White Lodge Medical Practice

Quality Report

68 Silver Street,
Enfield,
Middlesex.
EN1 3EW
Tel: (020) 8363 4156
Website: www.whitelodgemedicalpractice.nhs.uk

Date of inspection visit: 28 May 2014
Date of publication: 21/11/2014

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.

Summary of findings

Contents

Summary of findings

Overall summary

White Lodge Medical Practice is a town-centre based general practice, with approximately 11,600 registered patients at the time of our inspection.

White Lodge Medical Practice is registered to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures, and Diagnostic and screening procedures. The site comprises a main GP practice building, and an adjoining facility, Enfield treatment centre, where doctors' training and tutorials are provided, minor surgeries, phlebotomy by local hospital staff, and counselling services. We visited the practice site as part of our inspection.

The staff team includes ten doctors, four of whom were female, a practice nurse, practice manager, reception and administrative staff teams.

We spoke with patients in the practice during our inspection and also received feedback in our comments box that was made available at the practice for a number of days before and after our inspection. The feedback we received was very positive about the practice, with people commenting favourably about their care and treatment, saying they were listened to and that the practice responded to their needs at the right time. The most recent survey results showed that patient satisfaction with their GP was particularly high. We saw that the practice took comments and complaints seriously, responded to them and made changes.

The practice reviewed its care and treatment arrangements and made changes as a result. Members of staff received appropriate training, and were subject to background checks. The premises were kept secure through daily checks and there were refurbishment plans in progress. Medicines were appropriately managed, and there were arrangements in place to respond to emergencies.

Best practice was promoted through the practice's policies and procedures and staff meeting discussions. Health outcomes for patients were monitored and the information used to plan their care.

Patient feedback showed that people felt they were well cared for, and treated with dignity and respect.

The practice responded to people's needs, and supported people to obtain appointments in a timely manner. People with particular needs, such as long term conditions, were supported to have their needs met. Complaints were effectively managed within the practice.

There were clear lines of responsibilities for governance in the practice. Quality and performance was regularly reviewed and monitored. Staff felt valued and supported in the practice, and patient feedback was sought and acted on.

We found good examples of how White Lodge Medical Practice was meeting the needs of each of the population groups we report on. Older people and people who were physically frail received additional support through regular reviews and, if required, had home visits. People with long term conditions were also encouraged to have additional monitoring and reviews, and the practice had good working relationships with other providers such as hospitals and community health teams to ensure people received ongoing care. The practice carried post natal checks for new mothers and child immunisations.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Systems were in place to report, investigate and learn from incidents. Background checks were carried out on staff prior to employment. Medicines were appropriately managed and arrangements were in place for the prevention and control of infections. Staff had received training to respond to emergencies. The premises were kept secure through daily checks and there were refurbishment plans in progress in the practice.

Are services effective?

The practice provided effective care and treatment by implementing best practice guidelines, completing clinical audit cycles to improve health outcomes for its patients and providing suitable training and development to its staff team. It had links with academic institutions in the training and development of future doctors.

The practice worked with its local partners to ensure patient care and treatment was not delayed, and promoted healthy lifestyles and prevented ill health through its health screening and surveillance programmes.

Are services caring?

All the patient feedback we received showed that people found the staff and clinical team to be caring and compassionate. Patients spoke very positively about their experiences of care and treatment at the practice, and particularly commented on improvements in the reception staff team in recent years.

Are services responsive to people's needs?

The practice supported people to obtain appointments in a timely manner. Patients with particular needs, such as long term conditions, were supported to have their needs met. Complaints were effectively managed within the practice.

Are services well-led?

There were clear lines of responsibilities for governance in the practice. Quality and performance was regularly reviewed and monitored. Staff felt valued and supported in the practice, and patient feedback was sought and acted on.

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 GPs at White Lodge Medical Centre provided visits to patients in their own homes and visits to patients living in care homes, some of whom were older people. This ensured that older people registered at the practice that was unable to travel to receive primary care services were able to access the service they needed.

