) contract with the NHS and does not undertake minor surgical procedures.

The practice is training practice and is involved in the training of fully qualified doctors who wish to enter General Practice. The practice is also a teaching practice and supports medical students.

Opening times and appointments are as follows:

- The practice reception is open between 7am and 7pm Monday to Friday.
- The surgery is open for appointments, either face to face, telephone or via the intranet from 7.15 am to 5.45pm Monday to Friday. SMS text reminders are sent 24 hours before booked appointments.
- Same day appointments are available on a first come, first service basis from 8.30am daily.
- Nurse appointments are available from 7am to 7pm daily.

When the surgery is closed patients can access out of hours care provided by Local Care Direct, and patients are also directed to the NHS 111 line.

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

Detailed findings

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 25 May 2016. During our visit we:

- Spoke with a range of staff including the Project co-ordinator, admin assistant, a summariser, receptionists, the practice manager, GPs, GP trainee, lead Practice nurse, practice nurse and a health care assistant.
- Spoke with patients who used the service.
- Observed how patients were being cared for and treated in the reception area.
- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- Reviewed comment cards where patients 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, investigating and recording significant events, and the policy for incident reporting was available on the intranet. We were provided with minutes of four significant event review meetings which had been undertaken over the past year. These included details of the event, learning points and any actions taken. The meetings were attended by doctors, nurses and the practice manager. These meetings were held termly and following the audit the practice planned to include all staff. Incidents were recorded on a specific incident recording system on the computer, and the information was shared with the CCG. Learning from incidents was disseminated via the regular staff newsletter and through team meetings.

- Staff told us they would inform the practice manager of any incidents and were aware of the recording form. The incident recording form supported the recording of notifiable incidents under the duty of candour and the practice had a duty of candour policy in place. (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 significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an outcome of one significant event was that in the case of positive coeliac screen results it was essential the patient returned for a follow up appointment and in future the doctor should ask reception staff to contact the patient.

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 were trained to safeguarding level three, nurses to level two and non-clinical staff to level one. Staff also had training on female genital mutilation awareness and the practice had received an update session from the Anti-Terrorism service.
- Notices in the waiting room and around the building advised patients that chaperones were available if required and there was information on the website and practice leaflet. Only clinical staff who were trained for the role and had received a Disclosure and Barring Service (DBS) check acted as chaperones. (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). Both the clinician and the chaperone made a record on the computer template.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken, actions plans produced and implemented and we saw evidence that action was taken to address any improvements identified.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

Annual vaccine storage audits were undertaken using the Public Health England (PHE) template. Action plans were developed and the audit findings were shared with PHE.

- 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 was a system in place to monitor their use. Patient Group Directions in line with legislation had been adopted by the practice to allow nurses to administer medicines. (A Patient Group Directive is a written instruction to supply or administer medication to a group of patients who may not have been identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a Patient Specific Direction from a prescriber. (A Patient Specific Direction is a written instruction signed by a GP for medicines to be supplied or administered to a named person, after the prescriber has assessed the individual patient).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. There was an occupational health policy in place and all new recruits received immunity checks, for example hepatitis B.
- The practice had a comprehensive and informative Locum Pack covering a wide range of topics including administrative matters, using the telephone system, appointment system, test requests, referrals, in house services, prescribing and safeguarding.

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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice held a Health and Safety meeting three times per year during university vacations and copies of the minutes of these meetings were

provided. Topics discussed included fire wardens, smoke alarms, sharps procedure, cleaning of security grills and windows and portable appliance testing (PAT). The practice subscribed to a Health and Safety advice service, to ensure they kept up to date with new developments. 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 particular bacterium which can contaminate water systems in buildings).

- The practice had participated in the Medical Protection Society (MPS) scheme whereby an audit is undertaken by an outside agency to assess how well practice systems were working and improvements are suggested. The audit covered areas such as resources and training, reporting and learning, communication, leadership and teamwork. Practice performance was found to be consistently above comparable practices and regional averages. Access to the on-line report was provided and this was noted to be an on-going improvement process.
- Arrangements were in place for planning and monitoring the number 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 there were emergency medicines available in the treatment rooms on both floors.
- The practice had a defibrillator available on the premises which was checked regularly and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- 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 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 and had been tested.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 71% of the total number of points available compared to the CCG and national averages of 95%. As the demographic of the patient population is mainly university students this comparison was not wholly applicable. The practice had reviewed the use of A & E and Out Of Hours services and concluded their use was appropriate, and negotiations with the CCG had identified appropriate use of resources in relation to quality of care. Exception reporting was 12% compared to the CCG and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice had also had a very low prevalence of coronary heart disease, chronic obstructive pulmonary disease (COPD) and diabetes. Evidence was provided that showed this was due to the transient student population and their relatively good health. The practice was benchmarked by the CCG at their end of year meeting and the practice used the Student Health Association for

networking and benchmarking. This association serves as a forum in which members can discuss matters relevant to the provision, quality and effective management of student health care.

