

# New Southgate Surgery

## Quality Report

Buxton Place  
Wakefield  
WF1 3JQ  
Tel: Tel: 01924 334400  
Website: [www.newsouthgatesurgery.co.uk](http://www.newsouthgatesurgery.co.uk)

Date of inspection visit: 14 June 2016  
Date of publication: 09/08/2016

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	7
What people who use the service say	12

### Detailed findings from this inspection

Our inspection team	13
Background to New Southgate Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at New Southgate Surgery on 14 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- The practice offered a specialist diabetes service which included insulin initiation and advanced care planning. In addition for those with more complex needs the practice hosted a diabetic clinic four to six times a year with a specialist diabetes consultant. This reduced the need for those patients to attend secondary care.
- The practice had recently supported two open days organised and run by the Patient Participation Group (PPG) in conjunction with local voluntary groups to raise awareness amongst practice patients of issues such as diabetes, dementia and stroke and

# Summary of findings

highlighted support that patients could access. These events had been popular with patients and feedback to both the practice and PPG was very positive.

There was one area where the provider should make an improvement:

- The practice needed to ensure that all staff members were aware of the location of emergency equipment such as the defibrillator, oxygen and emergency medicines within the building.

**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.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received appropriate support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- An in-house pharmacist supported the practice with regard to medicines management and patient medication reviews.
- Not all staff were aware of the location of emergency equipment such as the defibrillator, oxygen and emergency medicines within the building.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and .
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Via one of the two local Wakefield Vanguard programmes the practice had the services of pharmacists and physiotherapist on site. As well as being able to provide specialised knowledge within the practice the pharmacists and physiotherapists freed clinician time to carry out other duties. The pharmacists advised patients about the medicines they have been prescribed and carry out medication reviews.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice had worked with external voluntary groups to identify improvements that could be made for those patients who had a sensory impairment. This had resulted in the fitting of a hearing loop, improved signage and sensory impairment training for staff.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Clinicians had a friendly and caring attitude and we saw that they actively greeted patients in reception and walked with them to their consulting rooms and came out with them into the waiting room after their appointment.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example:
  - The practice had identified some 198 patients who were considered vulnerable and likely to require further medical intervention. The practice actively reviewed these patients and ensured that any hospital episode was followed up with the patient.
  - The practice offered a specialist diabetes service which included insulin initiation and advanced care planning. The impact of this was reductions in demands for secondary care.
  - A weekly open access young person's clinic had recently been established by the practice. Young patients could attend this clinic with regard to all their health concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice increased same day appointment availability on Mondays and the day after a Bank Holiday to meet the expected increase in patient demand on these days.

# Summary of findings

- The practice made home visits when these were requested by patients. These visits were assessed for prioritisation on a daily basis.
- 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 and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had recently supported two open days which had been organised and run by the PPG in conjunction with other voluntary groups to raise awareness amongst practice patients of health issues such as diabetes, dementia and stroke.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

**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

Good



The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, the practice carried out activities which sought to avoid unplanned admission to hospital which included the identification of vulnerable patients, care planning and three monthly reviews.
- The practice was responsive to the needs of all patients including older people, and offered home visits and urgent appointments when these were requested. Home visits were assessed for prioritisation on a daily basis.
- Medication reviews were carried out regularly (usually on either a six or 12 month basis but more frequently if there was an identified need).
- High backed seating was available in the waiting room which was suitable for older people and those with mobility issues.

### People with long term conditions

Good



The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management
- Patients with a history of prostate cancer received regular reviews as part of a shared care agreement with a local hospital.
- The practice had developed a number of self-management care plans for patients with long term conditions such as asthma, stroke and diabetes. The care plans were clear and could be easily understood by patients.
- The practice offered a specialist diabetes service which included insulin initiation and advanced care planning. In addition for those with more complex needs the practice hosted a diabetic clinic four to six times a year with a specialist diabetes consultant. Performance for diabetes related indicators was either comparable with or better

# Summary of findings

than the national average. For example, 94% of patients on the diabetes register had a record of a foot examination and risk classification being carried out in the preceding 12 months compared to the national average of 88%.

- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

**Good**



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for all standard childhood immunisations.
- 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.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held weekly meetings with health visitors to discuss patient care and safeguarding issues.
- Staff carried out routine post-natal home visits approximately ten days post-delivery which included a full baby check and a post-natal check on the mother.
- A young person's open access clinic had recently been established by the practice. Clinics were held weekly from 8am to 8.30am or 6pm to 6.30pm and allowed young people to discuss any health related issues that might be concerning them.



