

Wickham Market Medical Centre

Quality Report

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Website: <http://www.wickhammarketmc.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

Contents

Summary of this inspection

Overall summary	2
Outstanding practice	4

Detailed findings from this inspection

Our inspection team	5
Background to Wickham Market Medical Centre	5
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall, with outstanding for providing well led services. (Previous inspection report published 29 September 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Outstanding

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive inspection at Wickham Market Medical Centre on 20 November 2017 as part of our regulatory functions.

At this inspection we found:

- The practice had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the practice learned from them and improved their processes. The practice shared outcomes of significant events with staff and other local GP practices.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines. Support and monitoring was in place for the nursing staff, and the monitoring of the work undertaken by the nurse practitioners was formalised and effective.
- Staff involved and treated people with compassion, kindness, dignity and respect. All staff had received equality and diversity training and reception, administration, dispensary staff and the business manager had all completed dementia awareness training.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Patient feedback on access to appointments was positive; this was supported by a review of the appointment system and data from the national GP Patient Survey.

Summary of findings

- The practice had responded to the needs of patients. This included for example, providing a minor injuries service, due to the rural location of the practice. The practice also identified a high number of patients attending with musculoskeletal needs, so arranged physiotherapy services at the practice, where patients could self-refer.
- There was a clear, effective leadership structure, with a strong focus on quality and strategic leadership. The practice strategy, values and mission statement supported this focus. Practice, team and individual objectives were in place. There was evidence of cross team objective setting. Staff felt very supported by management. The practice proactively sought feedback from staff and patients, which it acted on and benchmarked with other local practices.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. Innovation was encouraged and included for example, training for reception staff to signpost patients to appropriate health and social support services and triage of emergency appointment requests on behalf of four practices in the Deben Health Group. Outcomes were regularly monitored to ensure that innovation was having the desired impact and remained in line with the practice's strategy.

We saw two areas of outstanding practice:

- The practice shared outcomes of significant events with staff and members of the Deben Health Group. (A group of eight local GP practices who work together on financial, educational and clinical matters and to share learning and development.) For example the practice shared a significant event, where they had raised a safeguarding alert in relation to a medicine issue at a care home. This raised awareness in the other practices of the need to raise a safeguarding concern in similar circumstances.
- The practice had been awarded the Investors in People award annually for the past 13 years which demonstrates the practice's commitment to training, supporting and developing its staff. Staff confirmed that they felt empowered and involved in the practice and were supported to develop to their potential.

The areas where the provider should make improvements are:

- Continue with plans to invite patients with a learning disability for a health check.

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

Summary of findings

Outstanding practice

We saw two areas of outstanding practice:

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Wickham Market Medical Centre

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 a practice manager specialist adviser.

Background to Wickham Market Medical Centre

- The name of the registered provider is Wickham Market Medical Centre. The practice address is Chapel Lane, Wickham Market, Woodbridge, Suffolk, IP13 0SB. The practice has a branch location called Rendlesham Surgery. The address is 6 Acer Road, Rendlesham, Woodbridge, Suffolk, IP12 2GA.
- The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The provider delivers regulated activities from Wickham Market Medical Centre and from Rendlesham Surgery. These locations were both visited during the inspection.
- The practice has a Personal Medical Services (PMS) contract with the local Clinical Commissioning Group (CCG).
- There are approximately 9900 patients registered at the practice.
- The practice website is <http://www.wickhammarketmc.co.uk>
- The practice has four GP partners, (three male and one female) and one salaried GP (female). The nursing team includes three nurse practitioners, one practice nurse, one diabetes specialist nurse and a practice nurse vacancy and three healthcare assistants. The dispensary is led by a pharmacist with five dispensary staff. There is a business manager and a team of 13 administration and reception staff and an apprentice administrator. The practice is a teaching practice although there were no medical students placed at the practice at the time of the inspection. (A teaching practice has medical students who are training to become doctors placed at the practice.)
- The practice is part of a group of eight local GP practices which form the Deben Health Group; a group brought together to work together on financial, educational and clinical matters and to share learning and development.
- According to Public Health England, the patient population has a considerably lower than average number of patients aged under 10 and between the ages of 20 to 39 compared to the practice average across England. It has a higher proportion of patients aged 40 and above compared to the practice average across England. Income deprivation affecting children and older people is significantly lower than the practice average across England.
- The practice was able to offer dispensing services at both the main and the branch practice, to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a number of safety policies which were regularly reviewed, communicated to staff and available on the practice computer system. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were regularly reviewed and were accessible to all staff, alongside additional information which outlined clearly who to go to for further support and guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up to date safety and safeguarding training appropriate to their role, which included identifying radicalisation. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Actions from the last infection control annual audit undertaken in June 2017 had been completed.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction process. A new induction for clinical staff, including locum staff had been developed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.
- The practice's patient record system included local pathways and guidance which could be accessed through a keyword search.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There were clear processes for sending and tracking referrals.
- Referral letters included all of the necessary information.