There was evidence of quality improvement including clinical audit.

- We were provided with copies of three clinical audits completed in the last year, two of these were completed audits where identified improvements had been 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, recent action taken included the updating of the practice register, identification of read codes and improvement in prescribing for gender identity patients and an audit of emergency appointments.
- The practice had a robust system including a proforma summary for recording, monitoring and identifying actions for audits undertaken in the practice.

Effective staffing

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

- The practice had an induction programme and a new starter checklist for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The Care Certificate Standards for HCAs had been included in their induction since 2015.
- 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 regular update sessions had been attended.
- 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, 1 to 1 meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to

Are services effective?

(for example, treatment is effective)

cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support. All staff had received an appraisal within the last 12 months.

- Staff received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance, and attendance was monitored with non-attendance followed up. Staff had access to, and made use of e-learning training modules and in-house training. Protected learning time had been identified, and the sharing of best practice was encouraged through informal discussion as well as formal education sessions. Staff were encouraged to develop and move into new roles within the practices as these became available.
- On appointment staff were provided with a personalised, comprehensive and informative Staff Welcome Pack which supported their induction into the practice.

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:

- Patients at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The practice provided a range of clinics including asthma, cervical smear, child health surveillance, contraception and sexuality, diabetes, mental health, sports injury and travel.

The uptake for the cervical screening programme for women between 25-64 was 25%, which was significantly lower than the CCG average of 79% and the national average of 82%. The practice age profile shows a significantly higher than average number of women between 15 and 29, and much lower than average number of women aged 30 to 64. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and through their Pink Week initiative. The practice also encouraged its patients to attend national screening programmes for 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 were slightly below the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 59% to 95% and five year olds from 59% to 100%. The practice had very few patients below the age of four years.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40 to 74 and in the last 12 months the target number of health checks was 42 with 40 completed. Admin staff

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

telephoned patients to make appointments and if there was no response they would then write to the patients. Checks were undertaken by the HCAs and results followed up by the nurses.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous, very helpful to patients and treated them with dignity and respect, and patient comments confirmed this.

- 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The two patient Care Quality Commission comment cards we received were mixed with one positive comment and one negative.

We were unable to speak with members of the patient reference group (PRG), as this is a virtual group and the face to face meeting for the term had already been held. However we were provided with copies of minutes of meetings and action plans.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses however the response rate to the GP patient survey was only 3% of those surveyed. For example:

- 100% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 100% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 100% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.
- The practice received 338 responses from the 2016 in house patient survey. Data showed that 95% of patients thought the reception staff were helpful and 96% of responders thought the last doctor they saw was good at listening to them.

Care planning and involvement in decisions about care and treatment

Patient's feedback indicated that they felt involved in decision making about the care and treatment they received. Patients said 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. We also saw that care plans were personalised.

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

- 100% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 100% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 100% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

- Staff told us, and we saw notices in the waiting room that interpreting services were available for patients who did not have English as a first language and the practice encouraged their use.
- Information leaflets were available in easy read format and could be made available in Braille format if required, through the Student Wellbeing Team, with whom the practice met regularly.



Are services caring?

- There was a hearing loop in the reception area.
- The practice complied with the Accessible Information Standards.

Patient and carer support to cope emotionally with care and treatment

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

The practice did not have any carers registered with them.

The practice had a three bed day care assessment unit staffed by an HCA where students causing concern or who

needed a period of observation could be looked after during the day. This was provided because of the vulnerability of the patients who could be away from home for the first time and living in isolation.

The practice had a caring attitude toward its staff as well as patients and involved the staff in various initiatives, the latest being the 'Biggest Loser' (weight reduction) initiative in which all staff were invited to be involved and had positive outcomes. There was a 'Tea and Toast' session every morning at 11am and all members of staff, including doctors were expected to attend. These sessions provided an opportunity to chat, share and care. We observed a very positive session on the day of inspection. One member of the team commented that morale was high and that initiatives helped to increase staff morale with the support staff were giving each other.



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. An example of this was the discussions with the CCG about becoming a single practice locality because of the size of its patient population, and the benefits that may bring.

