

Greenfield Medical Centre

Quality Report

143-145 Cricklewood Lane
London
NW2 1HS
Tel: 020 8450 0837
Website: www.greenfieldmc.co.uk

Date of inspection visit: 23 September 2015
Date of publication: 21/01/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Greenfield Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

We carried out an announced comprehensive inspection at Greenfield Medical Centre on 23 September 2015.

Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- There was a clear leadership structure and staff felt supported by management.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- The practice made good use of audits and had shared information from one of their audits with other practices to promote better patient outcomes.

Summary of findings

However there were areas where the provider should make improvements.

Importantly the provider should:

- Review reception arrangements to prevent conversations from being overheard improving patient confidentiality and privacy.

- Continue to work to improve patient satisfaction scores in terms of being able to get through to practice on the phone.

Letter from the Chief Inspector of General Practice

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 widely to support improvement. Information about safety was recorded, monitored, reviewed, shared with the practice team and changes were made. 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 in line with averages for the locality and the practice carried out regular audits. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) which was routinely used. 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 were identified through an appraisal process where personal development plans were made. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated good for providing caring services. Patients' views gathered at the inspection demonstrated they were treated with compassion, dignity and respect and were involved in decisions made about their care and treatment. We saw that staff treated patients with kindness and respect and there was information about services offered at the practice and in the community displayed around the practice.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and their Clinical Commissioning Group (CCG) where they led on bids to secure improvements to services where these were identified. The majority of patients said it was easy to get an appointment with a GP and there were same day urgent appointments available. The practice had good facilities and processes were in place for expansion of the building to create extra consulting rooms and they were well equipped to treat patients and

Good



Summary of findings

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

Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy; staff were clear about the vision and their responsibilities and wore the practice motto on their name badges. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures, which were given to staff on a personal computer disc as well as being easily accessible on the practice's computer system. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff received inductions, appraisals and attended regular staff meetings.

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 good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example admissions avoidance and end of life care. It was responsive to the needs of older people and offered home visits, rapid access appointments and longer appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions. These patients had structured annual reviews or 6 monthly reviews if their condition was not well controlled to check their health and medication needs were being met. Nursing staff had key roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP, for those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example children who had a high number of A&E attendances and children who missed hospital appointments. Immunisation rates were higher than local averages for all standard childhood immunisations. Patients told us that children and young people were treated in an age appropriate way and had priority access to appointments. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice adjusted the services it offered to ensure these were accessible and flexible. The practice offered

Good



Summary of findings

extended hours twice a week with both early morning and late evening appointments, online access to appointments and prescriptions was available and telephone consultations were used for patients who were unable to attend the surgery. The practice offered a full range of health promotion and screening that reflected the need for this age group.

The practice worked with the patient participation group and responded to feedback from patients to increase the number of telephone consultations with a preferred GP and upgraded its' telephone system to enable patients to have easier and increased access to services.

People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with learning disabilities. It had carried out annual health checks for people with learning disabilities and they were offered longer appointments.

The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. Leaflets were available to provide patients with information about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of normal working hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). Seventy four percent of people experiencing poor mental health had an agreed care plan, and the practice worked with multidisciplinary teams to case manage these patients. Ninety five percent of patients had cervical cytology screening; these patients were also offered an annual physical health check. The practice hosted a pilot mental health service four days a week and makes good use of having the mental health team based on site including having internal training provided by the mental health team.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to alert administration staff

Good



Summary of findings

and follow up patients who had attended accident and emergency (A&E) where 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

There were 112 responses out of a possible 312 to the July 2015 National GP Patient Survey, which equates to 1.7% of the total practice population. The results showed that the practice was performing below local and national averages in the majority of areas. For example:

- 53% find it easy to get through to this surgery by phone compared with a CCG average of 63% and a national average of 73%.
- 79% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 31% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 56% and a national average of 60%.
- 75% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 90% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 62% describe their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 57% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 48% feel they don't normally have to wait too long to be seen compared with a CCG average of 50% and a national average of 58%.

As a part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 cards, all of which were positive about the standard of care given. There was a recurring theme of friendly, helpful professional staff, two comment cards mentioned difficulty in making an appointment.

We spoke with a representative from the Patient Participation Group (PPG) who said that the practice carried out many surveys to get patient opinions, and at the request of the PPG online appointments were started. We were informed that it was easy to get an appointment if you did not want to see a named GP, and that the practice staff were caring, kind and professional. We were told that when a patient missed a hospital appointment a GP rang the patient to follow up the reason it was missed and ensure there were no problems.