Appropriate and safe use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice kept prescription stationery secure and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice benchmarked their antibiotic prescribing. The practice also monitored their antibiotic prescribing more closely when nurse practitioners joined their clinical team to ensure they prescribed appropriately and they remained in line with their antibiotic prescribing rate.

Are services safe?

- The practice actively engaged with the Clinical Commissioning Group (CCG) prescribing advisors and one GP partner attended the CCG prescribing leads meeting.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines, which included patients who lived in care home settings.
- An effective system was in place for the review of patients on high risk medicines.
- Arrangements for dispensing medicines at the practice kept patients safe.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. These included for example, fire, health and safety and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice monitored and reviewed activity. This helped staff to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, following a review, actual water temperatures were now documented, rather than documenting that they had been taken.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Significant events and the associated actions were all recorded on an electronic system. This enabled the practice to record significant events under themes in order that reoccurrence could be identified sooner and action taken to minimise this risk.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. Action was taken to improve safety in the practice. Following an emergency situation at the practice, the practice now have a privacy screen and additional defibrillator equipment in place.
- Significant events were reviewed by theme on an ongoing basis and formally every six months. The practice shared outcomes of significant events with staff and other local GP practices during meetings that were attended by representatives from other practices.
- There was a system for recording and acting on safety alerts. The practice learned from external safety events and patient safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Patients received a full assessment of their needs. This included their clinical needs and their mental and physical wellbeing.
- Clinicians were able to dictate directly into the patient's medical record, which the practice advised saved clinician time and improved the completeness of patient records.
- We saw no evidence of discrimination when making care and treatment decisions. The practice followed an equality and diversity policy and all staff had completed equality and diversity training.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

Older people:

- Nationally reported Quality and Outcomes Framework (QOF) data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, osteoporosis, dementia and heart failure were in line with the local and national averages. However, performance was lower in one of the sub indicators for heart failure. 83% of patients with a current diagnosis of heart failure were currently treated with two medicines, which was below the CCG average of 92% and the national average of 93%. The exception reporting was 14% which was the same as the CCG and national average. Exception reporting was higher for one of the sub indicators for osteoporosis. 83% of patients aged between 51 and 74 years were receiving appropriate treatment for osteoporosis, compared with the CCG average of 85% and the national average of 86%. The exception reporting was 46%, compared with the CCG average of 16% and the national average of 13%. The practice explained that this was due to side effects of the medicines not being tolerated by some

patients. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- GPs and a nurse practitioner provided home visits to patients who lived in three care homes covered by the practice. One care home had recently opened and the practice completed health checks as part of the registration process. Falls assessments were also reviewed by the nurse practitioner.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail were reviewed during the multidisciplinary meeting and also had a review of their medication.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra or changed needs.
- The practice had a higher proportion of patients aged 40 and over compared to the practice average across England. The practice were able to access a geriatrician through a telephone 'hotline'. This service was set up by the Clinical Commissioning Group (CCG). Practices are able to telephone a geriatrician from the hospital to access advice and potentially avoid an unnecessary admission to hospital for the patient.