- Home visits were available for those who needed them and the on-call doctor prioritised such requests.
- All appointments were of 15 minute duration.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided access to Wi-Fi facilities to patients visiting the premises.
- The practice had undertaken an audit and improved their service for patients requiring gender identity services including identifying specific Read codes, establishing links with the Leeds Gender Realignment Service and prescribing.
- A newsletter was produced three times a year to keep patients up to date with developments.
- The practice had registered 2,207 patients for the Patient on Line service which was over 5% of the population. This was promoted through the Patient Reference Group (PRG), the TV screens in the waiting room, information at the reception desk and posters in the surgery.
- There was a same day appointment system in place for all patients where they attended the surgery and were allocated an appointment. Patients could then choose if they waited for their appointment or went away and came back. Once all the same day appointments had been allocated patients could request an emergency slot and would be triaged by a nurse. There were also bookable appointments available and these could be booked by telephone or on-line booking. Extended hours appointments could be booked in advance and telephone appointments were available which helped to meet the needs of students who returned home during the university vacation. The practice had reviewed its appointment system a number of times in response to patient feedback and continued to keep this under review.
- Enhanced access was provided every Saturday morning by two GPs, two nurses, two receptionists, one HCA and one mental health worker. Between November 2015 and February 2016, 223 patients were seen by a doctor, 220 by a nurse, 104 by an HCA and 37 by the mental health worker.
- The practice had a number of on-line services in place including repeat prescription requests, and electronic prescribing service which was convenient for patients on placements or outside term time.
- The practice participated in Fresher's Week at the Universities. A team of staff would work with the university to proactively encourage students to register. Leaflets were distributed and information given including how to use services effectively.
- The practice implemented the Year of Care (YoC) model which supported improving care for people with long-term conditions (LTCs) in the NHS by involving the patients in their care and supporting them to self-manage. It improved patient involvement, provided a more personalised approach and supported self-management. On 31st December 2015 out of 117 patients with diabetes, 37 had a YoC plan in place and by 20th April 2016 out of 112 patients with diabetes, 67 had a YoC plan in place. The practice had undertaken in house training sessions and additional training for staff directly involved in the YoC which had been implemented through a team approach with clear systems established. We were informed that the initiative has been received positively by staff and patients, and were shown examples of staff feedback. 51 patients were offered the opportunity to be involved in the YoC process, and 37 patients completed it and 8 were still participating.
- The practice had developed innovative services that were tailored to the individual needs of the patient group. For example, a three bed day care assessment facility was available which was overseen by a healthcare assistant. This provision enabled the practice to assure themselves that patients were well before they returned home. The unit was used on a daily basis, and one of the rooms was in use on the day of the



Are services responsive to people's needs?

(for example, to feedback?)

inspection. The practice informed us that feedback from patients was positive. The CQC had received a very positive patient comment regarding this service through the Share Your Experience public website.

- The practice cervical screening rate for females between 25 – 64 were very low at 21% compared with the CCG average of 75% and the national average of 82%. The practice had a large number of patients in the 25-29 groups but fewer patients than the national average in the 30-45 group and none above age 54. Patients in the cervical screening age group were often international students or their dependents who were not aware of the benefits of this screening. To encourage patients to have a cervical smear the practice ran a 'pink week' campaign once every term. The practice would be decked with pink notices and information, staff would wear pink tee shirts and appointments slips were printed on pink paper to highlight the issue. Each campaign week resulted in an increased number of smears being recorded compared to the previous year when no campaign took place. For example, the practice provided evidence to show that after their 'Pink Week' initiatives the number of smears undertaken in the following two week increased significantly. The campaigns increased awareness for a vulnerable population group who were reluctant to attend for screening and encouraged discussions when the patients visited the practice.

Access to the service

The practice reception was open between 7am and 7pm Monday to Friday. The surgery is open for booked appointments, either face to face, telephone or intranet which are available from 7.15 am to 5.45pm Monday to Friday. SMS text reminders are sent 24 hours before booked appointments. Same day appointments are available on a first come, first service basis from 8.30am daily, although some triage takes place. Nurse appointments are available from 7am to 7pm daily. The practice provided booked and same day appointments, all of which were of 15 minutes duration, and follow up appointments were available. A weekly access meeting was also held to review and plan appointment availability. The practice offered an appropriate number of appointments per week.

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

- 96% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.
- The practice patient survey for 2016 showed that 91% of responders thought their last appointment time was convenient.

The practice had a system in place via the on call doctor to assess:

- whether a home visit was clinically necessary and
- the urgency of the need for medical attention.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system both on the website and posters in the waiting area.

We looked at 11 complaints received in the last 12 months and found these were dealt with in a satisfactory and timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from an analysis of trends; action was taken as a result to improve the quality of care. For example, a patient complained about being unable to book a follow up appointment with the same nurse and this was followed up with the reception staff.

