

University Health Service

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Good



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 Sheffield University Health Centre on 4 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- 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.
- 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.

We saw areas of outstanding practice:

- The practice used proactive methods to engage with students, for example the ShefUniHealth Smartphone App and a Student Blog was available to improve health outcomes.
- The practice had developed an active health promotion strategy to improve the mental health, sexual health and travel health service of students through their Healthy Campus Project. We spoke to students who highly commended these services.

Summary of findings

- The practice provided enhanced services to students with mental health needs for example, support packages and well being services, an eating disorder service, suicide safety plans and in-house psychologists.
- The practice encouraged a culture of practice learning to engage with minority groups such as those living with gender dysphoria and international students.

- The practice was working with other local providers such as the the Student Health and Wellbeing Partnership and in collaboration with a neighbouring practice with a high student population to develop and share best practice.

The areas where the provider should make improvement are:

- Create a register of carer's

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below average compared to the national average. The practice suggested this may be attributable to the demographics of the local population which has a high number of students.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example the practice provided enhanced sexual health promotion which included; chlamydia screening, HIV testing week, World AIDS day and links with Sexpression UK (a student-led charity that empowers young people to make decisions about sex and relationships).

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice comparably or lower than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice worked closely with other student support and well being services at the University of Sheffield which included; counselling, disability and dyslexia support, academic and learning skills, chaplaincy and critical support services including safety suicide plans.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice used proactive methods to engage with students, for example the ShefUniHealth Smartphone App and a Student Blog was available to improve health outcomes.
- The practice had developed an active health promotion strategy to improve the mental health, sexual health and travel health service of students through their Healthy Campus Project. We spoke to students who highly commended these services.
- The practice provided enhanced services to students with mental health needs for example, support packages and well being services, an eating disorder service, suicide safety plans and in-house psychologists.
- The practice encouraged a culture of practice learning to engage with minority groups such as those living with gender dysphoria and international students.
- The practice was working with other local providers such as the Student Health and Wellbeing Partnership and in collaboration with a neighbouring practice with a high student population to develop and share best practice.
- Patients can access appointments and services in a way and at a time that suits them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Outstanding



Summary of findings

- 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.
- The practice provided a free taxi service for non 999 hospital admissions.

Are services well-led?

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

Good



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

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than the CCG and national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood test was within normal limits was 60%; CCG average 78% and national average 75%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice uptake for the cervical screening programme was 66%, which was lower than the CCG average of 89% and the national average of 82%. This data may be attributed to the practice population which has a transient student population.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



Summary of findings

- All families with a newborn child had a home visit to offer health promotion advice relating to vaccinations, sleeping arrangements and child health care.

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).

- 98% of the practice population are working age people and around 90% are students and the practice provides a wide range of clinical services to meet their needs. For example, the practice have a health promotion team who deliver events on campus all year round. They take the lead on the University Healthy Campus Project to improve health outcomes for all students.
- The practice have a communicable disease strategy which includes the provision of immunisations events on campus; being responsive to outbreaks; close working with Public Health England; the development of outbreak protocols in conjunction with the University and proactive screening for all at risk international students.
- The practice used proactive methods of engagement such as the ShefUniHealth Smartphone App and a Student Blog to improve health outcomes and develop engagement with their high student population.
- The practice had developed an active health promotion strategy to improve the mental health, sexual health and travel health service of students through their Healthy Campus Project. We spoke to students who had used these services and highly commended them.
- The practice provided enhanced services to students with mental health needs to improve health outcomes for these students. For example, support packages and well being services, an eating disorder service, suicide safety plans and in-house psychologists.
- The practice encouraged a culture of practice learning in order to engage more appropriately and responsively with minority groups such as those living with gender dysphoria and international students.
- The practice was working with other local providers such as the the Student Health and Wellbeing Partnership and in collaboration with a neighbouring practice with a high student population to develop and share best practice to ensure good health outcomes for their student population.

Outstanding



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided a free taxi service for non 999 hospital admissions.

People experiencing poor mental health (including people with dementia)

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

Good



- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 88%; CCG average 90% and national average 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs. For example, the practice provided enhanced services to students with mental health needs for example, support packages and well being services, an eating disorder service, suicide safety plans and in-house psychologists

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above or in line with local and national averages. 375 survey forms were distributed and 32 were returned. This represented a response rate of 9% compared to the national response rate of 38%.

- 85% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Comments from the cards stated that patients received an excellent service, staff were knowledgeable in their field and provided a high quality evidence based service.

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

University Health Service

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, and a practice manager specialist adviser.

Background to University Health Service

Sheffield University Health Service is situated in Sheffield city centre. The practice provides services for 29,880 patients under the terms of the NHS Personal Medical Services contract. The practice catchment area is classed as within the group of the fourth less deprived areas in England. The age profile of the practice population has a higher number of younger people (25,000 due to their student population) than other GP practices in the Sheffield Clinical Commissioning Group (CCG) area.

The practice has nine GP partners; six female and three male, one male salaried GP; three nurse practitioners, four practice nurses, a treatment room nurse and two healthcare assistants. They are supported by a team of practice management staff and an administration team. The practice is open between 8.45am and 6.00pm Monday to Friday only. Appointments with staff are available at various times throughout the day.

When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered 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 4 November 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse practitioners, practice nurses, health care assistants, practice manager, business manager and Student Welfare Officer) and spoke with patients who used the service.
- Observed interactions with patients in the waiting room.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we noted that the practice asthma protocol had been reviewed and updated following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. We saw that incidents were discussed at the practice meeting and shared with staff who attended. Minutes of the meeting were kept on the practice intranet system which all staff could access.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There 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 and practice nurses were trained to safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection prevention and control protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice 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. Three of the nurse practitioners had qualified as independent prescribers and could therefore prescribe medicines for clinical conditions. They had received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, 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 room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had 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.

