

Dr G C Moncrieff and Partners

Quality Report

Bicester Health Centre
The Health Centre
Coker Close
Bicester
Oxfordshire
OX26 6AT
Tel: 01869 249333
Website: <http://www.bicesterhc.co.uk/>

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr G C Moncrieff and Partners, more commonly known as Bicester Health Centre in Bicester, Oxfordshire on 10 August 2016. The practice is rated as outstanding for the care and treatment of one population group – people with long-term conditions and overall Bicester Health Centre is rated as good.

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.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice had good modern facilities and was well equipped to treat patients and meet their needs.

- The continued development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- We observed the practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- The leadership at Bicester Health Centre drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seek out and embed new ways of providing care and treatment.

We saw areas of outstanding practice including:

Summary of findings

- The continued development of Bicester Health Centre staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice. There was designated time every Friday for staff members to complete training, this included a weekly “lunch and learn” forum to complete training and individual role specific work books which proactively managed future training.
- There was a clear proactive approach to seeking and embedding the provision of new strategies in the delivery of care and treatment. The practice team was forward thinking and proud to be initiators of many pilot schemes to improve outcomes for patients in the area.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Information about safety was highly valued and was used to promote learning and improvement.
- 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.
- National patient safety and medicine alerts were disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. For example, performance for diabetes related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (94%) and the national average (89%).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Bicester Health Centre was research active, supporting a number of National Institute of Clinical Research (NIHR) portfolio studies.
- The continued development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.

Are services caring?

The practice is rated as good for providing caring services.

- The majority of the results from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 91% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- Support was available at the practice and externally for those suffering bereavement or that had caring responsibilities for others. The practice had identified 207 patients, who were also a carer; this amounted to 1.5% of the practice list.
- In June 2016, Bicester Health Centre hosted a carers week. The week promoted access to a number of local and national support groups and increased the availability of carers literature in the waiting areas. Following the carers week, the number of identified carers had increased.
- 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Oxfordshire Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there were urgent appointments available the same day.
- However, patients were not satisfied with telephone access to the practice. For example, 73% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- The practice had good modern facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available, easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The leadership and culture within the practice was used to deliver equitable, accessible and high quality care to all patients. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed. 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. High standards were promoted and owned by all practice staff and teams worked together across all roles. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice 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 alliances were being strengthened with another local practice with a view of developing a large health hub. Bicester Health Centre was working with the local GP Federation, the clinical commissioning group (CCG) and a collaboration of over 20 local organisations which bid for Bicester to be awarded 'Healthy New Town' status.
- There was a high level of constructive engagement with staff and all staff we spoke with told us they felt they were an integral part of the practice and they felt valued.
- All staff in the practice understood their responsibility in improving the quality of patient care and the experiences of patients.

Outstanding



Summary of findings

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked at innovation manage the different healthcare and social needs of their individual patients.

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.
- Bicester Health Centre was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.
- The practice identified if patients were also carers; information about support groups was available in the waiting areas.
- Bicester Health Centre provided GP services to a local care home; a designated GP provided GP services to 42 of the 43 care home residents which included a weekly ward round. Feedback from the care home praised the designated GP and said the service they received was professional and empathic and they were very happy with the GP service they receive.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- All of nationally reported data showed that outcomes for patients for conditions commonly found in older patients were higher when compared with local and national averages. For example, Bicester Health Centres performance for osteoporosis (osteoporosis is a condition that weakens bones, making them fragile and more likely to break) indicators was higher than both the local and national averages. The practice had achieved 100% of targets which was higher when compared to the CCG average (97%) and the national average (81%).

Good



People with long term conditions

The practice is rated as outstanding 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.
- The nurse practitioner and one of the GPs had a special interest and further qualifications in the management of diabetes. We saw evidence of comprehensive diabetes care for over 500 diabetic patients. There were detailed diabetic care plans, innovative initiation programmes of new diabetic therapies,

Outstanding



Summary of findings

in-house insulin initiation, email service diabetes dialogue with the Oxford Centre for Diabetes, Endocrinology and Metabolism (OCDEM). The nurse specialising in diabetes was active in the Oxford diabetes nurse forum. Performance for diabetes related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (94%) and similar when compared to the national average (89%).