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 safe, quality care and promote good outcomes for patients in an efficient, timely and open environment, and to generate a friendly, nurturing and excellent learning environment for staff. The vision and aims had been developed by the whole practice and these were displayed throughout the premises. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.
- We saw that the practice had a well-structured regular meetings and a training schedule, which was planned in advance and covered all staff.

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. There was a well understood structure to the team and they told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The team had worked through a number

of challenges in the past year including long term illnesses to key members of staff, changes in the partnership team, limited capacity in the building, increasing demand and extended hours.

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice considered itself to be a learning organisation. It was a training practice with two GP trainers, Physicians' Associates on placement; a sexual health training programme and a support network for trainees. The practice was part of the Advanced Training Practice Scheme and the Healthcare Assistant (HCA) Apprenticeship Scheme.

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
- 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.

- The partners had lead roles within in the practice for example, prescribing, safeguarding, and administration.
- Staff told us the practice held regular team meetings and evidence was seen to support this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners 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. There was a policy of internal training and development to support staff to undertake new and different roles.

Are services well-led?

Outstanding



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

- There was a robust system of internal communication including:
 - 11am tea and toast sessions, where everyone working in the practice was expected to attend to discuss issues for that day.
 - There were termly (three per year) meetings for reception, administration salaried GPs and nurses
 - Weekly access meetings
 - Friday afternoon weekly education/update meetings for clinicians
 - Termly update meetings with all staff groups represented
 - Weekly partners' meetings and a monthly evening meeting
 - Newsletter for all staff produced at the start of each term
 - Once a term newsletter for patients
 - Annual patient survey, plus ad-hoc surveys
 - Annual end of year review meetings in June every year.
- The practice were proactive in seeking to improve systems and processes. An example given was that because of their high turnover of patients they had experienced severe problems in relation to the new national system for transfer of records. They sought to improve this by working with the Local Medical Committee and the provider of the service.
- We were told that there was a culture of 'demand comes first', and examples of that were the weekly access review meetings, and the fact that all the GPs worked on a Friday.

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

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

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The PRG met regularly on a termly basis, but there was also regular electronic communication via Facebook. The PRG was involved in patient surveys and submitted proposals for improvements to the practice management team. For example, the group suggested that copies of the student newspaper should be available in the waiting areas, and

- arrangements were made for the newspaper to be delivered to the practice waiting area every Friday during term time. The group suggested a patient newsletter or e-letter be provided, this was completed and the first newsletter was distributed in May 2016. Further suggestions from the PRG were to amend the appointment text reminder to include the financial implications of missed appointments, the introduction of same day appointments and improvements were made to the waiting area.
- The most recent patient survey took place between January and March 2016 and 338 responses were received. Results were displayed in the staff coffee room and the waiting room. Patient survey results showed that 96% of responders thought the reception staff were polite and 95% thought they were helpful, 91% of responders thought their last appointment time was convenient and 96% of responders thought the last doctor they saw was good at listening to them.
- The practice had gathered feedback from staff through staff surveys, staff meetings, appraisals and discussions. The results of staff surveys were included in the newsletter and displayed in the practice. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, when the clinical computers system failed the staff suggested ways of improving the procedure. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had an active Patient Reference Group which was highly valued. There were 51 active members in April 2016 and there was a meeting of the group once every term. Members were recruited by approaching patients in the waiting room, posters in the waiting room and word of mouth.
- Future plans include, the extension of the practice premises, and involvement in the Student Health Association Conference. Staff development plans included the recruitment of two additional GPs, extended Housekeeper hours, employment of a Nurse Preceptor and supporting an HCA to undertake nurse training and recruitment of two additional mental health workers. The practice also discussed with us plans for 'Hub' working and consideration of a Holistic Wellbeing centre.

Continuous improvement

Are services well-led?

Outstanding



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

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. The practice had developed a network of useful partner organisations for example the Student Health Association, University Network and the Muslim Imam.

- The practice's 'Quality improvement scheme for 2015/16' included improving the uptake of cervical, bowel, breast and retinal screening.
- The practice had received a number of awards including the ATP Health Service Journal award; for their same day appointment system. They were finalists in the GP Enterprise Awards 2014 – Outstanding Practice Team award and finalists in the National Association of Primary Care – Health and Wellbeing Initiative of the year;

- The practice was focussed on improvement and is proactive on inviting assessment from outside agencies such as the Information Commissioners Office which undertook an audit of their systems and processes and provided a report and action plan. The Medical Protection Society also undertook an assessment and provided a report and action plan.
- The practice employed a Project Co-ordinator to ensure there was capacity to support the development and implementation of new projects.

Access to online records and computer based consultations were to be trialled in summer of 2016