# Summary of findings

- The practice offered family planning clinics and was also part of the “C Card” scheme which offered young people up to the age of 25 access to free condoms and sexual health advice.

## 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 to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered some early morning appointments starting at 7am and some late evening appointments up to 8pm on weekdays. In addition the practice also offered, in conjunction with other local practices, access to emergency appointments from 6.30pm to 8pm on weekdays and 9am to 3pm on Saturdays provided from a nearby practice.
- The practice offered telephone appointments for people wanting health advice but who may not be able to attend due to work commitments.
- 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. This included physiotherapy services and NHS health checks.

## 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 and the frail elderly with complex needs.
- The practice offered longer appointments for patients with a learning disability or those who had difficulties in communicating.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had worked with external voluntary groups who carried out an inspection of the practice to identify improvements that could be made for those with a sensory impairment. As a result of this a hearing loop was installed, signage was improved in the waiting room and staff received sensory impairment training. The practice also changed the new patient registration form to include information which would identify the most appropriate and preferred way to communicate with the patient.

## 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 carried out annual reviews of all patients on the mental health register and these were carried out more frequently if required.
- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the Clinical Commissioning Group average and national average of 84%.
- Performance for other mental health related indicators was either comparable with or better than the national average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in the record in the preceding 12 months compared to the national average of 88%.
- The practice regularly worked with multi disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing generally above local and national averages. Of 266 survey forms which were distributed 121 were returned, with a response rate of 46%. This represented 1% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 73% and the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards which were all positive about the services provided. Many of the cards commented on the friendliness of the staff and the high level of care that they had received at the practice.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test for the practice showed that 88% of patients would recommend this practice to someone else.

# New Southgate Surgery

## 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 nurse specialist adviser. A member of staff from the Department of Health was also present to observe the inspection.

## Background to New Southgate Surgery

The practice surgery is located on Buxton Road in Wakefield, West Yorkshire. The practice serves a patient population of around 12,000; it is a member of NHS Wakefield Clinical Commissioning Group.

The surgery is located in purpose built premises which opened in 1999. The building is accessible for those with a disability and has been adapted further to meet the needs of patients, for example a hearing loop had been installed for those with a hearing impairment. There is parking available nearby for patients and an independent pharmacy is located adjacent to the practice.

The practice population age profile shows that it is slightly above both the CCG and England averages for those over 65 years old (19% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 77 years for males and 81 years for females (CCG average is 77 years and 81 years and the England average is 79 years and 83 years respectively). The practice serves a relatively affluent area although there are pockets of deprivation within the practice boundary area. The practice population is predominantly White British.

The practice provides services under the terms of the General Medical Services (GMS) contract. In addition the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Support to reduce unplanned admissions.
- Minor surgery
- Extended hours access
- Patient participation

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, chronic obstructive pulmonary disease, diabetes, heart disease and hypertension, and healthy lifestyle advice.

Attached to the practice or closely working with the practice is a team of community health professionals that includes health visitors, midwives, members of the district nursing team and health trainers.

The practice has six GP partners (three male, three female) and two salaried GPs (one male, one female) also at the time of inspection two GP registrars were receiving training within the practice. In addition there are three practice nurses, one healthcare assistant and a phlebotomist (all female). Clinical staff are supported by a practice manager, an administration manager, and an administration and reception team. Via the Wakefield Vanguard programme the practice also has the services of pharmacists and a physiotherapist available in-house.

The practice appointments include:

- Pre-bookable appointments

# Detailed findings

- On the day/urgent appointments
- Telephone appointments/consultations where patients could speak to a clinician to ask advice and if identified obtain an urgent appointment.

Appointments can be made in person, via telephone or online.

The practice is open between 8am and 6.30pm Monday to Friday. The Practice offers one early morning appointment session on a Wednesday or Thursday 7am to 8am and two evening appointment sessions 6.30pm to 8pm on a Monday and Tuesday.

The practice is accredited as a training practice and supports GP registrars and medical students.

Out of hours care is provided by Local Care Direct Limited and is accessed via the practice telephone number or patients can contact NHS 111.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 June 2016. During our visit we:

- Spoke with a range of staff, which included GP partners, a salaried GP, a registrar, nursing staff, the practice manager and members of the administration team.

- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views.
- Observed how patients were treated in the reception area.
- Spoke with members of the patient participation group.
- Looked at templates and information the practice used to deliver patient care and treatment plans.
- Spoke with NHS Wakefield Clinical Commissioning Group.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice computer system.
- The practice carried out a thorough analysis of the significant events.
- The incident recording process supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There was an open and transparent approach to safety. All staff were encouraged and supported to record any incidents using the electronic reporting system. There was evidence of good investigation, learning and sharing mechanisms in place. For example, all events were discussed at weekly team meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice became aware that a sample/specimen pot had been left unlabelled which meant that the sample could not be analysed and the result notified. After reviewing the incident the practice instituted a new process which required all sample and specimen pots to be countersigned.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice cascaded alerts to relevant staff via email. However, it was unclear if these had been actioned as the process did not include a read receipt or require the clinician to confirm receipt. The practice told us that they would review their process.

As well as formal weekly clinical meetings the clinical staff and practice manager met informally on a daily basis mid-morning. This allowed current issues or problems to be discussed promptly.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). All staff who acted as chaperones were instructed and trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP and a practice nurse were the infection prevention and control (IPC) clinical leads, and they liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, the last IPC audit showed the practice had achieved a compliance score of 90%.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

## Are services safe?

medicines. A pharmacist worked within the practice and supported work around medicines management as well as carrying out patient medication reviews. The practice carried out regular medicines audits, with the support of the local CCG medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the practice had achieved an 8% reduction in antibacterial prescribing over the previous year (reducing the use of antibiotics means that patients are less likely to develop resistance to antibiotics and thereby reduce their effectiveness in the future). Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, it was noted that the personnel files did not contain evidence to confirm proof of identification. We raised this with the practice who agreed to action this point.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 had a variety of other assessments in place to monitor safety of the premises such as the control of substances hazardous to health and had carried out an initial risk assessment with regard to legionella (legionella is a bacterium which can contaminate water systems in buildings). We did note and raised with the practice that some paving slabs adjacent to the main entrance were uneven and posed a trip hazard, and that the gate to the children's indoor play area in the waiting room posed a risk to children who could catch their fingers between the gate and the hinge post. The practice agreed to review and action these points.

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

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was a panic button in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. However, during the inspection it was noted that not all staff were aware of the location of this emergency equipment.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 98% of the total number of points available compared to a CCG average of 96% and a national average of 95%. The practice had a low overall exception reporting rate of 5% compared to a CCG average of 8% and a national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was either comparable with or better than the national average. For example, 94% of patients on the diabetes register had a record of a foot examination and risk classification being carried out in the preceding 12 months compared to the national average of 88%.
- Performance for mental health related indicators was either comparable with or better than the national average. For example, 94% of patients with

schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in the record in the preceding 12 months compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last two years. We examined three of these on the day of the inspection. These were completed two cycle audits where the changes made were implemented and monitored, in order to ensure improvements in outcomes for patients. The audits we looked at concerned:
  - Disease-modifying antirheumatic drugs (DMARDs) - a group of medications commonly used in patients with rheumatoid arthritis
  - Joint Injection Complications
  - Intrauterine System (IUS) – a method of contraception
  - Findings were used by the practice to improve services. For example, action taken as a result of the DMARDs audit included the development of an in-house aide memoire regarding monitoring arrangements as it is important that patients receiving these drugs receive regular reviews and blood tests.
  - It was also noted that;
    - Audits were being carried out by clinical staff other than GPs and that members of the nursing team had led a recent diabetes audit
    - The practice had developed a forward programme of audits based on identified need
    - The practice attended quarterly local peer review learning events.

The practice utilised their computer system to make services more effective. For example, it coded patients with certain conditions and used these to develop registers which assisted in the care management review process, it also used computer screen pop-ups to remind staff when patients were due to receive treatments, and services such as flu vaccinations.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, a member of the nursing team had received additional training to allow them to deliver higher level diabetes services such as insulin initiation.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Within the practice each clinician had a dedicated mentor/buddy who offered constructive support and learning with regard to professional practice.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.
- A pharmacist was available within the practice. As well as being able to offer specific medicines management support, the pharmacist also completed patient medication reviews for all medications except anti-depressants. This use of specialised support effectively freed clinical staff, increased capacity and enabled the practice to meet other demands.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multi disciplinary meetings took place with other health care professionals on a weekly basis and palliative care meetings were held on a monthly basis. At these meetings care plans were routinely reviewed and updated for patients with complex needs.

