

Belmont & Sherburn Medical Group

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

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 Sherburn & Belmont on 6 October 2015. Overall the practice 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.

- Patients said a new system had recently been implemented to ease access to appointments. It was not yet embedded. There were appointments available on the day of inspection. We were told there was continuity of care, and urgent appointments were available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice:

- The practice had developed and implemented a 'Frail Elderly protocol' to help reduce hospital admissions, reduce A&E attendances and to improve the health outcomes for this group of patients. They had employed a nurse for this role who worked closely with the community matron to assure joined up working. There was some anecdotal evidence of a reduction in GP home visits since implementation.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said it was not always easy to make an appointment with a named GP. However, there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed how the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. There was a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a leadership structure and staff felt supported. The practice had a number of policies and procedures to govern activity and they held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which was then acted on. The patient participation group (PPG) was active. Staff had received inductions, performance reviews and attended staff meetings and events.

Good



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. Nationally reported data showed that outcomes for these patients were good for conditions commonly found in older people. This patient group numbers were higher than the CCG average and the national average reported for GP practices. However, the practice offered proactive, personalised care to meet the needs of their older patients and they had a range of enhanced services, for example, in dementia and end of life care. All patients in this age group were made aware of their named GP; who co-ordinated their care and treatment. The practice was responsive to the needs of older patients and had implemented a 'frail elderly protocol', home visits and rapid access appointments for those with enhanced needs. Care reviews were with their named GP and often in their own home. There were regular multi-disciplinary meetings (with other health and social care professionals) to establish appropriate care packages to help prevent admission to hospital.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions (LTCs). Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. All of these patients had care plans in place. They had a named GP and a structured annual review to check that their health and medication needs were being met. Longer appointments and home visits were available when needed. For those patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver multidisciplinary packages of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young patients. 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 relatively high for all standard childhood immunisations. Patients told us that children and young adults were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the

Good



Summary of findings

premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors. The practice had plans in place to prioritise teenagers appropriate accessibility in both surgeries.

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 their working age population, those recently retired and students had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services and the GPs were happy to consult via the telephone when appropriate. There was a full range of health promotion and screening that reflected the needs of this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They all had a named GP who provided continuity of care. They had carried out annual health checks, many in their own home, for patients with a learning disability and all of them had received a follow-up, where necessary. Longer appointments were offered for all patients within this population group.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. They were signposted to various support groups and voluntary organisations, when appropriate. 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.

Good



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). Patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They supported patients with dementia to consider advance care planning for their future, when appropriate.

Good



Summary of findings

The practice had told patients experiencing poor mental health about the various support groups and voluntary organisations which were available. There was a system in place to follow up patients who had attended accident and emergency (A&E) when they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice's performance was similar or lower than local and national averages. There were 123 responses and this was a response rate of 42.9% of the surveys distributed.

- 40.1% find it easy to get through to this surgery by phone compared with a CCG average of 75.1% and a national average of 74.4%.
- 72.1% find the receptionists at this surgery helpful compared with a CCG average of 88.4% and a national average of 87%.
- 72.9% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86.1% and a national average of 85.4%.
- 79.9% say the last appointment they got was convenient compared with a CCG average of 92.7% and a national average of 91.8%.
- 46% describe their experience of making an appointment as good compared with a CCG average of 76.5% and a national average of 73.8%.

- 67.8% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 73.7% and a national average of 65.2%.
- 51.7% feel they don't normally have to wait too long to be seen compared with a CCG average of 65.8% and a national average of 57.8%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received no completed comment cards. However we spoke with 9 patients on the day and the chairperson of the Patient Participation Group (PPG). We were told of the difficulties patients had, had when trying to make appointments. We were also told from some of the patients that the systems had changed and they were finding appointments easier to make. All said they could access emergency appointments if required. The patients we spoke with were positive about the reception and clinical staff. They said they were helpful and never felt rushed. The comments reflected what the most recent patient survey found.