- Performance for Chronic Obstructive Pulmonary Disease (known as COPD, a collection of lung diseases including chronic bronchitis and emphysema) indicators showed the practice had achieved 100% of targets which was similar when compared to the CCG average (99%) and higher when compared to the national average (96%).
- Bicester Health Centre supported a number of clinical National Institute of Clinical Research (NIHR) portfolio studies with an aim of supporting patients to live healthier lives. We saw two current studies relating to obesity. There had been several success stories including a diabetic patient who had lost a significant amount of weight and as a result managed to halve their medicine used to manage their diabetes.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was similar when compared to the CCG average (83%) and the national average (82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The appointment system was flexible, it was continually reviewed and changes were made accordingly to meet patient demand in a changing local health economy.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. There was an increasing contact from patients by email. They had identified a lead role within the practice to encourage and enable patients to use on-line services.
- Bicester Health Centre had core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8.20am to 6.30pm daily. Extended hours were available for routine pre-bookable appointments every Monday between 6.30pm and 8pm and every Tuesday between 7am and 8am. The dispensary dispensed to approximately 2,800 patients and had core opening hours between 8.30am and 1pm and 4pm and 6pm every weekday.
- Phlebotomy services were available at the practice which meant patients did not have to attend the hospital for blood tests.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. There was an action plan which included an accelerated recall programme due to commence in September 2016 to increase the number of learning disability patients having an annual health check.
- The practice provided GP services to a local 12 bed community hospital. The community hospital provided inpatient rehabilitation and palliative care for patients no longer requiring acute care. The designated GP undertook daily visits to the community hospital with a formal ward round every Wednesday where every patient was reviewed and their care plan updated. Contact details of the designated GP were shared with the relevant staff, patients and their families, enabling continuity of care and quick access to the right staff at the practice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

All the quality indicators relating to mental health were higher than the local and national averages with very low exception rates. For example:

- 93% of patients experiencing poor mental health had a comprehensive care plan documented in their record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was better when compared to the CCG average (89%) and national average (88%).
- 93% of patients experiencing poor mental health have had a record of blood pressure in the preceding 12 months. This was better when compared to the CCG average (89%) and national average (90%).

Good



Summary of findings

- 91% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher when compared to the local CCG average (85%) and higher than the national average (84%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had better performance in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages. On behalf of NHS England, Ipsos MORI distributed 256 survey forms and 113 forms were returned. This was a 44% response rate and amounted to approximately 0.8% of the patient population.

- 85% of patients found it easy to get through to this practice by telephone (CCG average 84%, national average 73%).
- 89% of patients described the overall experience of this GP practice as good (CCG average 90%, national average 85%).
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Written comments from patients indicated they were highly satisfied with how they were treated and that this was with empathy, dignity and respect. Further verbal feedback highlighted that the practice had provided extensive compassionate support to a family following a recent bereavement.

We spoke with seven patients during the inspection, including a member of the patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). All seven patients said staff were friendly and the GPs supportive. Patients commented that they were able to access appointments, they were always greeted with a smile, and they felt staff went above and beyond when providing assistance.

As part of the preparation for the inspection, we received testimonials from the local care home and community hospital which Bicester Health Centre provided GP services for. Both the care home and the hospital praised the designated GP from the practice and said the service they received was responsive to patients needs and treated them with dignity and respect.

During the inspection we reviewed information and patient feedback about the practice collated via the NHS Friends and Family Test. This national test was created to help service providers and commissioners understand whether their patients were happy with the service provided, or where improvements were needed.

- Dr G C Moncrieff and Partners (Bicester Health Centre) achieved an 81% satisfaction rate in the NHS Friends and Family Test in July 2016, 83% in June 2016 and 90% in May 2016.

Dr G C Moncrieff and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector; the team included a GP specialist adviser and an Expert by Experience.

Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to Dr G C Moncrieff and Partners

Dr G C Moncrieff and Partners is more commonly known as Bicester Health Centre and is located in Bicester, north-east Oxfordshire. Bicester Health Centre is a dispensing practice within Oxfordshire Clinical Commissioning Group and provides personal medical services to approximately 13,000 registered patients. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

All services are provided from:

- Bicester Health Centre, Coker Close, Bicester, Oxfordshire, OX26 6AT.

According to data from the Office for National Statistics, Oxfordshire has a high level of affluence and minimal economic deprivation.

The age distribution of the registered patients is largely similar to the national averages. Although there is a slightly higher than average number of patients aged between 25 and 39 years of age.

The patient population is increasing by approximately 100 patients a week as the local health economy changes and Bicester continues to grow and develop.

