

# Middlewich Road Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Middlewich surgery on 30 June 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Systems were in place to ensure incidents and significant events were identified, investigated and reported. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. Information had been regularly shared and disseminated amongst the whole staff team so that everyone had opportunities to learn from significant events however clinical meetings had only recently commenced for the whole team.
- The practice proactively sought to educate their patients to manage their medical conditions and improve their lifestyles by having additional in house services such as a diabetic clinic.
- The practice had signed up to a local CCG led service for patients with dementia to promote early diagnosis and intervention.
- The practice made good use of a large amount of clinical audits where the clinical staff had taken various actions to promote better patient outcomes.
- Staff had received training appropriate to their role however in-depth training would benefit staff that operated the triage system.
- Patients spoke highly about the practice and its staff. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it operated its phone systems to improve patient satisfaction as a consequence of feedback from patients. The practice sought to attract more members to their patient participation group (PPG).
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

**Action the provider SHOULD take to improve:**

# Summary of findings

- The provider should review the current system in place to regularly assess and monitor the quality and safety of the triage service provided.
- The provider should ensure that arrangements are in place to ensure that prescription pads are held securely at all times to avoid unauthorised access.

## **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 requires improvement for safe services. There were systems in place to protect patients from avoidable harm including analysing significant events and safeguarding. When things went wrong, reviews and investigations were discussed to support improvement. The triage system did not have any overview and needed to have regular monitoring in place. The practice had recently started to provide clinical meetings to share best practice and lessons learnt. The premises were clean and tidy. Safe systems were in place to ensure medication including vaccines were appropriately stored and were well managed. The storage of prescriptions in printers in unlocked offices needed review to ensure they were not left unattended. There were enough staff to keep people safe.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from National Institute for Health and Care Excellence (NICE.) Patients' needs were assessed and care was planned and delivered in line with current legislation. The practice monitored its performance data and had systems in place to improve outcomes for patients. Staff had received training appropriate to their role however in-depth training would benefit staff that operated the triage system. There was evidence of appraisals and personal development plans for all staff. Staff worked well with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. There was plenty of supporting information to help patients understand and access the local services available. We also saw that staff treated patients with kindness and respect and they promoted patients privacy.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had signed up to a CCG led service for patients with dementia to promote early diagnosis and intervention. Patients' views about

Good



# Summary of findings

difficulties in accessing appointments had resulted in recent improvements by the practice. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. The practice was in the process of having an extension built to the premises to help develop and improve the facilities at the practice.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. There was a leadership structure and staff felt supported by management. There were systems in place to monitor and improve quality and identify risk. The practice was attempting to encourage more patient participation to seek their feedback. Staff had received inductions and attended staff meetings and events where possible.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They had a range of enhanced services, for example, the avoidance of unplanned admissions scheme and a Vale Royal Clinical Commissioning Group led initiative to improve care given to patients living in residential and nursing homes. The practice had identified all patients at risk of unplanned hospital admissions and had developed a care plan to review them on a regular basis. They had access to community intervention beds to help avoid hospital admissions. The practice met monthly with district nurses and Macmillan team members for Gold standard framework (enables front line staff to provide a specialised standard of care to people nearing the end of life) meetings to discuss those patients in the last six month of their lives to help anticipate their care needs.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Clinical staff had lead roles in chronic disease management and had designated staff to review appointments to make sure no patient missed their regular reviews for long term conditions. Longer appointments and home visits were available when needed. All these patients had a named GP and an annual review to check that their health and medication needs were being met. Patients were encouraged with healthy living and manage of long term conditions, by referring on to dieticians, smoking cessation services, alcohol services and exercise on prescription.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto a patient's electronic record when safeguarding concerns were raised. Regular liaison took place with the health visitor to discuss any children who were identified as being at risk of abuse. The practice offered family planning advice. They ran clinics for six week old baby health checks run in conjunction with the health visitor and the GP's. Immunisation rates were comparable with local CCG benchmarking for all standard childhood immunisations and patients could attend the clinics without a referral.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered. For example the practice offered extended open times to ensure they were flexible and offered continuity of care. The practice offered health promotion and screening that reflected the needs for this age group such as contraceptive services and chlamydia testing. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns.

