

St Andrews Group Practice Branch

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Andrews Group Practice on 22 September 2015.

Overall the practice is rated as good.

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

- Pre-bookable and urgent appointments were available the same day.
- The practice had good facilities including disabled access to first floor consulting rooms.
- Information about services and how to complain was available in the practice leaflet and on their website. The practice sought patient views about improvements that could be made to the service.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.

- The practice safely and effectively provided services for all patient groups. The staff were caring and ensured all treatments being provided followed best practice guidance.
- Weekly educational meetings took place for all staff.
- Daily meetings for all clinical staff took place which was managed by the on call GP.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure any alerts are acted on and a system is in place to ensure these are completed.
- Ensure practice changes and future arrangements are communicated for clinical and administration staff.
- Ensure record keeping for significant events in respect of actions taken is clear, concise and positive outcomes are recorded.
- Ensure infection control audits including hand wash audits are completed and there is a nominated infection control lead appointed at the practice.
- Ensure arrangements are in place for checking emergency medicine held at the practice.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. However, actions taken and lessons learned were not always communicated effectively to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. However, arrangements for the responsibility and checking of emergency medication required further establishing. Risks to patients were assessed and well managed. There were sufficient numbers of staff with an appropriate skill mix to keep patients safe. Appropriate recruitment checks had been carried out on staff.

Good



Are services effective?

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

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect and maintained confidentiality. Data from the National GP Patient Survey showed that patients rated the practice as slightly above others for several aspects of care compared to local and national averages.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat

Good



Summary of findings

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

Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population, if necessary as well as rapid access appointments for those with enhanced needs. All patients over the age of 75 have a named GP. The practice works closely with the local medicines management service for patients in care homes. The practice offered home visits and usual doctor appointments to improve continuity of care. The practice had regular contact with community nurses and participated in meetings with other healthcare professionals to discuss any concerns.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions. These patients had a regular review with either the GP and/or the nurse to check their health and medication. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients were encouraged to manage their conditions and were referred to health education and other in-house services when necessary, for example a dietician. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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 were good 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. The practice offer extended clinics for new born babies along with post natal checks. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice opened at 8.00am and evenings until 6.30pm for those people who could not attend during normal opening hours. The practice could also refer patients to one of their other registered practices in the group at peak times. A dedicated on-call GP was available for emergency telephone advice. The practice also offered online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice offered NHS health checks for all patients in the 40-74 age group.

People whose circumstances may make them vulnerable

Good



The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients whose first language is not English. It had carried out annual health checks and longer appointments were available for people with a learning disability. It had carried out annual health checks for people with a learning disability and 100% of these patients had received a follow-up.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff had been trained 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.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated good for the care of people experiencing poor mental health (including people with dementia). 100% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advanced care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Summary of findings

organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 120 responses which is equivalent to 0.22% of the patient list) demonstrated that the practice was performing in line or below local and national averages.

- 80% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 82% and national average of 86%.
- 69% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 82% and national average of 85%.
- 88% of respondents say the last GP they saw or spoke to was good at listening to them compared to a CCG average of 85% and national average of 88%.
- 87% of respondents say the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 92% and national average of 91%.
- 84% of respondents say the last nurse they saw or spoke to was good at listening to them compared with a CCG average of 92% and national average of 91%.

- 74% of respondents described their experience of making an appointment as good compared to a CCG average of 73% and national average of 73%.
- 81% of respondents find the receptionists at this surgery helpful compared with a CCG average of 85% and national average of 86%.
- 95% of respondents had confidence and trust in the last GP they saw or spoke to compared to a CCG average of 93% and national average of 95%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 cards (which is 1.2% of the practice patient list size) and comments on the cards were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with dignity and that staff and GPs were polite, courteous and professional.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure any alerts are acted on and a system is in place to ensure these are completed.
- Ensure practice changes and future arrangements are communicated for clinical and administration staff.
- Ensure record keeping for significant events in respect of actions taken is clear, concise and positive outcomes are recorded.