Ethnicity based on demographics collected in the 2011 census shows the population of Bicester and the surrounding area is predominantly White British with 3% of the population composed of people with an Asian background and 1% of the population composed of people with a Black background. In addition, Bicester has a growing Eastern European community; this is reflected in the patient population list as there is a growing number of Polish and Romanian patients registered with Bicester Health Centre.

The practice provides GP services to a local care home (approximately 42 registered patients) and the local 12 bed community hospital.

Bicester Health Centre comprises of six GP Partners (two female and four male) and two salaried GPs (both female) who are supported by two long term locum GPs (both male). The practice is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The all-female nursing team consists of a nurse practitioner, three practice nurses, one assistant practitioner and two health care assistants who also fulfil phlebotomist duties.

The practice manager is supported by a team of reception, administrative and secretarial staff who undertake the day to day management and running of Bicester Health Centre.

Detailed findings

One of the GPs is the designated dispensary lead and the dispensary team consists of five dispensers, two of whom also fulfil reception duties. The dispensary dispenses to approximately 2,800 patients.

The practice had core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8.20am to 6.30pm daily. Extended hours were available for routine pre-bookable appointments every Monday between 6.30pm and 8pm and every Tuesday between 7am and 8am. The dispensary has core opening hours between 8.30am and 1pm and 4pm and 6pm every weekday.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from Oxfordshire Clinical Commissioning Group (CCG), Healthwatch Oxford, NHS England and Public Health England.

We carried out an announced visit on 10 August 2016. During our visit we:

- Spoke with a range of staff. These included, three GPs, a practice nurse, an assistant practitioner, the practice manager, several members of the administration and reception team and two dispensers.
- Also spoke with seven patients who used the service.
- Observed how patients were being cared for.
- 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.
- Reviewed records relevant to the management of the service.
- Carried out observations and checks of the premises and equipment used for the treatment of patients.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- The practice also discussed and reviewed other significant events that had occurred within the local health community. We saw evidence of a detailed discussion including a change of internal procedures following a medicine error at a local pharmacy.

We reviewed internal safety records, incident reports, patient safety alerts and minutes of meetings relating to significant events that had occurred within Bicester Health Centre.

We saw all opportunities for learning from internal and external incidents were maximised and lessons were shared and action was taken to improve safety in the practice. This included sharing information about new services available to primary care providers and rare presentations of clinical conditions.

For example, we saw a full comprehensive significant event analysis following a communication breakdown within the practice. The incident led to a delay in a patient receiving care and treatment from a practitioner from the early visiting system (EVS). The early visiting system provided a service to support patients who required higher levels of health care support.

This investigation highlighted gaps in knowledge of the new EVS protocol. The practice immediately arranged EVS awareness training and revised the process, policy and supporting procedures to prevent this from happening again. The practice had also audited all EVS referrals made following the updated training to ensure a similar event and delay had not happened again ensuring the awareness training had been embedded into the practice. All staff we spoke with were aware of this change in policy and procedure.

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. For example, GPs were trained to Safeguarding Children level three, nurses were trained to Safeguarding Children level two and both GPs and nurses had completed adult safeguarding training.
- Notices in the waiting areas 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. One of the nurses was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. We saw the latest audit

Are services safe?