People with long-term conditions:

- Nationally reported data showed that outcomes for patients with long term conditions, including diabetes, asthma, chronic obstructive pulmonary disease (COPD), hypertension and atrial fibrillation were in line with the local and national averages. There was some high exception reporting in some of the sub indicators, for diabetes and asthma. 97% of patients with diabetes had appropriate treatment for a kidney condition, compared with the CCG average of 90% and the national average of 93%. However the exception reporting was 30% compared with the CCG average of 17% and the national average of 14%. 83% of patients with asthma, aged between 14 and 20 years had a recording of smoking status in the preceding 12 months, compared with the CCG average of 90% and the national average of 89%. The exception reporting was 21%, compared with the CCG and national average of 5%. The practice advised that this was due to the side effects of some of the

Are services effective?

(for example, treatment is effective)

medicines not being tolerated by patients, difficulty in encouraging patients to attend for review and small numbers of patients. We reviewed this exception reporting and found it to be appropriate.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice employed a diabetes specialist nurse and also had a diabetes special nurse who offered clinics for patients with more complex diabetes.
- Staff who were responsible for reviews of people with long term conditions had received specific training.
- 98% of patients with long term conditions, who were recorded as current smokers had received discussion and advice about smoking cessation. This was in line with the CCG and national average of 97%.
- The practice was currently involved in a research study which was aimed at identifying patients at risk of developing diabetes.

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.
- We saw positive examples of joint working with midwives and health visitors. A midwife held a weekly clinic at the practice and a fortnightly clinic at the branch practice. Postnatal checks were completed for new mothers and babies.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. For example, rates for the vaccines given to two year olds ranged from 95% to 97% and for five year olds from 90% to 98%. Appropriate follow up of children who did not attend for their immunisations were in place and a protocol was in place to support this.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 78%, which was slightly below the 80% coverage target for the national screening programme. The CCG average was 82% and the national average was 81%. The practice advised that they had experienced nurse vacancies which may account for the lower uptake, despite offering Saturday morning appointments with a locum nurse. The new practice nurse had completed training so they could take samples for the cervical screening programme. The practice advised that patients had been informed of the delay. The practice felt this would improve their uptake rate to 80% or above.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks which included new patient checks and NHS checks for patients aged 40 to 74. 479 health checks had been offered between April 2016 and March 2017 and 130 had been completed. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- Annual health assessments were offered to patients with a learning disability. These were undertaken by a GP. The practice had 25 registered patients with learning disabilities, of whom 11 had received a health review in 2016 to 2017. The practice identified the concern that patients had not been reviewed and had undertaken a clinical audit, with the support of a learning disability nurse from May 2017 to October 2017 to improve the coding of patients with a learning disability and to then ensure they are offered appropriate support. This included having accurate codes in place, for example to identify carers. The practice wanted to complete the audit first to ensure their coding was accurate before inviting patients for review. On the day of the inspection, the practice had 24 patients with a learning disability and although none had received a health review, each patient had been contacted and recalls had been set up for the identified patients to be invited for a health review between November 2017 and March 2018. The practice had a protocol in place to follow up patients who did not attend.
- The practice had a hearing aid loop fitted at the main and the branch practice.

Are services effective?

(for example, treatment is effective)

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, those with caring responsibilities and those with mental health needs. Alerts were in place on the patient's computerised record to inform staff of any reasonable adjustments they may need. For example, booking appointments at the beginning of surgery to minimise waiting times.

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

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 85% and the national average of 84%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was in line with the CCG average of 93% and the national average of 90%.
- 94% of patients who experienced poor mental health had received discussion and advice about alcohol consumption, which was in line with the CCG average of 92% and the national average of 91%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Two of the GP partners had additional knowledge in relation to dementia.
- The practice had a mental health link worker, who offered 30 minute appointments on a weekly basis for patients. They also attended the multi-disciplinary meetings held at the practice.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We reviewed a two cycle audit on inhaler maintenance. Following a period of patient education on inhaler maintenance the practice identified an improvement for the percentage of patients washing their inhaler, from 40% to 50%, for testing their inhaler, from 30% to 50% and for rinsing their mouth after using an inhalation device for an inhaled steroid, from 50% to 66%. Although the results showed an improvement, the

practice was not achieving nationally set standards. They planned to continue to advise new patients and those already on treatment of the importance of these interventions.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and the national average of 96%. The overall clinical exception reporting rate was 9%, which was the same as the CCG average and below the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

The practice scored the same as the CCG in six of the 25 clinical and public health indicators, below in one and above the CCG in the other 19. They scored above the national average in all of the clinical and public health indicators.