Four patients were spoken with, all of whom told us that the practice was always clean and tidy and there were no issues getting an appointment. Two patients felt that GPs did not always give clear explanations about their health issues and three patients said that they are not always given enough time during consultations. All five patients said they would feel comfortable feeding back issues to the practice and would use the suggestion box located in reception, none reported having been asked to take part in a survey.

Areas for improvement

Action the service **SHOULD** take to improve

- Review reception arrangements to prevent conversations from being overheard improving patient confidentiality and privacy.
- Continue to work to improve patient satisfaction scores in terms of being able to get through to the practice on the phone.

Greenfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a second CQC inspector, a GP specialist advisor and a practice nurse and a practice manager. The specialist advisors were granted the same authority to enter registered person's premises as the CQC inspectors.

Background to Greenfield Medical Centre

Greenfield Medical Centre is located in a residential area in North West London, based in two adjoining houses that underwent remodelling in 2000. There were 6611 patients registered with the practice. The practice's registered population was higher than the national average for working age patients and lower than the national average for patients aged 65 and older in Barnet.

The practice has three female GP partners, one male and one female salaried GP, one nurse practitioner, one practice nurse, one health care assistant, one practice manager partner, seven reception administration staff and a non-clinical apprentice. The practice was a teaching practice for newly qualified GP's and operated under a Primary Medical Service contract (PMS).

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were from 8:00am to 12:00pm every morning except one morning a week, which varied, where there was a session that started at 7:00am. Afternoon appointments were from 3:00pm and 6:00pm, with the exception of Thursdays when the practice was closed for administration work to be completed. Extended

hours were available on Mondays from 6:30pm and 8:00pm. When the practice is closed patients are advised to contact the out of hours provider whom the practice has a contact with which has been agreed by NHS England.

Greenfield Medical Centre operates regulated activities from one location and is registered with the Care Quality Commission to provide family planning, treatment of disease, disorder and injury, diagnostic and screening procedures, maternity and midwifery services and surgical procedures.

Why we carried out this inspection

We inspected this service as a part of our new comprehensive inspection programme. This location had not been previously inspected.

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014

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?

Detailed findings

- Is it responsive to people's needs?
- 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. We carried out an announced visit on 23 September 2015. During our visit we spoke with a range of staff including GP's, Nurses, Practice Manager, Health Care Assistant and Administration Staff and spoke with patients who used the service. We observed how people were being cared for and talked with family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about what actions would be taken to improve care. We reviewed six significant events that had occurred during the last 12 months as saw that the system was followed appropriately. The practice reviewed significant events and complaints annually, staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice computer system.

We reviewed minutes of two practice meetings from the past two years and saw that incidents were regularly discussed, lessons were shared to make sure action was taken to improve safety in the practice, for example we saw that when a receptionist reported what she thought was threatening behaviour toward a child, this was reported in the correct way and was discussed at a practice meeting and learning was shared.

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.

Overview of safety systems and processes

The practice had clearly defined systems and process 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 clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, these policies were also on posters in clinical rooms and admin areas. There was a clinical lead member of staff for safeguarding, all staff were aware of who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting rooms and on consulting room doors advising patients that they could request a chaperone if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service 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). As an extra failsafe, chaperones would enter into a patients' record confirming there was a presence of a chaperone. There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy accessible to all staff. The practice had up to date fire risk assessments and regular fire drills were carried out. The last fire drill was filmed to be used as a training tool for staff members. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice had a newly appointed lead for infection control. They were undertaking further training to enable them to provide advice on the practice infection control policy and carry out staff training, and was supported by the practice manager. We saw that infection control audits were carried out in each of the last three years and improvements identified were completed in a timely manner. Minutes of practice meetings showed that findings of audits had been discussed.
- The arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were stored securely and there was a system to monitor their use. We checked medicines stored in treatment rooms and medicine fridges and found they were in date and a process for monitoring fridge temperatures was in place, which

Are services safe?

included what action to take in the event of the fridge breaking or a power failure. Vaccines were administered by the Nurse, we saw signed in date patient group directives were in use.