from March 2016 and subsequent action that was taken to address any improvements identified as a result. For example, ensuring each treatment room had a pedal operated bin. This specific action completed with an aim to reduce the risk of cross contamination. Bicester Health Centre used a combination of re-usable and disposable curtains within treatment and consultation rooms. There was a cleaning schedule for the re-usable curtains which included a six monthly (immediately when soiled) wash. However, one of the treatment rooms had a disposable curtain which had not been changed for 12 months. Guidance from the national patient safety agency states that curtains should be cleaned or changed on a six monthly basis. Once highlighted to the practice, the old curtain was replaced with a new disposable curtain.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medicines Management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, dispensing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow members of the nursing team to administer medicines in line with legislation. The assistant practitioner and Health Care Assistants were trained to administer influenza, vitamin B12 and pneumococcal vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice had a designated GP lead for the dispensary. The dispensary had systems in place to monitor the quality of the dispensing process, this included controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) audits and near miss audits. Furthermore, the practice had documented processes which the dispensary referred to as Standard Operating Procedures (SOPs). All staff involved in the procedure had signed, read and understood the SOPs and agreed to act in accordance with its requirements. Standard Operating Procedures cover all aspects of work undertaken in the dispensary. Bicester Health Centre was signed up to the Dispensary Services Quality Scheme (DSQS) and the SOPs that we saw met the requirements of this scheme. The SOPs had been reviewed and updated in the last 12 months and there was a written audit trail of amendments.
- Bicester Health Centre had clear and safe procedure for medicine reviews. The repeat prescribing policy stated that GP's should reauthorise repeat prescriptions, our conversations and review of documents confirmed this was happening.
- Records showed that all members of staff involved in the dispensing process had received appropriate training. We spoke with two dispensers who both told us their competence was regularly checked since they obtained their qualifications and their completed appraisals confirmed this.
- The practice held stocks of controlled drugs and had in place standard procedures that set out how they were managed. These were being followed by practice and dispensary staff. For example, staff completed the controlled drug record books in line with legislation. controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs and we saw records of controlled drug destruction witnessed by an external person.
- Staff in the dispensary were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The last fire risk assessment recommended the practice increase the number of fire marshals. As a result of this recommendation, Bicester Health Centre arranged suitable training and increased the number of fire marshals from three to ten. All electrical equipment was checked (August 2016) to ensure the equipment was safe to use and clinical equipment was checked (March 2016) 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty at peak times of the day. With increasing demand and a rapidly increasing patient list the practice had a strategic approach to the use of locum GPs to respond to patient demand. A locum is a person who stands in temporarily for someone else of the same profession.

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. We saw the business continuity plan had recently been reviewed as a result of a significant event in May 2016. This related to presence of smoke located within a room.

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

Outcomes for patients were consistently better than expected when compared with other similar services. 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 100% of the total number of points available; this was higher when compared to the local CCG average (97%) and the national average (95%). The most recent published exception reporting was better when compared to the CCG and national averages, the practice had 7.5% exception reporting, the CCG average exception reporting was 9.9% and the national average was 9.2%. (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).

Through conversations with staff, feedback from patients and QOF data it was evident all staff actively engaged with patients to monitor and improve the quality and patient outcomes, ensuring patients received appropriate care and treatment.

Data from 2014/2015 showed the practice was in line or above all of the QOF (or other national) clinical targets, for example:

- Performance for diabetes related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (94%) and the national average (89%).
- Performance for hypertension (high blood pressure) related indicators were comparable to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%).
- Performance for mental health related indicators showed the practice had achieved 100% of targets which was higher when compared to the CCG average (95%) and the national average (93%).

Bicester Health Centre had an extensive programme in place for completing a wide range of audit cycles which demonstrated quality improvement. We saw a programme of audits scheduled to be completed on a weekly, monthly and yearly basis. This programme included a strategy for future clinical audits, for example in May 2017; a nurse led audit was due to commence to review patients who had been prescribed a certain class of treatment to improve blood sugar control in patients with type 2 diabetes.

There had been six clinical audits completed in the 24 months, five of these were completed audits where the improvements made were implemented and monitored. We saw recent audits for dementia, prescribing and erectile dysfunction.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- We reviewed all five of the completed clinical audits and the findings which were used by the practice to improve services. For example, one audit commenced in October 2014, to review Bicester Health Centre patients with a confirmed diagnosis of osteoporosis and the medicine used to manage the symptoms. Osteoporosis is a condition that weakens bones, making them fragile and more likely to break.
- During the first audit cycle, it was highlighted that Bicester Health Centre was not using the most up to date reference material on fragility fracture prevention. The updated guidance was shared and discussed with all clinicians and the latest guidance replaced previous information on the practices intranet.

Are services effective?

(for example, treatment is effective)

- The second cycle of audit, which concluded in January 2016, saw Bicester Health Centre had increased the number of patients who were now receiving appropriate bone-sparing treatment and was meeting the set standard. There was an increase of 9% and 85% of patients with a confirmed diagnosis of osteoporosis were prescribed appropriate bone-sparing treatment.
- We saw plans of a further audit, aimed to ensure this standard was maintained.
- Furthermore, we saw evidence of a recent audit and patient search following a MHRA alert in July 2016. The Medicines and Healthcare Products Regulatory Agency (MHRA) is the government agency which ensures that medicines and medical devices work, and are acceptably safe. This specific alert highlighted equipment used for monitoring diabetic patients was providing false and inaccurate results.