At the time of the inspection, the practice performed well compared to local benchmarking standards. It was third out of 40 practices for low levels of unplanned admissions to hospital and low levels of outpatient referral, second for low levels of one day or less admission to hospital and for GP referred inpatient emergency admissions, fourth for total avoidable admissions and ninth for low use of accident and emergency.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The practice had a well-established apprenticeship programme and had appointed eight apprentices in the previous five years. Seven of these had gone on to be employed by the practice into administration and reception roles as well as continuing with training. One was now a qualified

Are services effective?

(for example, treatment is effective)

NVQ2 dispenser and another was undertaking health care assistant training. The practice currently had two apprentices, one who was working towards an NVQ3 in business administration and another towards an NVQ2 in dispensing.

- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by review of their clinical decision making, including referrals and non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. Care home staff were invited to the relevant part of multidisciplinary meetings to be involved with the review of the patients in their care.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice reviewed patients who were at risk of being readmitted to hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services.

This included for example, patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. The practice offered a smoking cessation service to patients.

- Staff encouraged and supported patients to be involved in monitoring and managing their health. One of the notice boards at the practice focused on promoting self-care. Another notice board promoted awareness of the services available outside the practice. One of the GP partners attended the Wickham Market & District Integrated Health and Social Care Hub, an organisation set up to promote healthier living with community support groups, promote social prescribing and the training of voluntary carers. The GP provided clinical advice and support to the group.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, influenza and stop smoking campaigns.
- 83% of females between the ages of 50 and 70 had been screened for breast cancer in the preceding 36 months, compared to the CCG average of 79% and national average of 73%.
- 63% of patients had been screened for bowel cancer in the preceding 30 months, compared to the CCG average of 62% and national average of 58%.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Representatives from the three care homes where patients were registered confirmed this.
- Patients we spoke with and comments we received through the Care Quality Commission comments cards, confirmed that consent was obtained when receiving care and treatment.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural and social needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Privacy notices were displayed at the reception and dispensary desks.
- Patients who reached the age of 100, were given a card and flowers on behalf of the practice.
- The practice supported transgender patients and we reviewed positive feedback.
- All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. The most recently published NHS Friends and Family Test data from June 2017, showed from the 30 responses, 97% of patients would recommend the practice. Feedback was also positive from representatives from the three care homes where patients were registered at the practice and other feedback received by the practice.

Results from the July 2017 national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect. 221 surveys were sent out and 115 were returned. This represented a 52% completion rate. This represented just over 1% of the practice population. Results were in line with local and national averages:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time compared with the CCG average of 87% and the national average of 86%.

- 98% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.
- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 86% and the national average of 86%.
- 90% of patients who responded said the nurse was good at listening to them compared with the CCG average of 94% and the national average of 91%.
- 89% of patients who responded said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and the national average of 91%.
- 86% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

The practice had reviewed these results and had an action plan in place to improve patients' satisfaction. For example, the practice had reviewed the appointment times for nurses across the Deben Health Group practices and implemented generic appointment durations for nurses for each area of work.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard:

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with people in a way that they could understand, for example, invitations to health reviews and health action plans were written in simple text for patients with a learning disability to understand.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Are services caring?

The practice proactively identified patients who were carers, by asking new patients and existing patients to identify themselves as carers. A carer's information pack was available in the waiting room for patients to take away. Information was also available on the practice's website. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 160 patients as carers (just under 2% of the practice list).

- A member of staff acted as a carers' champion to help ensure that information on the various services available to support carers were displayed. The practice arranged for Suffolk Family Carers to meet with carers at the practice, if this was requested.
- Staff told us that if families had experienced bereavement, the named GP made a decision in relation to how best support them. Information on bereavement support organisations was available in the practice and on the practice's website.

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

- 92% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) and the national average of 86%.

- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice had reviewed these results and had an action plan in place to improve patients' satisfaction. For example, nurses' awareness had been raised of the need to explain treatments and tests and ensure patients were involved in decisions about their care and treatment. The practice had also introduced one to one sessions for nurse practitioners with GP partners, and for practice nurses with nurse practitioners to enable discussions and support in these areas.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and improved services in response to those needs. The practice offered a minor injuries service, which patients could attend during opening hours and would be seen by a clinician. There was evidence of audits of consent and infection rates for the minor injuries service. Emergency appointments were available every day with the nurse practitioner. When these had been booked, any further requests to be seen urgently were undertaken by a GP.
- The practice offered extended opening hours and online services such as repeat prescription requests and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when people found it hard to access services. For example, the practice could be accessed by wheelchair and automatic doors were used at the entrance to the practice.
- The practice had a set of scales for people who used a wheelchair. These were used by patients registered with other practices.
- The practice offered a dispensary delivery service to patients in a specific geographical area who were not able to attend the practice due to a lack of public transport.
- The patient participation group at the practice were involved in setting up a networking day, where a number of health, social and voluntary services were available to share and inform the local population, which included patients registered at the practice, about their service.
- Patients at the practice could be referred for ultrasound scanning, which was provided by another organisation, but was located at the practice. Patients could self-refer to physiotherapy which was available at the practice two days a week. As part of the care navigation process,

reception staff were able to direct patients to a musculoskeletal specialist based at the practice for three sessions a week, without the need to be seen by a GP. This service had been arranged by the practice, following an audit and review of patient consultations, which identified that 40% of GP consultations related to musculoskeletal issues..

Older people:

- All these patients had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- GPs and nurse practitioners provided home visits to patients who lived in three care homes covered by the practice. Regular meetings were held with the care home manager. The focus of the meetings was support and education to ensure the most appropriate care pathway was followed to ensure the best outcomes for patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- All parents or guardians who called with concerns about a child under the age of 18 were offered a same day appointment.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Are services responsive to people's needs?

(for example, to feedback?)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, appointments were available at the main practice every Saturday, with appointments being available at the branch practice one Saturday a month. The practice had extended this to include appointments with a nurse and health care assistant, as well as a GP.
- Patients were able to book evening and weekend appointments with a GP through Suffolk GP+ (Suffolk GP+ is for patients who urgently need a doctor's appointment, or are not able to attend their usual GP practice on a weekday.) The practice was the base for the Suffolk GP+ extended GP access service, which the practice had proactively bid for to improve access for patients in their locality.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a caring responsibility, those with a learning disability and those with a mental health need.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was subcontracted, by Care UK through another GP practice which was part of the Deben Health Group (DHG), to provide GP care to two local prisons. To ensure a continuous good standard of care in these facilities the practice worked closely with the prison healthcare team and the other local practice to provide continuous GP cover.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- Reception, administration, dispensary staff, the business manager and members of the patient participation group had all completed dementia awareness training at the practice and were 'dementia friends'. The practice had registered as a dementia friendly organisation.
- The practice obtained information in relation to patient satisfaction feedback from a pictorial, electronic feedback machine in the practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. Patients were able to book appointments in person, by telephone or on line.

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above average when compared to the CCG and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 79% and the national average of 71%.
- 92% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.

Are services responsive to people's needs?

(for example, to feedback?)

- 90% of patients who responded said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 92% of patients who responded described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 73%.
- 70% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 65% and the national average of 58%.

The practice had reviewed these results and had an action plan in place to further improve patients' satisfaction. For example the practice had increased advertising to inform patients that appointments could be booked online.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately. It improved the quality of care in response to complaints and concerns.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 34 complaints were received in the last year. We reviewed five complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, reception staff received additional training to support them when making appointments for patients, which included urgent appointments.

Are services well-led?

Outstanding



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

Our findings

We rated the practice, and all of the population groups, as outstanding for providing well led services.

Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They had a deep understanding about the issues and the priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice was part of a local group of GP practices, the Deben Health Group (DHG), a group brought together to work together on financial, educational and clinical matters and to share learning and development. One of the GP partners was the chair of the DHG and the business manager was the chair of the practice managers group. They led on the strategic development and structure of the DHG, were involved in all of the projects being undertaken in the DHG and led on most of them. The chair of the DHG attended the primary care leaders meetings, organised by the CCG, which aim to promote the sharing of good practice and help shape the delivery of primary care services locally. The business manager was also active outside the practice as an elected non-executive board member of the Suffolk GP Federation, who represented practice managers from the East and West of Suffolk.
- The practice took a lead role in arranging for example, basic life support and fire marshall training for all staff in the DHG practices. A telephone system had been installed in all the DHG practices, in order to contact each other through an internal system and to manage phone calls for each other.

Vision and strategy

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

- There was a simple vision 'to provide our patients with the high quality of primary healthcare services that we would want for ourselves and for our families and friends.' This was developed jointly with patients, staff and external partners.
- The mission statement of the practice was 'to think strategically, to strive for operational excellence and to develop continuously'. We saw evidence of this during the inspection. For example, the practice demonstrated how quality was the driver for the operational management of the practice.
- It had an innovative and achievable strategy and supporting business plans to achieve the identified priorities. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and have a positive impact on the quality and sustainability of the service.
- The objectives included for example, to recruit and retain staff with the necessary skills and capacity whilst managing and motivating staff; to perform well against all indicators, which included for example, their personal medical services contract and patient surveys; to work collaboratively with the Clinical Commissioning Group (CCG) and DHG; and to ensure they continuously met the needs of patients and staff.
- Staff were aware of, understood and contributed to the vision, values and strategy and their role in achieving them. The values of the practice were reviewed on an annual basis.
- The practice monitored progress against delivery of the strategy. A number of outcome sources were discussed and reviewed regularly within the practice, to ensure that the desired outcomes were being achieved and to take action if they were not.

Culture

The practice had a culture of high-quality, sustainable and effective care with strong strategic leadership.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and had high levels of satisfaction in their job roles.
- Leaders and managers acted on behaviour and performance which was inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems

Are services well-led?

Outstanding



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

to ensure compliance with the requirements of the duty of candour. The practice shared incidents and complaint outcomes with the patient participation group and with the DHG.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They always felt confident that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. The GPs and nurse practitioners held a daily meeting to discuss clinical issues and to provide each other with support and advice.
- During a whole practice training day the practice had asked members of staff to set objectives for the practice, their teams and for themselves. This work had been further developed as teams now suggested and set objectives for other teams within the practice. All appraisals were actioned in January and February each year, to ensure objectives were set and agreed for the entire practice for the year. The objectives for the practice, business manager, clinical, dispensary and administration and reception team and individual objectives were all shared, and staff signed to confirm receipt of these. These were reviewed monthly at the partners meeting and at a staff team meeting in October.
- The values of the practice were integral to the day to day functioning of the practice and examples were discussed at staff meetings and appraisals.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There was a strong emphasis on the safety and well-being of all staff. There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. These were communicated clearly to all staff.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The practice had developed a task template, which detailed for example, of all the safety checks that needed to be done and review of the patient feedback sources, including the frequency and who was responsible for completion.
- There were a number of meetings which included for example departmental meetings, departmental leads meetings, clinical meetings, partner meetings, complaints meetings and infection control meetings. Staff were able to add to the agenda as appropriate and minutes were circulated and available on the practice's computer system. Staff we spoke with were able to access documentation easily.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. They were encouraged to be multi skilled in order to provide cover for other areas of the practice as necessary, to ensure the delivery of the service to patients. For example, the practice had invested time to train data quality clerks to undertake coding on behalf of GPs, to release time for GPs to focus on clinical care. The practice advised that this had reduced the GP workload by up to 80%. This process was overseen by a GP and review of their work was undertaken. Staff could also transfer from and to other practices in the DHG in case of need.
- Practice leaders had established a range of policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks, which included risks to patient safety.
- The practice met regularly with the care home managers, where residents were registered at the practice. The focus of the meetings was to support and provide education to ensure the most appropriate care pathway was followed to ensure the best outcomes for patients.

Are services well-led?