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 were 66% of the total number of points available with 16% exception reporting.

Data from 2015 showed:

- Performance for diabetes related indicators was lower than the CCG and national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood test was within normal limits was 60%; CCG average 78% and national average 75%.
- Performance for mental health related indicators was comparable to the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 88%; CCG average 90% and national average 88%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit to monitor and review the cervical screening programme resulted in an updated cervical smear protocol and cervical smear template, a review of staff training and improved governance around the recording of cervical smears.

Information about patients' outcomes was used to make improvements such as: reviewing minor surgery procedures to ensure good clinical standards were achieved.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had undertaken specific courses at the local University.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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 with other health care professionals to understand and meet the range and complexity of patients' needs. For example the practice provided enhanced sexual health promotion which included; chlamydia screening, HIV testing week, World AIDS day and links with Sexpression UK (a student-led charity that empowers young people to make decisions about sex and relationships).
- 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:

- The practice responded to health education needs of the student population by delivering information via apps, social media and events on the university campus. Topics included cancer awareness, asthma, alcohol, drugs, meningitis, vaccination campaigns, mental health, sexual assault, sexual health screening, contraception and self-care.
- The practice had an in-house eating disorder service, involvement with mental health strategy at the university and provided clinical input to support package meetings for struggling students.

The practice's uptake for the cervical screening programme was 66%, which was lower than the CCG average of 89% and the national average of 82%. This data may be attributed to the practice population which has a transient student population.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were lower than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 52% to 82% and five year olds from 40% to 68%. This data may be attributed to the practice population which has a transient student population.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice worked closely with other student support and well being services at the University of Sheffield which included; counselling, disability and dyslexia support, academic and learning skills, chaplaincy and critical support services including safety suicide plans.

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

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

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

- 87% 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 87%.
- 80% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern which was the same as the CCG average and comparable to the national average of 85%.
- 82% 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 the national average of 91%.
- 70% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. 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 or below local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

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

Are services caring?

- The practice had implemented a strategy to identify key issues such as mental health problems, chronic conditions, eating disorders and those on regular medication through a pre-registration questionnaire. This process was carried out for all patients initial registration at the practice and enabled staff to signpost patients to services and make a follow up appointment for early review. This improved patient safety and built a supportive and caring relationship quickly.

Patient and carer support to cope emotionally with care and treatment

On the day of inspection we noted that the practice did not have a register of carer's. Since the day of inspection we have seen evidence that this issue has been addressed.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The waiting room also had two Health Promotion Boards in place in response to local health campaigns for example, smoking cessation or vaccination schedules. Information about support groups was also available on the practice website.



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. For example, the practice was working with the Student Health and Wellbeing Partnership and in collaboration with a neighbouring practice with a high student population to develop and share best practice and to improve health outcomes for their student population.

- The practice used proactive methods to engage with students, for example the ShefUniHealth Smartphone App and a Student Blog was available to encourage engagement with all students and improve health outcomes.
- The Smartphone App had been designed for students and their dependents who use the University Health Service. The App is able to assist students in making the best choices for seeking help when they are unwell and accessing services, keeping well and when traveling abroad. Features included: what to do when unwell; Pharmacy, Dentist & Hospital finder; booking appointments online; ordering repeat medications, viewing their medical notes; accessing up to date information from NHS choices; details of travel clinic; list of services, fees and practice information; information on special circumstances forms.
- The practice had developed an active health promotion strategy to improve the mental health, sexual health and travel health service of students through their Healthy Campus Project. We spoke to students who had used these services and highly commended them services due to the advice and support that was available to them through the project.
- The practice provided enhanced services to students with increased mental health needs for example, support packages and well being services, an eating disorder service, suicide safety plans and in-house psychologists. These services were available to all students to improve health outcomes.
- The practice encouraged a culture of learning in order to improve understanding of and engagement with minority groups such as those living with gender

dysphoria and international students. For example, the practice held study days to increase their knowledge and understanding of these minority groups to develop and improve services for them.

- There were longer appointments available for patients with a learning disability or mental health issue.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice provided a free taxi service for non 999 hospital admissions to ensure treatment was accessed quickly when necessary.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and interpretation services available.
- In order to respond to student need and with regard to promoting safety during volunteering projects or study abroad, the staff delivered talks to university departments promoting safe travel health and vaccinations as well as providing comprehensive travel advice and vaccinations in-house.
- All new patients were screened at registration and those with ongoing health concerns invited for GP review. The practice offered screening for tuberculosis in patients from high risk areas, smoking cessation advice, had hearing loops in the reception area and provided gender neutral toilets.

Access to the service

The practice was open between 8.45am and 6.00pm Monday to Friday only. Appointments with staff were available at various times throughout the day. When the practice was closed calls were answered by the out-of-hours service which was accessed via the surgery telephone number or by calling the NHS 111 service. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 79%.



Are services responsive to people's needs?

(for example, to feedback?)

- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice provided a free taxi service for non 999 hospital admissions.

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 for example, a summary leaflet was available.

We looked at 22 complaints received in the last 12 months and found these were handled and dealt with in a timely way using openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was made relating to the practice reception and administration procedures which resulted in updated and improved patient information and a new waiting list protocol was introduced.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The 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, issues and implementing mitigating actions.

Leadership and culture

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

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.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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.

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 a virtual patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, students wanted increased information about how the practice appointment system worked and this was updated on the university website. Recent proposals included researching how to improve smoking cessation amongst students.

- The practice had gathered feedback generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Good 

(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. For example, the practice worked closely with the Student Welfare Officer to develop a 'Healthy Campus' and a 'Mental Health Matters' committee.