- Ensure infection control audits including hand wash audits are completed and there is a nominated infection control lead appointed at the practice.
- Ensure arrangements are in place for checking emergency medicine held at the practice.

St Andrews Group Practice Branch

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a Practice Manager and an Expert by Experience.

Background to St Andrews Group Practice Branch

St Andrews Group Practice's practice is located in a residential area of Hull and serves the surrounding areas of West Hull. There are approx. 1,850 patients on the practice list and the majority of patients are of white British background. There are three GP partners two of which are male and one is female. There are two practice nurses and one healthcare assistant. They are supported by a business manager, reception and administrative staff. All GPs and clinical staff could provide healthcare services across a number of the groups other practices in Hull. Patients also had the choice of which practice they could visit.

The practice is in a comparatively deprived area of deprivation and has a higher than average number of patients with health related problems in daily life and patients in receipt of Disability Allowance.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures, and treatment of disease, disorder and injury.

The practice is open for appointments from 8.00am to 6.30pm Monday to Friday. Saturday appointments are not available at this practice but can be arranged at another practice registered in the group. Out of Hours services are provided via the 111 service.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; childhood vaccination and immunisation scheme, minor surgery and timely diagnosis and support for people with dementia. The practice currently does not have an active patient participation group (PPG).

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.

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

How we carried out this inspection

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

Detailed findings

- 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)
- 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 and Healthwatch.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 22 September 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- Observed how staff handled patients and their information securely during telephone calls into the practice.

Following our visit, the provider had made progress to address improvements identified during our inspection. They also provided documented assurances of their on-going commitment to ensure areas of improvement were closely monitored.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also an incident book and a recording form available on the practice's computer system. All complaints received by the practice were dealt with by a Patient Liaison Officer and entered onto the system and automatically treated as a significant event with actions and learning recorded. The practice carried out an analysis of the significant events and this also formed part of practice staff meetings.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. However, the practice needed to improve its record keeping for recording and monitoring significant events in respect of actions taken and also include positive outcomes that occur as a result of events happening.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety, infection control, medication management and staffing.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were accessible to all staff and clearly 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 safeguarding lead attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that appropriate staff would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). 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 monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and fire drills had been 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. There was an infection control protocol in place and records showed that staff had received up to date training. However, the practice did not identify a lead role for infection control and staff were not aware of who the lead role was. The practice had not completed internal audits of hand washing techniques.
- 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 issued electronically and were signed by the GP before being given to the patient or pharmacy. However, formal arrangements for checking and documenting of emergency medicine held in the practice had not been established fully.
- Recruitment checks were carried out and the three 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

Are services safe?

enough staff were on duty in particular at busier periods and at times of staff absence. Also staff could be required to support other staff at anyone of their other services registered in the group.

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 available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. However, a more formal system of how to action alerts was required to be implemented to ensure they have been acted on.

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. Consent forms for surgical procedures were used and scanned into patient's medical records where required.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice's uptake for the cervical screening programme was 85.0%, which was below the national average of 95.6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG and National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 93.0% to 100% and five year olds from 86.7% to 100%. These results were all in-line or above the local CCG and national averages.

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

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 internal systems. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

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

The practice held a range of meetings to suit the needs of its patient population. For example:

- A protected session was implemented for nursing staff to meet on a six weekly basis.
- GP partners met on a monthly basis.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. The practice had achieved 98.7% 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:

Are services effective?

(for example, treatment is effective)

- Performance for cancer assessment and care related indicators was higher than the local CCG and national averages. (100% compared with 96.3% locally and 95.5% nationally).
- Performance for heart failure related indicators was better than the local CCG and national averages. (100% compared with 96.4% locally and 97.1% nationally).
- Performance for mental health assessment and care related indicators was better than the local CCG and national averages. (98.2% compared with 85.5% locally and 82.5% nationally).
- Performance for public health for example, child health related indicators was better than the local CCG and national averages. (100% compared with 94.7% locally and 98.8% nationally).
- Performance for dementia diagnosis related indicators was better than the local CCG and the national averages. (100% compared with 88.8% locally and 93.5% nationally).