On-going checks were made by the clinical team in the practice on the health and needs of older patients who were prescribed more than four medicines. This meant that this vulnerable group of people were provided with additional checks and any changes in their needs promptly observed and responded to. Other older people with special and particular needs were reviewed regularly and on an on-going basis.

People with long-term conditions

White Lodge Medical Practice treated patients with a range of long term medical conditions, including diabetes, asthma and chronic obstructive pulmonary disease (COPD). These were managed by the clinical team, and reported and monitored through Quality Outcomes Framework (QOF).

The practice ran a diabetes management and monitoring service, through a nurse led clinic, and worked closely with the community diabetes services.

A self-check machine for body mass index and blood pressure was in the reception waiting area in the practice for patients to use.

Mothers, babies, children and young people

The GPs in the practice carried out the six weekly checks on mothers and babies in line with government guidance. The practice was meeting its targets for child immunisations.

There was also a midwife clinic provided within the practice, and the practice maintained close links with North Middlesex hospital that provide antenatal checks for their patients who are expectant mothers.

Health visitors attended multidisciplinary team meetings at the practice, and were engaged in discussions about the health and wellbeing of mothers and babies in the practice.

Sexual health services, including information and treatments, were available to adolescents in the practice.

Summary of findings

The working-age population and those recently retired

Extended opening hours were offered in the practice to meet the needs of the working population. The practice offered an online appointments booking service to allow patients more flexibility to make their appointments.

A travel clinic was offered in the practice, and there was comprehensive information available about any associated fees with this service.

People in vulnerable circumstances who may have poor access to primary care

The practice supported homeless people to become registered patients. We saw no evidence that people were discriminated against in terms of their access to care because of their circumstances.

People experiencing poor mental health

People with diagnosed mental health conditions were provided with annual health checks, including checks on their body mass index, blood sugar level and overall physical health. This ensured that their physical health needs were not neglected.

The practice team liaised with the mental health services caring for their patients with mental health conditions as required.

There was an in-house psychological counselling team in the practice that provided services to the registered patients. Counselling courses were offered for between 4 and 6 weeks.

Summary of findings

What people who use the service say

Patients, their families and carers were consistently positive about their experiences of White Lodge Medical Practice. They praised the staff team and told us they felt well cared for and supported. Comments we received from people using the service were all positive.

We reviewed the results of the practice's latest patient survey, which was conducted between January and March 2014. The results showed that over 75% of people who responded were satisfied with their GP, rating them as good or very good in terms of being polite and considerate, listening to them, giving them enough time, assessing your medical conditions, explaining to them about their condition or treatment, involving them in decisions about your care, and providing or arranging treatment. 77% of respondents also reported being very satisfied with the reception staff, rating them as very helpful. Most respondents found the surgery was open at times that were convenient for them. Areas which respondents highlighted needed improvement included getting access to speak with a doctor or nurse on the phone, and access to urgent appointments.

Areas for improvement

Action the service COULD take to improve

Ensure annual staff appraisals were completed by appointed deadlines.

Improve staff awareness of incidents and events that should be reported to the Care Quality Commission.

White Lodge Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and a GP.

Background to White Lodge Medical Practice

White Lodge Medical Practice provides a range of NHS and private primary medical services, including GP services, chronic illness management and monitoring, and travel vaccinations. The practice has been in operation from its current site for over 100 years. It has been a teaching practice since 1969, and currently provides placement training for registrars, doctors in post graduate medical training and student doctors. White Lodge Medical Practice is a Teaching Practice, linked to the Royal Free and University College Hospital Medical Schools, and accepts undergraduates and post-graduates for training placements.

White Lodge Medical Practice had approximately 11,600 registered patients at the time of our inspection in May 2014.

White Lodge Medical Practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures, and Diagnostic and screening procedures.