## **People whose circumstances may make them vulnerable**

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. Staff had been trained to recognise signs of abuse in vulnerable adults and children and they were trained and knowledgeable about safeguarding vulnerable patients. The practice had a record of carers and used this information to discuss any support needed and to offer carer health checks and support. The practice took part in the IRIS programme (a general practice-based domestic violence and abuse (DVA) training support and referral programme). Staff had received specific training to help them recognise patients at risk. Involvement in this programme had resulted in the practice identifying more patients at risk of domestic violence. Reception staff were aware of the practice's involvement in this programme and ensured any patients who appeared to be distressed or injured were seen by a GP immediately.

## **People experiencing poor mental health (including people with dementia)**

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health and sign posted patients to the appropriate services. The practice had signed up to a local CCG led service for patients with dementia to promote early diagnosis and intervention. Patients with severe mental health received annual reviews with updates to their care plans. A register was kept of patients with depression who were offered regular reviews. The practice had an in house counselling service that patients could be referred to.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published on 8 January 2015 contained aggregated data collected from January-March 2014 and July-September 2014 and showed the practice was performing in line with local and national averages. There were 113 responses. Results indicated the practice could perform better in certain aspects around getting through to the surgery and making appointments. For example:

- 46.2% find it easy to get through to this surgery by phone compared with a CCG average of 51.6% and a national average of 71.8%.
- 89.8% say the last appointment they got was convenient compared with a CCG average of 91.4% and a national average of 91.8%.
- 60.4% describe their experience of making an appointment as good compared with a CCG average of 60% and a national average of 73.8%.

The practice scored higher than average in terms of patients being able to see their preferred GP, not being kept waiting long for their allocated appointments and patients found the receptionists helpful. For example:

- 92.3% find the receptionists at this surgery helpful compared with a CCG average of 81.4% and a national average of 86.9%.

- 73.2% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 53.8% and a national average of 53.5%.
- 71.1% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68.3% and a national average of 65.2%.
- 86% 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 85.4%.
- 57.9% feel they don't normally have to wait too long to be seen compared with a CCG average of 58.7% and a national average of 57.8%.
- As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 30 comment cards and spoke with four patients. Out of 34 comments, 33 patients indicated that patients found the staff helpful, caring, polite and the majority described their care as very good. Most patients were happy with appointments and had noticed improvements. However, five comments referred to finding problems accessing the telephone lines for appointments.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The provider should review the current system in place to regularly assess and monitor the quality and safety of the triage service provided.
- The provider should ensure that arrangements are in place to ensure that prescription pads are held securely at all times to avoid unauthorised access to them.



# Middlewich Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP and practice manager specialist advisors and an Expert by Experience. Experts work for voluntary organisations and have direct experiences of the services we regulate. They talked to patients to gain their opinions of what the service was like.

### Background to Middlewich Road Surgery

Middlewich surgery is based in Vale Royal. It has a catchment area covering: Northwich; Lostock; Rudheath; Lach Dennis; Leftwich Wincham; Davenham; Pickmere; Moulton Comberbach. There were 6584 patients on the practice list and the majority of patients were of white British background.

The staff team includes three partners, one male GP and two female GPs and one female salaried GP. There are two practice nurses and health care assistant, a practice manager, reception and administration staff. The practice telephone lines are open from 8am and the practice is open Tuesday to Friday from 8.30 am to 6.00 pm with telephone lines open until 6.30pm. They have extended hours on a Monday until 8.30pm. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to contact the local out of hours service. The out of hours provider is N.E.W. Cheshire Service. Its main bases are Victoria Infirmary at Northwich before 10pm, then at Leighton Hospital, Crewe after 10pm.

The practice is part of Vale Royal Clinical Commissioning Group (CCG). The practice has a General Medical Contract (GMS) and also offers enhanced services for example; extended hours.

### Why we carried out this inspection

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?
- 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)

## Detailed findings

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 30 June 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.