Effective staffing

The practice could demonstrate that staff had all the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- The continued development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice. There was designated time every Friday for staff members to complete training, this included a weekly “lunch and learn” forum to complete training and individual role specific work books which proactively managed future training.
- All staff undertook annual appraisals which identified learning needs from which action plans were documented. We saw records in staff files of appraisals completed within the last twelve months and were

shown a schedule of planned appraisals. Staff we spoke with confirmed that the practice was supportive in providing training and funding for relevant courses. For example, one of the staff we spoke with joined Bicester Health Centre in 2005 as an experienced practice nurse. Through the appraisal process they were encouraged to attend a minor injuries and illness course, subsequently a prescribing course enabling complete independent management of patients with minor illness and injuries and recently a nurse practitioner course at masters level. Further examples of supportive training showed that all five dispensers had enhanced dispensary training and the health care assistant had recently completed a foundation degree in Health and Social Care. This enabled them to work as an assistant practitioner.

- The practice was a teaching and training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support. The most recent student evaluations and satisfaction scores highlighted the support from the two GP trainers at Bicester Health Centre was significantly higher than the averages for the area.
- 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.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Bicester Health Centre provided GP services to the local community hospital. The designated GP had daily visits to the community hospital with a formal ward round every Wednesday where every patient was reviewed and their care plan updated. Contact details of the designated GP were shared with the relevant staff, patients and their families, enabling continuity of care and quick access to the right staff at the practice.

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 patients, 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.
- Bicester Health Centre utilised medical photography as part of the dermatology service provided. Medical photography was used as an aid for treatment of a condition, to document interesting cases and to educate medical practitioners. We saw a detailed and

comprehensive medical photography consent form ensuring patients consented to photographs being taken for care and treatment. The consent process was in line with legislation and guidance.

Supporting patients to live healthier lives

The practice and staff have a continuous focus in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. The practice also identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation received support or were signposted to the relevant service.
- Information from Public Health England showed 100% of patients who were recorded as current smokers had been offered smoking cessation support and treatment. This was higher when compared with the CCG average (95%) and the national average (94%). Smoking cessation advice was available from members of the nursing team.
- Bicester Health Centre supported a number of clinical National Institute of Clinical Research (NIHR) portfolio studies with an aim of supporting patients to live healthier lives. One of the GPs was a Research Champion for NIHR and was supported by two research nurses and a research health care assistant. We saw two current studies relating to obesity. Although ongoing with limited hard data there had been two success stories, one patient had lost a significant amount of weight and as a result managed to halve their medicine used to manage their diabetes. Furthermore, another patient had lost an equally significant amount of weight and now their family was following their example to lose weight, exercise and live healthier lives.
- Several CQC comment cards referred to the additional healthy living support and guidance the practice had provided. Written feedback highlighted members of the nursing team provided clear, concise information and allowed time to explain information to support patients living healthier lives.

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

The practice's uptake for the cervical screening programme was 83%, which was similar when compared to the CCG average (83%) and the national average (82%). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England indicated uptake was slightly below local and national averages:

- 55% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was lower when compared to the CCG average (59%) and national average (58%).
- 70% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (75%) and higher than the national average (72%).

Childhood immunisation rates for the vaccinations given were high when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged between 96% and 99%, the CCG averages ranged between 90% to 97% and five year olds from 92% to 98% (CCG averages ranged between 92% to 98%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 33 patient Care Quality Commission comment cards and all seven of the patients we spoke with were positive about the service experienced. Patients comments highlighted that they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect and highly satisfied. Satisfaction scores for consultations at Bicester Health Centre and interactions with receptionist staff were similar when compared with local clinical commissioning group (CCG) and national averages. For example:

- 91% of patients said the last GP they saw or spoke to was good at listening to them (CCG average 92%, national average 89%).
- 86% of patients said the last GP gave them enough time (CCG average 89%, national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 91% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 92% of patients said the nurses was good at listening to them (CCG average 92%, national average 91%).

- 87% of patients said the nurses gave them enough time (CCG average 94%, national average 92%).
- 90% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

The results from the GP national survey aligned with all the patient feedback, written and verbal, we received which highlighted the GPs were sincere, welcoming, respectful, supportive, compassionate and caring. Patients we spoke with all told us Bicester Health Centre were genuinely interested in their wellbeing.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Care planning and involvement in decisions about care and treatment

Patient feedback received on the day of the inspection indicated 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.