The practice site comprises a main GP practice building, and an adjoining facility, Enfield treatment centre, where doctors' training and tutorials are provided, minor surgeries, phlebotomy by local hospital staff, and counselling services. We visited the practice site as part of our inspection.

During out of hours, patients are directed to contact alternative services for medical assistance, including NHS 111 service for telephone advice, or visiting out of hours centres. In medical emergencies, patients were advised to visit the emergency department or use the 999 service.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people

Detailed findings

- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed a range of information we had received from the service and asked other organisations to share their information about the service.

We carried out an announced visit on 28 May 2014.

During our visit we spoke with a range of staff (doctors, practice manager and administrative staff) and spoke with patients who used the service. We spoke with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

We also spoke with patients who used the service. We observed how people were being cared for and reviewed personal care or treatment records of patients.

Are services safe?

Summary of findings

Systems were in place to report, investigate and learn from incidents. Background checks were carried out on staff prior to employment. Medicines were appropriately managed and arrangements were in place for the prevention and control of infections. Staff had received training to respond to emergencies. The premises were kept secure through daily checks and there were refurbishment plans in progress in the practice.

Our findings

Safe patient care

Systems were in place to report, investigate and learn from incidents. Background checks were carried out on staff prior to employment. Medicines were appropriately managed and arrangements were in place for the prevention and control of infections. Staff had received training to respond to emergencies. The premises were kept secure through daily checks and there were refurbishment plans in progress in the practice.

Learning from incidents

Significant events and complaints were discussed at clinical meetings, and the staff team made plans for improvements. For example, a number of incidents were found to relate to inconsistent advice being given to patients. These were discussed at clinical and administrative meetings and the process for advising patients was reiterated among all staff in the practice. This led to more consistent advice being given to patients, by the reception staff team in particular, when they called for information about specific additional services.

Safety alerts information was disseminated through the practice clinical team. There was a designated lead person for alerts relating to medicines, who monitored the alerts and discussed key messages at the clinical meetings.

Safeguarding

Significant events and complaints were discussed at clinical meetings, and the staff team made plans for improvements. For example, a number of incidents were found to relate to inconsistent advice being given to patients. These were discussed at clinical and administrative meetings and the process for advising patients was reiterated among all staff in the practice. This led to more consistent advice being given to patients, by the reception staff team in particular, when they called for information about specific additional services.

Safety alerts information was disseminated through the practice clinical team. There was a designated lead person for alerts relating to medicines, who monitored the alerts and discussed key messages at the clinical meetings.

Are services safe?

Monitoring safety and responding to risk

The practice made statutory notifications to the relevant bodies, such as public health notifications. However, we found that staff knowledge and understanding of which incidents should be reported to the Care Quality Commission could be improved.

Members of the administrative team completed daily checks, which they carried out at the beginning and end of each day. These included checking on equipment such as medicines fridges that they were operating within acceptable temperature ranges, planned home visits for the day had been made, safe storage of prescriptions scripts, and checking equipment stocks in specific rooms.

Medicines management

Prescribing trends within the practice were monitored on an on-going basis and no negative trends had been identified.

The General Practice Outcomes Standards (GPOS) were developed by clinicians and other stakeholders to reflect an agreed approach to improve quality. GPOS relating to medicines management are the levels of non-steroidal anti-inflammatory drugs (NSAID) prescribing and levels of significant event reviews conducted by the practice. For both these indicators, we found that the latest data showed that White Lodge Medical Practice was prescribing NSAIDs at levels similar to the national figures, and that the practice had completed one and three year minimum levels for significant event reviews.

Staff involved in the management of prescriptions were able to describe the systems and processes in place to ensure people with special needs, such as those who were house bound or extremely ill, were able to continue receiving their medicines. Alerts were set up on patients' records to inform staff of any special needs, so that specific arrangements could be made for them and there were no unnecessary interruptions and delays to their care and treatments.

Cleanliness and infection control

Infection prevention and control training was provided to all staff as part of their mandatory training. The practice manager had attended an infection control course arranged by their Local Medical Committee. There were infection control policies and procedures in place and the nurse within the practice took the lead on infection control.