Outstanding practice

- The practice had developed and implemented a 'Frail Elderly protocol' to help reduce hospital admissions, reduce A&E attendances and to improve the health outcomes for this group of patients. They had

employed a nurse for this role who worked closely with the community matron to assure joined up working. There was some anecdotal evidence of a reduction in GP home visits since implementation.

Belmont & Sherburn Medical Group

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 (SPA), practice manager SPA, a practice nurse SPA and a CQC Pharmacist inspector and an expert by experience.

Background to Belmont & Sherburn Medical Group

The surgeries are located in the villages of Belmont and Sherburn on the outskirts of Durham City. There are 7,995 patients on the practice list and the majority of patients are of white British background. The practice manager told us there were a higher proportion of patients (20%) over 65 on the practice list compared with the national average.

The practice dispenses medications to their patients who live one mile from their local pharmacy. There are six GPs (male and female). There is a Practice Manager, two clinical practitioners, four practice nurses and two healthcare assistants. There are two dispensers both full-time. In addition there are a range of administrative personnel to support everyday activities. Both surgeries are open Monday – Friday, 8.15 – 6pm and there is a late night surgery on Monday evenings at Belmont until 8.30 pm. Patients requiring a GP outside of normal working hours are advised to contact the GP Out of Hours service provided by North Durham CCG.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example: a Patient Participant Group (PPG), and facilitates timely diagnosis and support for patients with dementia.

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. This 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.

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.

How we carried out this inspection

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?

Detailed findings

Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 October 2015. We also visited the branch surgery at Belmont. During our visits we spoke with a range of staff which included GPs, practice manager, practice nurses, practice administrator, dispensing staff and receptionists and spoke with patients who used the service and the chair person from the Patient Participation Group (PPG). We observed how patients were being cared for and talked with. We saw how carers and/or family members were supported and reviewed the personal care or treatment records of patients, where appropriate. We did not receive any completed patient comment cards.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system. The practice carried out an analysis of their significant events to look for trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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 had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff that acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was being taken to address the improvements identified.
- Arrangements for managing medicines were checked at the practice. The practice operated a dispensing service (this meant under certain criteria they could supply eligible patients with medicines directly) from the Sherburn Surgery. Appropriate standard operating procedures were in place which staff followed but, the practice did not have a system in place to assess the quality of the dispensing service. Expired and unwanted medicines were disposed of in line with waste regulations. We saw records showing members of staff involved in the dispensing process had received appropriate training and appraisal however we were told that formal checks of their competency were not carried out regularly as part of this process. We saw that requests for repeat prescriptions were dealt with in a timely way. Arrangements were in place to ensure that changes to patients' medicines for example, following a hospital stay, were reviewed by the practice pharmacist or a doctor and uplifted to the practice's electronic record. Systems were in place for reviewing and re-authorising repeat prescriptions, providing assurance that prescribed medicines always reflected patients' current clinical needs.
- Vaccines were administered by the practice nurses using Patient Group Directions (PGDs) that had been produced in line with national guidance.

Are services safe?

We looked at records to see if medicines requiring refrigeration had been stored appropriately. Recent records had been completed to monitor refrigeration temperatures but a maximum-minimum fridge thermometer in one fridge recorded temperatures above those recommended by the manufacturer. This meant that it was not possible to demonstrate that the temperature was always within the correct range.

Emergency medicines were available and date checked to ensure they were suitable for use, when needed.

- Recruitment checks were carried out and the three files we reviewed showed that 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for

all the different staffing groups to ensure that enough staff were on duty. More staff had recently been recruited; these included GPs, nurses and administration staff.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment rooms. The practice had a Defibrillator available on both premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of both locations and all staff knew of their location. All the medicines we checked were in date and fit for use.

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 carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was 75% this was similar to the national average of 77%.
- The percentage of patients with hypertension having regular blood pressure tests was 76% and this was lower than the national average of 83%.
- Performance for mental health related and hypertension indicators was 95.99% this was better than the national average of 95.28%.
- The dementia diagnosis rate of 78.8% was lower than the national average of 83%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. There had been a number of clinical audits completed in the last two years; where the improvements made were implemented and monitored. We found the practice was both pro-active and reactive when considering which clinical audits to undertake. The practice participated in applicable local audits, national benchmarking, accreditation, and peer review. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had either had an appraisal within the last 12 months, or were due and had been appointed.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training on protected learning days.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of

Are services effective?