- Recruitment checks were carried out; we reviewed all staff files which showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, two references, qualifications, registration with the appropriate professional body and appropriate checks through DBS.
- Arrangements were in place for planning and monitoring the number of staff and skill mix needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty on any given day, this meant that as far as possible annual leave had to be booked at least four weeks in advance to allow for effective planning, reception and admin staff covered each other and if needed locum GPs were bought in to cover clinicians.

Arrangements to deal with emergencies and major incidents

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

The practice had a comprehensive business continuity plan in place, for major incidents such as power failure or building damage, all staff members had a personal electronic copy. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatments in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to 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 audits, random sample checks of patient records and discussions at clinical meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98%, with a 6.42% exception reporting rate. This practice was not an outlier for any QOF or other clinical targets. Data from the Health and Social Care information Centre (HSCIC) showed:

- Performance for diabetes related indicators was better than the CCG and national average. For example the percentage of patients with a foot examination and risk classification within the preceding 12 months was 95.83% compared with a national average of 88.35%.
- The percentage of patients with hypertension having regular blood pressure tests was 85.4% compared with a national average of 83.11%.
- Performance for mental health related indicators was better than the CCG and national average. For example the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 93.75% compared with a national average of 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been eight clinical audits carried out in the last 12 months four of which were two cycle audits and showed

where improvements made were implemented and monitored. For example we saw an audit that looked at the prescribing of antithrombotic medication for patients who had an ischemic cerebrovascular accident (CVA). After the second audit it was found that 84% of these patients were on the correct medical therapy compared with 59% on the previous audit. We saw minutes of meetings where this was discussed and also changes made to how the type of CVA is documented in the patients electronic record.

The practice participated in local audits, national benchmarks, accreditation, peer review and research. Findings were used by the practice to improve services, for example recent action taken as a result of local audit into the prescribing of paediatric allergy formulas led to patients being contacted and booked with a dietician to change their formula.

Information about patient outcomes was used to make improvements such as; implementing a failsafe system to ensure that two week wait referral patients receive an appointment within the correct amount of time.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered topics such as confidentiality, health and safety, fire safety and safeguarding.
- The learning needs of staff were identified through an appraisal system, meetings, significant events and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs, this included mentoring for new staff, e-learning modules, clinical supervision, one-to-one meetings and practice meetings. All staff had an appraisal within the last 12 months.
- Staff received training that included mental capacity and consent, equality and diversity adult and children safeguarding and infection control.

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, medical records, care plans and test results.

Are services effective?

(for example, treatment is effective)

NHS patient information leaflets were also available. All relevant information was shared in a timely manner with other services, for example, staff worked together with other health and social care services to understand and meet the range of complex needs and plan the ongoing care and treatment of elderly patients on discharge from secondary care. We saw that multi-disciplinary meetings took place on a monthly 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 legislation and guidance, including the Mental Capacity Act 2005 to which all staff had received training. When providing care and treatment for children and young people, assessments of capacity 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. We looked at a random sample of patient records and saw that consent was sought and recorded.

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, patients with poor mental health, carers, and patients requiring advice on their diet and patients at risk of a hospital admission. Patients were

then signposted to the relevant service. A psychiatrist, psychologist and mental health nurse was available on the premises four days a week as well as a social worker one day a week to support patients experiencing poor mental health.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.41%, which was comparable with the national average of 81.88%. The practice also achieved a 95% uptake of cervical screening for patients experiencing poor mental health. Telephone reminders were used to remind patients of their appointment a couple of days before it was due. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccinations to the CCG and national averages. For example, childhood immunisations given to under two year olds ranged from 78% to 81% and five year olds from 59% to 94%. Flu vaccination rates for the over 65s were 69% compared with a national average of 73% and at risk groups were 44% compared with a national average of 52%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and 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 over the telephone and when attending at the reception desk. We saw that people were treated with dignity and respect. Screens 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; there were signs on doors advising that they should be knocked before opening and conversations taking place in these rooms could not be overheard. The reception area was open plan and conversations held at the desk and on the telephone were able to be overheard, which reduced patient confidentiality, reception staff told us that patients could request to speak to them in a private room.

All of the 47 patient CQC comment cards we received were positive about the service experienced. Patients said that staff were helpful and caring and treated them with dignity and respect as well as praising the service they received. We spoke with one representative from the patient participation group (PPG) on the day of our inspection, they also told us they were satisfied with the care and support provided by the practice and said dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that the practice was in some cases performing below local and national averages in the majority of areas, for example:

- 79% said the receptionists at the practice were friendly compared with a CCG average of 83% and a national average of 87%.
- 74% said the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 79% and a national average of 81%.
- 82% said the last nurse they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 85% and a national average of 90%.