The practice could evidence quality improvement with a number of clinical audits. We saw records of at least two clinical audits had been completed in the last year and were completed audit cycles that demonstrated improvements had been implemented and reviewed. The practice participated in local CCG audits such as antibiotic prescribing and patients with implants. Both audits had

actions to improve the overall clinical care for patients and been shared with practice staff in meetings to improve treatment outcomes for these patients. However, the practice needs to extend their clinical audit programme to cover further clinical areas to ensure the on-going monitoring and improvement of patient care.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

All GPs were up to date with their yearly appraisals. There were annual appraisal systems in place for all other members of staff. However, not all staff had completed their annual appraisal in-line with the practice policy arrangements.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in July 2015 and patient satisfaction questionnaires completed by patients when attending the practice. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. We also spoke with six patients during the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Curtains were used in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. 81.4% patients said they found the receptionists at the practice helpful compared with the CCG average of 85.3% and national average of 86.9%.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with care and concern. The practice was 81.4% for its satisfaction scores on consultations with nurses compared with the CCG average of 91.8% and national average of 90.4%.

All of the 22 patient CQC 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. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard and telephone system was located away from the reception desk which helped keep patient information private.

Data from the National GP Patient Survey published in July 2015 showed from 120 responses that performance in some areas was slightly lower or in-line with local CCG and national averages for example,

- 88.8% said the GP was good at listening to them compared to the CCG average of 85.0% and national average of 88.6%.
- 80.6% said the GP was good at explaining tests and treatments compared to the CCG average of 82.7% and national average of 86.3%.
- 95.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.2% and national average of 95.3%.

However, the percentage of patients who found the nurse they saw was good at giving them enough time was 87.5% which was below the local CCG average of 92.9% and national average of 91.9%.

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 CQC comment cards we received was also positive and aligned with these views.

Are services caring?

Data from the National GP Patient Survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were below with local and national averages. For example:

- 65.9% said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79.0% and national average of 81.5%.
- 85.2% said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90.0% and national average of 89.7%.

- 69.4% said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86.2% and national average of 84.9%.

Staff told us that translation services were available for patients who did not have English as a first language. We did not see any notices in the reception areas informing patients this service was available however, staff were able to explain this process clearly.

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 provided enhanced services to provide patients with extended hours for their appointments. Patients could be directed to any other of their registered services within the group to suit the needs of their patients. For example, patients who needed an appointment on a Saturday could arrange an appointment at another practice in the group. This assisted patients in the working age group as they could attend their appointment before or after work and on a weekend.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice offered same-day telephone triage for urgent conditions, for all population groups.
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients and those in residential care.
- On-call appointments were introduced for urgent requests.
- Patients can attend any of the group's sites of their choice for their appointment.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was 77.1% compared to the CCG average of 78.1% and national average of 75.7%.

The practice offered extended hours for appointments from 8.00am until 6.30pm on a Monday to Friday. Pre-bookable appointments could be made at any time by either online, telephone or by visiting the practice. Patients could also choose to have their appointment at any of the other registered service in the group dependent on their location and availability.

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 in a practice leaflet and on their website. The complaints policy clearly outlined a time framework for when the 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. There had been five formal complaints in the previous twelve months which had been satisfactorily handled and dealt with in a timely way. Each complaint had an individual log, learning points were recorded for each complaint and they were discussed at an annual complaints meeting at the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff we spoke with knew and understood the values. The practice had a business plan in place that identified its future arrangements and how best they could provide improved care for patients across the group as a whole.

Governance arrangements

The practice had overarching governance arrangements which outlined structures and procedures in place which incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness 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.

- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Proactively gaining patients' feedback and 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 had appraisals and continuing professional development. The practice had learnt from incidents and complaints.
- No joint meeting was in place for clinical and administration staff to discuss and agree practice and group changes.

Leadership, openness and transparency

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example, GPs with specialist interest were employed; palliative medicine, stroke rehabilitation and research.