Monthly cleaning audits were carried out and the practice manager met with the practice cleaners to discuss and ensure the quality of cleaning at the practice.

On the day of our inspection, the areas of the practice we inspected were generally visually clean and free of clutter. Some of the consulting rooms were carpeted, and there were some noticeable stains on these floors. The practice was about to begin a programme of renovations and redecoration works. We saw documentation relating to the development plans for the building.

Staffing and recruitment

Background checks, including Disclosure and barring service (DBS) checks, references from previous employers, and proof of qualifications were carried out on practice staff. The practice had a policy to ensure all staff that come in contact with patients have a DBS check.

Dealing with Emergencies

Records showed that the non-clinical team had received Basic Life Support training. Staff were able to explain the protocol they would follow if someone became seriously unwell in the practice.

The practice had arrangements in place to keep their staff safe. A panic button system could be activated by staff members if they felt unsafe which alerted colleagues to where the alarm had been activated.

A supply of emergency medicines was stored within the practice to allow the clinical team to respond effectively to medical emergencies and untoward reactions to treatment. The emergency medicines were monitored regularly by the nurses to check they were in date.

Equipment

There were plans in place for the refurbishment of the practice, which include structural changes to allow the provision of disabled access to the premises, and internal redecoration of the waiting area and consulting rooms.

Are services effective?

(for example, treatment is effective)

Summary of findings

The practice provided effective care and treatment by implementing best practice guidelines, completing clinical audit cycles to improve health outcomes for its patients and providing suitable training and development to its staff team. It had links with academic institutions in the training and development of future doctors.

The practice worked with its local partners to ensure patient care and treatment was not delayed, and promoted healthy lifestyles and prevented ill health through its health screening and surveillance programmes.

Our findings

Promoting best practice

Clinical staff told us they implemented recognised best practice guidelines, such as the National Institute for Health and Care Excellence (NICE) care pathways for disease management and public health interventions.

The GPs held weekly clinical meetings in the practice. The meetings were attended by the doctors, as well as nurses if there were specific matters to be discussed that required nurse input.

Best practice was promoted through regular discussions on relevant topics at staff meetings and clinical meetings. For example at a recent meeting, staff had discussed special arrangements required for deaf patients, how the staff team must ensure consistency in the provision of information to patients that called making certain enquiries, and how they could consistently deal with patients that were redirected to the practice from hospital.

Management, monitoring and improving outcomes for people

The practice conducted a range of clinical audits, such as on care of diabetic patients, and medicines prescribing. The audits were completed in response to reviews of local practice and actions to address local issues. The audits led to a number of actions in response to the findings, such as changes to medicines administration for diabetic patients being considered.

The practice compared its performance with other local practices to drive improvement. It measured and monitored its performance against the Quality and Outcomes Framework (QOF) standards. QOF is a voluntary annual reward and incentive programme for all GPs surgeries in England, detailing practice achievement results. We reviewed the QOF data for the practice which indicated its performance in clinical, organisational, patient experience and additional services. The most recent published QOF data, 2012/2013, showed that overall the practice performed above their CCG area average and England average.

The practice had made a number of improvements in response to feedback from patients. Patient feedback was reflected in their refurbishment plan which was currently being implemented.

Are services effective?

(for example, treatment is effective)

Staffing

There were arrangements for the induction and training of staff at all levels. Prior to new staff joining the practice, rotas were rescheduled to ensure they were supported by a more experienced staff member, and that they would be able to observe and learn about a range of activities and tasks relevant to their role.

There was a staff training programme in place in the practice. Mandatory and specific training courses were arranged for staff, and the programme was monitored, with reminders set up to alert the management when refresher sessions or retraining was required. Staff were encouraged and supported to pursue training and development in areas that were of interest to them, not just mandatory courses. Special interests were encouraged. This meant that relevant staff interests were valued.