(for example, treatment is effective)

legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure they met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, where the clinical team worked hard to maintain continuity of care. The 'frail elderly' were identified and supported appropriately to meet their needs and maximise their health potential. Patients who were carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant services. Many of these were provided within the surgery buildings.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.1% which was similar to the national average of 81.88%. The practice encouraged their patients to attend national screening programmes for bowel and breast cancer screening. They encouraged female patients over the age of 74 to self-refer for breast screening.

Childhood immunisation rates for the vaccinations given were higher than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98.5% to 100% and five year olds from 90.5% to 98.6%. Flu vaccination rates for the over 65s were 75.5% and at risk groups 56.22%. These were also higher than the national averages.

Patients had access to appropriate health assessments and checks. All new patients had a health assessment with a GP and there were NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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.

Patients told us they felt the staff were helpful, caring and treated them with dignity and respect. We also spoke with the chair of the patient participation group (PPG) at the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told how everyone responded with compassion when patients needed help and how they were provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was similar to national and local CCG averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 87.9% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 87.9% said the GP gave them enough time compared to the CCG average of 89.3% and national average of 87%.
- 96.8% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.6% and national average of 95%
- 80.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89.6% and national average of 85%.
- 88.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.6% and national average of 90%.

- 72.1% patients said they found the receptionists at the practice helpful compared to the CCG average of 82.1% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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. They said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 80.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.2% and national average of 86%.
- 72.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.3% and national average of 81%
- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted clinicians if a patient was also a carer. There was a practice register of all people who were carers and these patients were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care.

- Appointments had been increased due to demand and audits of need.
- Pre bookable late evening appointments were available for all patients at the Belmont surgery.
- There was a 'frail elderly' home visiting service.
- Walk in clinics were to be introduced in October 2015.
- Home visits were available for older patients and other patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Telephone appointments were available.
- There were disabled facilities and translation services available.

Access to the service

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was not as good as local and national averages. . For example:

- 62.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.3% and national average of 75.7%.
- 40.1% patients said they could get through easily to the surgery by phone compared to the CCG average of 75.1% and national average of 74.4%.

- 46% patients described their experience of making an appointment as good compared to the CCG average of 76.5% and national average of 73.8%.
- 67.8% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 73.7% and national average of 65.2%.
- Patients we spoke with on the day said that they were now more able to get appointments when they needed.

Listening and learning from concerns and complaints

The practice had a 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 e.g. a poster was displayed in the waiting room. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the complaints received in the last 12 months and found they were dealt with in a timely way, as outlined in the practice policy.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example patients said the phone system did not help them when trying to make an appointment; this had recently changed.

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 staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

Governance arrangements

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

- The management structures and systems had changed recently and now there was a clear staffing structure. Staff were aware of their own roles and responsibilities.
- Clear methods of communication involving the whole staff team and other healthcare professionals to disseminate best practice guidelines and other pertinent information.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensured high quality care. They prioritised safe, high quality and compassionate care. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. They said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings

and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all staff to identify opportunities to improve the service delivered by the practice. We saw evidence of this as the practice had participated in the CCG and National initiative, Productive General Practice Initiative. They had made changes to their work place organisation, this had helped to improve the patients' experience.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. They had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. They had increased the number of telephone and surgery appointments at the beginning and end of the day for working people. Walk in clinics were to be introduced from October 2015. This was in response to the lower number of patients satisfaction with opening hours compared to the CCG and national figures.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal 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. They said there had been many changes over the past 18 months and as a result felt the team work was more efficient and effective.

Innovation

The practice had developed and implemented a 'Frail Elderly protocol' to help reduce hospital admissions, reduce A&E attendances and to improve the health outcomes for this group of patients. They had employed a nurse for this role who worked closely with the community matron to assure joined up working. There was some anecdotal evidence of a reduction in GP home visits since implementation.