Results from the national GP patient survey showed patients satisfaction was mixed when answering questions about their involvement in planning and making decisions about their care and treatment. Results for GP consultations were above local and national averages, whilst results for consultations with nurses were below local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments (CCG average 89%, national average 86%).
- 89% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 84% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 91%, national average 90%).

Are services caring?

- 82% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. At the start of the inspection, information about translation services was not clearly displayed in patient waiting areas or the reception area. After highlighting this to the practice manager, new and updated notices informing patients this service was available were clearly displayed.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. In August 2016, the practice patient population

list was 12,994. The practice had identified 207 patients, who were also a carer; this amounted to 1.5% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

In June 2016, Bicester Health Centre hosted a carers week. The week promoted access to a number of local and national support groups and increased the availability of carers literature in the waiting areas. Following the carers week, the number of identified carers had increased slightly and there were plans for more regular carers weeks with a review of the process of identifying carers to enable them to access the support available via the practice and external agencies.

Staff told us that if families had suffered bereavement, their usual GP contacted them and a bereavement letter was sent. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Oxfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs.
- Same day urgent appointments were available for all patients with no restrictions for those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Bicester Health Centre was fully accessible for people with disabilities and mobility difficulties. We saw that the waiting area and consulting and treatment rooms were large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. The practice had a step free access, an automatic door entrance to help those with mobility difficulties and a portable hearing loop to help patients who used hearing aids.
- Pre-bookable telephone consultations were available for patients who found it difficult to attend the practice, for example if they had difficulty leaving the house or due to their work.
- Patients were able to receive travel vaccinations available on the NHS.
- Female patients of child bearing age benefitted from a flexible and accessible contraceptive service. Appointments, where coils and implant devices could be fitted were available including outside of school hours.
- The practice website was well designed, clear and simple to use featuring regularly updated information. There was an increasing contact from patients by email. They had identified a lead role within the practice to encourage and enable patients to use on-line services.
- One of the GPs had a special interest and expertise in dermatology. This led to a dermatology clinic at Bicester

Health Centre which included access to a rapid access second opinion and reduced the requirement for patients having to travel to hospitals in either Oxford (25 mile round trip) or Banbury (30 mile round trip) for their dermatology appointment.

Access to the service

Bicester Health Centre had core opening hours between 8am and 6.30pm Monday to Friday with appointments available from 8.20am to 6.30pm daily. Extended hours were available for routine pre-bookable appointments every Monday between 6.30pm and 8pm and every Tuesday between 7am and 8am.

In addition to pre-bookable appointments, telephone appointments and same day appointments were made available daily and urgent appointments were also available.

The dispensary had core opening hours between 8.30am and 1pm and 4pm and 6pm every weekday.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was similar when compared to local and national averages. However, patient satisfaction regarding access to appointments was significantly lower when compared to local and national averages. For example:

- 73% of patients who were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 90% of patients who say the last appointment they got was convenient (CCG average 93%, national average 92%).
- 80% of patients were satisfied with the practice's opening hours (CCG average 77%, national average 76%).
- 85% of patients said they could get through easily to the practice by telephone (CCG average 84%, national average 73%).

Although patient satisfaction regarding access to appointments was below local and national averages, the patient population was currently increasing by up to 100 patients per week as the local health economy changes and Bicester continued to grow and develop. The practice

Are services responsive to people's needs?

(for example, to feedback?)

had reviewed access, made changes and implemented new systems to manage increased demand, it was too early to say whether these systems were effective and improving patient satisfaction.

Verbal and written feedback on CQC comment cards regarding access was positive and did not align to views in the national GP patient survey about access to appointments. Patients were satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. They also said they could see another GP if there was a wait to see the GP of their choice. Further comments received from patients showed that patients in urgent need of treatment had always been able to make appointments on the same day of contacting the practice.

Some of the patients we spoke with told us they had booked their appointments on the morning of our inspection and were seen within two hours.

We saw a recent two week audit of all nurse and health care assistant appointments with a view to analysing where improvements could be made which would subsequently make more appointments available.

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 the up to date record and audit of all verbal and written feedback received. This included an analysis of trends and action taken to as a result to improve the quality of care.

- We saw that information was available to help patients understand the complaints system. Staff we spoke with were aware of their role in supporting patients to raise concerns.

We looked at a random sample of three of the complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, although an acknowledge of the complaint was not always recorded. Once highlighted, the practice manager amended the complaints procedure and added an additional stage to acknowledge the feedback. Lessons were learnt from individual concerns and complaints. An analysis of trends and action was taken to as a result to improve the quality of care. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the practice manager or one of the GPs.