Training records showed that staff received a range of training in relevant topics to their roles, including basic life support, infection control, clinical risk assessment, chaperoning, access to health records, and patient confidentiality. Specific tailored sessions were arranged for staff to support them in their roles. For example, the administrative and reception team received training in customer care and training in dealing with challenging situations. Doctors received monthly protected learning time meetings as well as own learning sessions.

There was an in-house policy that staff received annual appraisals. Staff completed a pre appraisal preparation form to help clarify and direct the appraisal discussions. The practice manager shared a number of examples of actions they had taken in response to the last staff appraisals. Staff had received training and development they had requested, and learning gaps that had been identified were addressed. The last appraisals were over a year ago, and were now due. The managers were aware of this, and were planning on scheduling sessions with staff soon.

The GPs received annual appraisals in preparation for their revalidation. One of the practice partners is the clinical commissioning group (CCG) area lead appraiser for training and revalidation of doctors and a second doctor is also a GP appraiser.

Annual appraisals were provided to the rest of the staff team by the management team, but at the time of our inspection these had lapsed by a number of months.

The Practice is a registrar training practice, which supports the training of FY2 doctors, and is also a university linked practice for undergraduate teaching.

Working with other services

Visiting speakers, such as consultants from local hospitals, attended the practice's clinical meetings to discuss and plan for the management of specific patients in the community. Recent visiting speakers to the practice clinical meetings have included the Chief Executive of one of the local NHS hospitals attended the practice clinical meeting to discuss recent hospital services provision changes and how they might impact the practice. Hospital consultants that attended included an asthma and chronic obstructive pulmonary disease (COPD) consultant in May 2014.

There was a prescribing lead within the practice for medicines management, who met quarterly with the Clinical Commissioning Group (CCG) prescribing lead to discuss medicines management issues in the local area, current best practice, guidance and protocols.

The practice worked with partner organisations, such as Out of Hours (OOH) services and local hospitals, to ensure there were no delays or interruptions to people's care. The practice was able to provide partner organisations with important information, such as patients' current prescribed medicines and details of any allergies. The information was shared in the patient's best interest and with their consent.

Health, promotion and prevention

The practice took steps to identify and provide additional care and support to patients who were at greater risk of illness or disease. People at risk of developing long term conditions, as well as those with complex health needs were provided with additional reviews. New patients to the practice were invited to complete a health assessment as part of their registration, which identified any health issues or risks.

The practice offers screening programmes including a well woman check, childhood development checks. Child immunisations clinics were also provided.

There was a range of health promotion materials in the reception area in the practice and health messages were

Are services effective?

(for example, treatment is effective)

displayed on screen in the reception area. A blood pressure and body mass index (BMI) calculating machine was available in the reception / waiting area of the practice for patients to use.

Information about the self-treatment of common illnesses and accidents is available on the practice website.

Are services caring?

Summary of findings

All the patient feedback we received showed that people found the staff and clinical team to be caring, and compassionate. Patients spoke very positively about their experiences of care and treatment at the practice, and particularly commented on improvements in the reception staff team in recent years.

Our findings

Respect, dignity, compassion and empathy

We observed interactions between the reception staff team and patients and members of the public attending the practice. We found that the staff were courteous and helpful at all times, and discreet in their discussions with people. Patients spoke very positively about their experiences of care and treatment at the practice, and particularly commented on improvements in the reception staff team in recent years. We also received comments from patients in the practice, which were mostly extremely positive, with people telling us they felt well cared for with access to safe care, and were respected and involved in their care.

The practice offered a chaperone service, which patients were able to access if they needed that support. Information about this was available in the reception and waiting area. Many of the members of the staff team had received training in chaperoning so there was ready access to that support if it was required by a patient.

The practice had a charter where it indicates what patients can expect from them, including the provision of high standard prompt care, provision of information and answers to questions about their care, illness and treatment and the right to see their medical records.

The Practice had a patient participation group (PPG), which met quarterly. The PPG provided feedback on services, responded to the findings of patient surveys and also collected its own feedback from patients on an on-going basis.