The practice shared information with the out of hours provider regarding those patients who were nearing their end of life, to enable them to have better knowledge of specific patient need and prevent unnecessary distress.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice had developed and implemented a consent policy which covered all areas of clinical work.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. For example:

- These included patients assessed to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol consumption.
- The practice worked closely with health trainers and was involved in social prescribing through interaction with the voluntary sector and referral to services such as talking therapies.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national

screening programmes for bowel and breast cancer screening via publicising events and screening opportunities. Screening rates for breast cancer were better than local and national figures with 79% of patients aged 50 to 70 years being screened for breast cancer compared to a CCG average of 70% and a national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 94% (CCG averages ranged from 94% to 98%) and five year olds from 88% to 98% (CCG averages ranged from 92% to 97%).

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Clinicians had a friendly and caring attitude and actively greeted patients in reception and walked with them to their consulting rooms and came out with them into the waiting room after their appointment.
- To raise performance and enhance care, staff had received customer service training.
- Clinicians gave out their own mobile telephone contact details to patients nearing the end of life. They also provided insulin initiation start patients the direct dial contact numbers for the diabetes specialist nurse.

All of the ten patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected at all times by clinicians and non-clinicians. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for many of its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

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

Patients 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 and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed a mixed response from patients when questioned about their involvement in planning and making decisions about their care and treatment. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%

## Are services caring?

- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%

We discussed these results with the practice. They felt that with the movement to personalised care planning, such as via the Wakefield Vanguard programmes and their work around avoiding unplanned admissions, that their communication with patients had improved and that patients had become more engaged with and involved in care planning and self-management.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that were available for patients who did not have English as a first language.
- The practice had worked with external voluntary groups who carried out an inspection of the practice to identify improvements that could be made for those patients who had a sensory impairment. As a result of this a hearing loop was installed, signage was improved in the waiting room and staff received sensory impairment training. The practice also changed the new patient registration form to include information which would identify the most appropriate and preferred way to communicate with the patient.
- Information leaflets were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 68 patients as carers (under 1% of the practice list). This number was rather low and the practice was in the process of addressing this by;

- Adaption of the new patient registration form to include questions in relation to caring responsibilities and carers status
- The development of a patient form which also asked these questions
- Utilisation of a slide based presentation in the waiting room to raise awareness of the need to identify as a carer or a person dependent on a carer or carers.

Staff told us that if families had experienced bereavement then patients could contact the practice for support. In addition the practice website contained information for patients on bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered some early morning appointments starting at 7am (Wednesdays or Thursdays) and late evening appointments up to 8pm on Mondays and Tuesdays. In addition the practice also offered, in conjunction with other practices, access to emergency appointments from 6.30pm to 8pm on weekdays and 9am to 3pm on Saturdays.
- The practice had more same day appointments available on Mondays and the day after a Bank Holiday to meet the expected increase in patient demand on these days.
- There were longer appointments available for patients with a learning disability.
- The practice made home visits when these were requested by patients. These visits were assessed for prioritisation on a daily basis by the practice.
- The practice had developed a number of self-management care plans for patients with long term conditions such as asthma, stroke and diabetes. The care plans were individualised, clear and could be easily understood by patients.
- Appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation and interpretation services available.
- The practice had identified some 198 patients who were considered vulnerable and likely to require further medical intervention. The practice actively reviewed these patients and ensured that any hospital episode was followed up with the patient.
- The practice worked within the Wakefield multi-speciality provider Vanguard programme and delivered:
  - enhanced health and care signposting and information for patients
  - extended hours access to services which included weekend access to services
  - in-house services such as pharmacist led medication reviews and physiotherapy appointments. The pharmacists advised patients about the medicines they have been prescribed and carry out medication reviews, and from mid-April 2016 to mid-June 2016 seen 390 patients. The physiotherapist was introduced into the practice in May 2016 and delivered sessions for five hours a week with patients either via self-referral or referral from another health professional.
  - integrated services for patients. This included working with social care, community nursing teams and specialist services such as occupational therapists.
- The practice offered a specialist diabetes service which included in-house insulin and GLP-1 initiation (GLP-1 is a class of injected drugs for the treatment of type 2 diabetes) and advanced care planning. Treatment in the surgery meant that patients had a reduced need to attend secondary care settings to receive treatment. In 2015/2016:
  - Five patients were initiated onto insulin by the practice
  - Two patients were initiated onto a GLP-1
  - One patient was initiated onto insulin following GLP-1 failure.