- 31% said they usually get to see or speak to their preferred GP compared with a CCG average of 56% and a national average of 60%
- 75% said they were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff but two patients didn't feel they always had sufficient time during consultations to discuss issues raised. Patient feedback on the comment cards did not align to this view as patients said they were given enough time in consultation in order to make informed decisions about their care and treatment

Results from the national GP patient survey we reviewed showed patients responded below local and national averages to questions about their involvement in planning and making decisions about their care and treatment, for example:

- 80% said the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 84% and a national average of 86%.
- 74% said the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 79% and a national average of 81%.

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

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, this included information about diabetes support groups and counselling services.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers; they were supported by being offered an

Are services caring?

annual flu vaccination and health check as well as referrals to social services for extra support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered condolences and support, the patient would also be offered an appointment and a referral to support services if necessary.

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. For example the practice was one of the leads on the commissioning of local mental health services from a third party provider for a population of 90,000 patients across 15 practices and hosts the service four days a week, which meant patient's had easy and quick access to services and GP's.

Services were planned and delivered to take into account the needs of different patient groups and help provide flexibility, choice and continuity of care. For example:

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.00pm and one morning a week that changed depending on the GP doing the session from 7.00am to 8.00am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability, those suffering from poor mental health, the elderly and patients who did not have English as their first language.
- Home visits were available for elderly patients and the housebound.
- There was a wheelchair available on site for patients who had mobility issues to use.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were from 8:00am to 12:00pm every morning except one morning a week where there was a session that started at 7:00am. Afternoon appointments were from 3:00pm to 6:00pm, extended hours were held on a Monday from 6:30pm to 8:00pm. There were no afternoon appointments on a Thursday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, same day urgent appointments were available, telephone consultations were available and appointments could be booked in person, over the phone and online.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line with local and national averages, people we spoke with on the day were able to get appointments when they needed them. For example:

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 53% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 62% patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 57% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

The practice had installed a new telephone system to help enable patients to get through to them on the telephone more easily, and improve patient satisfaction. As a result of the PPG feedback, the practice introduced 15 minute afternoon GP appointments to allow more time for issues to be discussed and improve patient satisfaction. In addition the partners had increased the number of telephone consultations they did to allow patients to consult with their preferred GP.

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. The practice manager was responsible for handling complaints in the practice.

We saw that information was available to help patients understand the complaints system, there were posters in the waiting area that described the complaints procedure, there were complaints leaflets and the practice leaflet advised patients to refer to the specific complaints leaflet. Patients we spoke with said that they would speak to the practice manager if they had a complaint.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled within a timely manner and dealt with using openness and transparency. For example, we saw a complaint around a patient's prescription not being faxed to a pharmacy. We noted that the patient was contacted and a reason for the

Are services responsive to people's needs?

(for example, to feedback?)

error was explained and an apology given. There were minutes of a practice meeting where this complaint had

been discussed and lessons were learned, fail safes were put in place to ensure the error did not reoccur. The practice also carried out an annual complaints review and discussed at a practice meeting.

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, staff understood the practice values. The practice motto 'here to help' was worn on staff badges. The practice had a robust strategy and supporting business plans, this included submitting an application form for a grant to expand the building to have more consultation rooms on the ground floor to improve access. .

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Practice performance data was shared amongst staff members to enable them to see what areas needed improving and give suggestions as to how to make those improvements.
- A system of continuous clinical audit and internal audit was used to monitor quality and make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to pass on information and best practice.

Leadership, openness and transparency

The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held where they had the opportunity to raise any issues and were confident in doing so and felt supported when they did. Staff also told us there was an open door culture and any issues or concerns could be raised at any time with the practice manager. Staff said they felt respected, valued and supported by all members of staff. All staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback through the patient participation group (PPG) and through surveys, suggestions and complaints received. There was an active PPG which met quarterly and suggested proposals for improvements to the practice, such as longer appointments during afternoon surgery.

Innovation

There was a strong focus on mental health within the practice. The practice team was forward thinking and lead in the setup of a local mental health pilot scheme, where the practice manager is the chair of the steering group that manages the service. The service is hosted by the practice four days a week, which allows for the mental health team to provide in house training to all staff members and involve the mental health team in their practice meetings to provide input.