For example, we saw one complaint about accessing an appointment; this had been responded to by the practice and we saw it had been fully investigated. Following an investigation there was evidence to confirm the patient was not aware of the variety of appointments available including online access and the role of the Bicester Neighbourhood Access Hub. The complainant was provided with full information including details how to register for online appointments and clarity on the Bicester Neighborhood Access Hub, currently located at the Bicester Community Hospital, which provides same-day urgent GP or Nurse Practitioner appointments to help patients get treatment on that day.

The practice manager had responded to all patients feedback on NHS Choices website.

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 leadership and culture within the practice was used to deliver equitable, accessible and high quality care to all patients.

- The practice had a visible long-term strategy and supporting business plans which reflected Bicester Health Centre values. The strategy and innovative plans had been identified by the GP partners and practice manager and were regularly monitored.
- We saw a proactive and systematic approach to managing patient demand whilst there was an unprecedented amount of change within the local health services. All staff we spoke with wanted to work in partnership with the patients to navigate changes whilst ensuring the best possible care was always available.
- There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to the practice, and made in-depth consideration to how they would be managed. The practice development plan and risk register was regularly reviewed and used as a tool to encourage strategic thinking to drive improvement and overcome challenges whilst planning for the future.
- The practice worked well with other organisations to ensure improved care and health outcomes for patients. For example, the support and services provided to the local community hospital.

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.
- Communication across the practice was structured around key scheduled meetings. Regular meetings took place for staff groups including whole staff, nurse, partner, clinical governance and reception and administration staff meetings. We found that the quality

of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients being detailed, maintained, up to date and accurate.

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the clinical 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 arrangements for identifying, recording and monitoring risks within the practice.
- The practice business plan identified both opportunities and challenges the practice needed to address. For example, there was reference in the plan to the senior GP Partner retiring, the closure of a neighbouring practice, new housing developments and an aging population with increasing multi-morbidities.

Leadership and culture

On the day of inspection the GP Partners and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

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 GP 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 patients 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 in the practice had a shared focus on improving the quality of patient care and the experiences of patients.

Are services well-led?

Outstanding



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

- The continued development of staff skills, competence and knowledge was recognised by the leadership team as integral to ensuring high-quality care. We saw evidence and staff we spoke with told us they are supported to acquire new skills and share best practice.
- 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. There was a team meeting structure in place and the teams met regularly. For example, the administration team and the practice nursing team met on a monthly basis. We saw minutes of the meetings of both groups and these demonstrated that a wide range of topics were covered. The nurse team meetings included updates on clinical guidelines.
- Staff said they felt respected, valued and supported. 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.
- Bicester Health Centre was a GP teaching and training practice. We received extensive written feedback from one of the GP Registrars who spoke of the quality of leadership and support received at the practice. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

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 although developing had recently designed a patient survey and were prepared to submit proposals for improvements to the practice management team.
- We found the practice to be involved with their patients, the PPG and other stakeholders. We spoke with one member of the PPG and they were positive about the role they played and told us they felt engaged with the practice.

- The practice was engaged with Oxfordshire Clinical Commissioning Group (CCG), the local GP network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings.

Continuous improvement

The leadership team and all staff groups focused on continuous learning and improvement at all levels within the practice.

- The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning time and access to online and classroom training materials.

There was a clear proactive approach to seeking and embedding the provision of new strategies in the delivery of care and treatment. The practice team was forward thinking and proud to be initiators of many pilot schemes to improve outcomes for patients in the area. This included a number of innovative schemes that had been implemented or were in the process of development within the practice in order to improve the care for their patients. For example:

- The practice was involved in research development to help support best clinical practice.
- The diabetes clinic provided comprehensive diabetes care for over 500 patients. There was initiation of new innovate therapies with email guidance from diabetes consultant.
- The community hospital relationship was continuing to grow and develop.
- The introduction of a telemedicine system for the care of leg ulcers has the potential to reduce ulcer duration, total care episode cost and patient cost.
- Alliances were being strengthened with another local practice with a view of developing a large health hub.
- Bicester Health Centre was working with the local GP Federation, the CCG and a collaboration of over 20 local organisations which bid for Bicester to be awarded 'Healthy New Town' status. In March 2016, following a rigorous selection process, Bicester was announced as one of the ten demonstrator sites working with NHS England where sustainable and healthy living becomes the norm.