In addition for those with more complex needs the practice hosted a diabetic clinic four to six times a year with a specialist diabetes consultant.

- A weekly open access young person's clinic had recently been established by the practice.
- The practice offered family planning clinics and was also part of the "C Card" scheme which offered young people up to the age of 25 access to free condoms and sexual health advice.
- For patients with co-morbidities the practice had recently begun to offer longer appointments (co-morbidity is the presence of two or more conditions, diseases or disorders occurring for a patient at the same time).



# Are services responsive to people's needs?

## (for example, to feedback?)

- Online services were available which included appointment booking and cancellation and prescription ordering. Electronic prescriptions were also utilised by the practice.
- The practice offered a range of other services and clinics which included;
  - Minor surgery
  - Cryotherapy
  - Physiotherapy
  - Long term condition clinics such as asthma and COPD
- The practice had recently supported two open days organised and run by the PPG in conjunction with local voluntary groups to raise awareness amongst practice patients of issues such as diabetes, dementia and stroke and highlighted support that patients could access. These events had been popular with patients and feedback to both the practice and PPG was very positive.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice offered some early morning appointments starting at 7am and some late evening appointments up to 8pm on weekdays. In addition the practice also offered in conjunction with other practices in the locality access to emergency appointments from 6.30pm to 8pm on weekdays and 9am to 3pm on Saturdays provided from a nearby practice.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a policy of meeting all requests for home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system with information being available in the waiting room, in the practice information pack and on the practice website.
- The practice regularly responded to concerns raised via NHS Choices.

We looked at 16 complaints received in the last 12 months and found that these had been dealt with in a satisfactory manner. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. Complaints and action points were discussed at weekly team meetings.

# 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 and staff knew and understood the values it contained.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had a sound understanding of the challenges it faced which included succession planning and meeting increasing demand and was proactively examining ways to meet these.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice used data improve services. For example, the practice analysed data regarding appointments and used this to formulate their approach to predicting and meeting appointment demand and planning staffing need.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners within the practice had the experience and capacity to run the practice and ensure the provision of good quality care. They told us they prioritised safe, high

quality and compassionate care. The practice had an effective leadership structure in place, and had appointed GP partners as leads on key areas of work such as QOF, medical student support and prescribing. GPs within the practice were also active in the locality and were involved with the Local Medical Committee, CCG and network of other practices.

Staff told us the partners were approachable and always took the time to listen to all members of staff. The practice had established a number of processes and activities to support staff, these included;

- Each clinician had a dedicated mentor/buddy who offered constructive support and learning with regard to professional practice
- A staff newsletter which updated staff on topical issues and events
- As well as formal weekly clinical meetings the clinical staff and practice manager met informally on a daily basis mid-morning. This allowed current issues or problems to be discussed promptly.

The practice had a strong ethos in relation to training and development. For example:

- Staff had access to and made use of protected learning time to access e-learning training modules, in-house and external training
- Training records showed staff had received training to meet their specific roles and had the opportunity to gain additional qualifications
- The practice was accredited as a training practice and supported GP registrars and medical students, and two GP partners were recognised trainers
- One GP partner was a GP appraiser
- The practice employed an apprentice within the administration and reception team

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with



# Are services well-led?

Good 

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

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. Other activities carried out by the PPG included:

- The organisation of two open days run in conjunction with local voluntary groups to raise awareness amongst practice patients of issues such as diabetes, dementia and stroke
- The development of a patient newsletter which as well as discussing the work of the practice and PPG also had an article written by one of the partners.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and sought to improve outcomes for patients in the area. For example:

- The practice, via one of the Wakefield Vanguard programmes, had introduced specialist posts within the surgery which included pharmacists and a physiotherapist. This use of specialised support effectively freed clinical staff, increased capacity and enabled the practice to effectively meet other demands in-house.
- There was an effective approach with regard to clinical audits, with the development of a forward programme of audits identified by need. Nurses were also involved in carrying out audits within the practice.