Reviewed various documentation including the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record

NHS Vale Royal Clinical Commissioning Group (CCG) and NHS England reported no concerns to CQC about the safety of the service. The practice used a range of information to identify risks and improve patient safety. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process. We reviewed safety records and minutes of meetings where these were discussed over the last 12 months. An action plan had been formulated following analysis of the incidents and information was shared with all staff via the practice manager and email system. However, not all staff had been regularly included in the GP meeting, which limited the abilities to discuss and disseminate necessary information for learning and development of incidents. There had been a recent clinical meeting involving the whole staff team with plans to continue this format. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and had regular communications and updates from the practice manager.

### Overview of safety systems and processes

The triage service operated at the practice needed to be incorporated into the overall governance arrangements to ensure updated safe practice was in place. The practice operated a nurse triage system (This was an overflow surgery for any patients requesting urgent appointments when all the appointments had gone for the day) The oversight of this system was limited and lacked any clinical overview or audit to check its effectiveness. There was a lack of supervision of the triage and lack of random case analysis to check the quality of the service provided. The practice had a number of policies and protocols around medical emergencies but they did not encompass all specific medical issues. Protocols were general rather than specific and easy to follow algorithms appropriate for nurse triage were not available. Discussions with staff around recent examples of medical emergencies raised this issue of risk as they could not locate guidance/protocol for specific conditions. The triage system would benefit from being evaluated and incorporate advice and guidance from relevant bodies such as CCG and nursing bodies.

The practice could demonstrate safe management for risks in regard to safeguarding, health and safety including infection control and staffing.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP 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 clinic rooms, advising patients that nurses would act as chaperones, if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS check). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy, despite extensive building work being carried out. The practice nurses were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result of this audit. The practice was in the process of completing an extension which included plans to

## Are services safe?

- further update and develop existing facilities to all of their clinic rooms including the replacement of carpets to smooth flooring. The practice had carried out Legionella risk assessments and regular monitoring.
- 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 teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were left in printers overnight which raised issues about safety when staff left a clinic room and if doors were unlocked. The practice did not have risk assessments in place to identify security risks.
  - Recruitment checks were carried out and the five files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks. We found the oxygen cylinder to have an adult mask but staff rectified this during our visit and ensured they also had a child mask accessible. 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE (The National Institute for Health and Care Excellence) guidelines and 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 carry out clinical audits and develop how care and treatment was delivered to meet patient needs. For example, NICE guidance for patients with atrial fibrillation resulting in change of treatment for some patients as staff had used NICE guidance to assess their treatment and medication.

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. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance such as Gillick competencies. Consent forms for surgical procedures were used and scanned into the medical records.

### Protecting and improving patient health

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 80.97%, which was similar to expected regarding the national average of 81.89%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and staff had designated roles to follow up appointments with patients to improve attendance rates.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 94.7% to 98.9% and five year olds from 93.2% to 97.3%.

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-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

### Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK, intended to improve the quality of general practice and reward good practice.) The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes related indicators was much higher than the national averages. For example: the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less- Practice rate was 90.44 % and National rate was 81.61 %.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average. Practice rate was 87.11 % and National rate was 83.13%.
- Performance for mental health related and assessment and care was much higher than the national averages. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months-96.88 % and National rate was 86.09%.
- The dementia diagnosis rate was comparable with the national average. Practice rate was 84.21 % and National rate was 83.83 %.

# Are services effective?

(for example, treatment is effective)

- Clinical audits were carried out and all relevant staff were involved to improve care and treatment to patient's outcomes. There had been 12 clinical audits completed in the last two years. Findings were used by the practice to improve services. An example of good practice was that information from an audit for antibiotic prescribing for treating acne led to improvements in the monitoring of this treatment. The practice developed their practice guidelines and completed a further audit six months later which showed improved adherence to guidance in treating patients with acne.
- **Effective staffing**

Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of in-house training and external training. However the use of triage identified limited training accessed by staff.
- All GPs were up to date with their yearly appraisals. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.) There were annual appraisal systems in place for all other members of staff.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

Out of 30 CQC comment cards received from patients, 29 were very positive about the service. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We received one comment from a patient who was unhappy with the practice however no other trends were or similarities were found amongst the patients views obtained.