Outstanding



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

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. The business manager had undertaken work as part of the NHS England Healthcare Leadership course, to reduce unnecessary work by GPs, nurses and nurse practitioners in order for them to focus on specialist work and to upskill the work of health care assistants. A health care assistant had been trained to undertake spirometry and health care checks. Appropriate checks were in place to ensure health care assistants were competent to undertake this work.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints. A spreadsheet of all safety alerts received and detailing the action taken was recorded on a monthly basis.
- The practice had plans in place and had trained staff for major incidents.
- The practice used information technology systems to monitor and improve the quality of care. For example, the practice obtained information in relation to patient satisfaction feedback from a pictorial, electronic feedback machine in the practice.
- The practice had successfully bid for funding on behalf of all the practice in the Deben Health Group to use voice recognition technology; Clinicians were able to dictate directly into the patient's medical record, which the practice advised saved clinician time and improved the completeness of patient records.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was reviewed regularly by identified staff and shared within the practice to ensure performance was maintained and improved.
- The practice had a strong focus on quality and sustainability, which was embedded in their strategy and objectives. Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information in order to monitor or effect change.
- The practice used performance information which was reported and monitored and management and staff held to account. We saw evidence of this in staff files and minutes of meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any weaknesses and these were acted on quickly.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The most recently published NHS Friends and Family Test data from June 2017, showed from the 30 responses, 97% of patients would recommend the practice.
- There was an active patient participation group (PPG) which met informally every two months, without practice staff present, to identify and submit agenda items for discussion with the practice. Formal PPG meetings were held every two months and these meetings were always attended by the practice manager and senior partner. We spoke with two representatives of the PPG, which included the chairperson, who also attended the CCG PPG meetings. The PPG worked effectively with the practice as a 'critical friend'. For example, the practice encouraged patients to see other clinicians rather than GPs where appropriate. However the PPG felt that the role of the clinical staff should be explained to aid patient understanding, with the use of posters displayed at the practice. The group had used social media, newsletters and word of mouth to ensure practice information was shared amongst the patients. PPG meeting minutes

Are services well-led?

Outstanding



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

were available on the practice's website. PPG representatives attended the Wickham Market and District Integrated Health and Social Care Hub Group to promote and share good practice.

- The practice worked with the PPG to provide a seasonal newsletter for patients which was available in the practice and was distributed in the practice area by various members of the PPG. Leaflets which gave real examples of feedback received from patients were available in the practice.
- The practice was transparent, collaborative and open with stakeholders about performance. The business manager chaired monthly practice management meetings with the DHG during which best practice and learning points were shared with other practice managers. For example, the results of the national GP patient survey published in July 2017, had been benchmarked and reviewed with the DHG.
- There was a culture of engagement with staff, both informally and formally, through staff meetings, appraisals, discussion and away days. The practice had a bi monthly staff newsletter to update on practice issues, patient feedback and staff social events.

Continuous improvement and innovation

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

- There was a strong focus on continuous learning and improvement at all levels within the practice. Reception staff at all the DHG practices had received care navigation training to navigate patients to the most appropriate person to deal with their health and social care needs. This area of work had been audited by the

practice and found to reduce 36% of GP appointments by signposting patients to more appropriate services. The practice had also streamlined the duration of appointments.

- The practice were piloting an 'on the day team', with three other local practices in the DHG, to manage the shortage of GPs and the demand for emergency care. A clinician triaged all afternoon requests for an emergency appointment. The issue would be dealt with by telephone, advice given, or the patient would be booked into their own practice for an appropriate appointment. The practice advised that their figures showed this had reduced the number of urgent face to face appointments by up to 70% and the number of routine appointments had increased.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice is a training practice for medical students who were training to become doctors.
- The practice was accredited with the Royal College of GPs as a research ready practice. They held a contract with the Eastern Clinical Research Network. They were involved in a variety of research projects. For example one research project involved the use of an online tool for medicine reviews for patients who were prescribed ten or more medicines. Whilst this was felt to have benefitted the patients who were part of the study, the formal results of the study were not yet available.
- The practice was awarded the Investors in People award in 2005 and had been reaccredited on an annual basis continually since.