Reception staff told us they knew when patients wanted to discuss sensitive issues or appeared distressed as they knew their patients well. They offered patients a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The National GP Patient Survey found that 92.3% of respondents find the receptionists at this surgery helpful compared with a CCG average of 81.4% and a national average of 86.9%.

The practice's computer system alerted GPs if a patient was also a carer. There was a carer's register and 124 patients were identified as carers and were being supported, for example, by offering health checks and flu jabs. Written information was available for carers to ensure they understood the various avenues of support available to them.

Results from the national GP patient survey showed patients were happy with how they were treated. The practice was comparable and above average for some of its satisfaction scores on consultations with doctors and nurses. For Example:

- 89.9% said the GP was good at listening to them compared to the CCG average of 87.1% and national average of 87.2%.
- 86.4% said the GP gave them enough time compared to the CCG average of 82.5% and national average of 85.3%.
- 96.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.9% and national average of 92.2%.
- 85.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.2% and national average of 82.7%.
- 77.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 73.5% and national average of 78.0%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80.7% and national average of 82.0%.
- 82.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73.6% and national average of 74.6%.



# 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 visited 15 patients weekly who resided in local care homes as they were involved in the avoidable admissions scheme to hospital (whereby the GP identified vulnerable patients at risk of admission to hospital and regularly reviewed these patients). The practice was actively involved with the community intervention bed scheme, whereby patients could access beds at a local care home for up to a three week period. This helped acutely unwell patients who did not need admission to hospital.

There was a virtual PPG (patient participation group) which communicated with the practice mainly through emails. They had just four members and were working on developments to encourage an increased patient membership. The practice website shared previous action taken by them following patient feedback through their PPG regarding access to their telephones such as providing more staff to man phones at peak times and opening phone lines throughout the day.

The practice also used a patient comment box in reception to encourage feedback. In 2014/15 they had received 13 comments. The practice manager had not developed an action plan to share with patients and was still reviewing their comments and suggestions.

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

- The practice offered extended opening hours of a Monday until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability and long term conditions.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice was in the process of a major refurbishment and extension to the building to create improved facilities and access to more ground floor treatment rooms.

### Access to the service

The practice telephone lines are open from 8am and the practice is open Tuesday to Friday from 8.30 am to 6.00 pm with telephone lines open until 6.30pm. They have extended hours on a Monday 8am until 8.30pm. Appointments are from 9am-8pm on a Monday and 9am to 17.45pm Tuesday to Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 76.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 68.7% and national average of 75.7%.
- 60.4% patients described their experience of making an appointment as good compared to the CCG average of 60% and national average of 73.8%.
- 71.1% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68.3% and national average of 65.2%.

However they were below average with telephone access. 46.2% of patients said they could get through easily to the surgery by phone compared to the CCG average of 51.6% and national average of 71.8%. The practice staff had taken a number of actions to improve in this area, including increasing staff answering calls in the mornings and arranging for pharmacies to only collect and drop off scripts after 9.30am. The practice compared data they had collated from July to September 2014 covering telephone calls which had resulted in an 80% reduction in the number of telephone calls receiving the engaged tone during the day. Staff told us they were in the process of obtaining quotes for the installation of an automated answering service to further help with telephone access for patients.

### Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available with reception staff and in a practice leaflet. The complaints policy clearly outlined a time framework for when the



## Are services responsive to people's needs? (for example, to feedback?)

complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. We looked at a sample of complaints made over the last 12 months and found they had been handled satisfactorily and dealt with in a timely way.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement located in their aims and objectives accessible within their statement of purpose. Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did.

### Governance arrangements

The practice had a detailed governance policy. This outlined the structures and procedures in place and incorporated key areas such as: clinical effectiveness, risk management, and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous clinical audit cycles which demonstrated an improvement on patients' welfare.

- Clear methods of communication that involved the staff team and other healthcare professionals to disseminate best practice guidelines and other information via email, their practice manager and via recent introduction of clinical team meetings.
- Proactively engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

### Innovation

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example, reducing hospital admissions. The practice was actively involved with the community intervention bed scheme and could access beds at a local care home for up to a three week period. This helped acutely unwell patients who did not need admission to hospital. Their involvement with the IRIS project helped them to target intervention for patients aged 16 and above experiencing current or former domestic violence.