Involvement in decisions and consent

The results of surveys and our discussions with patients using the service told us that people felt involved in decisions about their care, and they understood the choices available to them.

A counselling service was available in the practice, which patients could be referred to if they required psychological support.

There was a noticeboard in the reception area with all the information about the data sharing information, and packs were available with more information for patients and details of frequently asked questions.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice supported people to obtain appointments in a timely manner, online and in person. Patients with particular needs, such as long term conditions, were supported to have their needs met through more regular reviews and care planning. Complaints were effectively managed within the practice.

Our findings

Responding to and meeting people's needs

The practice supported people to obtain appointments in a timely manner, online and in person. Patients with particular needs, such as long term conditions, were supported to have their needs met through more regular reviews and care planning. Complaints were effectively managed within the practice.

Access to the service

The practice offered appointments between 8am and 8pm on Mondays, and 8am and 6.30pm on Tuesdays to Fridays. The practice reception area was also open on Saturday mornings between 8am and 10.30am for matters such as prescription collections and requests. There was no doctor or nurse appointments available on Saturdays.

Patients were able to view, book and cancel their appointments, as well as order repeat prescriptions and update their contact details, through a 24 hour online service. Telephone and in person requests were also available in the practice.

Some doctors within the practice had more available appointments than others. A proportion of appointment slots were reserved for urgent cases and available when required. Patients told us they were usually able to obtain appointments in a timely manner, although some patients who wanted appointments only with a particular doctor told us this was not always possible. People told us the doctors did not make them feel rushed during consultations and that they took time to explain things to them if they needed clarification.

Home visits were made to people who were unable to attend the practice. There was information about this service within the practice, on their website, and from the reception team if patients called. Allocated time was made available for doctors to carry out required home visits each day.

Patients attending the practice were able to check themselves in via a touch screen automated arrivals system, making it quicker for staff to be aware they were ready for their appointment.

A range of internal audits were carried out in the practice to improve the patient experience. For example telephone

Are services responsive to people's needs?

(for example, to feedback?)

calls were monitored weekly to check the proportion that were answered and those that the caller abandoned. The results were reviewed and discussed at reception meetings and improvements planned.

Concerns and complaints

All complaints were directed to the practice manager, who had responded to all of them. Key learning from complaints was discussed at staff meetings if required, and themes were explored. For example if similar complaints showed there were inconsistencies in practice, these were discussed and changes implemented. We reviewed a number of responses that the practice had made to complainants and found that on each occasion the practice responded in a timely manner, and in line with their complaints policy and procedures.

Are services well-led?

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

Summary of findings

There were clear lines of responsibilities for governance in the practice. Quality and performance was regularly reviewed and monitored. Staff felt valued and supported in the practice, and patient feedback was sought and acted on.

Our findings

Leadership and culture

We saw the practice values and ethos, articulated in their Patient Charter, was reflected in the behaviour of the staff team. Key concepts of compassion and respect, provision of individualised care and patient involvement were promoted, and confirmed through patient feedback. However we found that there was no mission statement, formal strategy and organisational objectives in place in the practice.

Staff described the management team as open, approachable and supportive. They felt able to raise concerns and make suggestions without fear of repercussions.

The management team particularly demonstrated they valued their staff through training and development offered, in areas of interest to staff, not just mandatory training. Clinical staff received monthly protected learning time.

Governance arrangements

The governance arrangements in the practice ensured that responsibilities were clear, and quality and performance were considered on an on-going basis. Staff in the practice understood their roles and responsibilities. There were appraisal arrangements in place to support and review staff performance, although at the time of our inspection annual staff appraisals were due to be completed.

Systems to monitor and improve quality and improvement

The practice took account of specialist input and advice in its planning and delivering of care. Weekly clinical meetings were attended by professionals with a range of expertise including hospital consultants, doctors, registrars and, at times, nurses.

Clinical audits were carried out in the practice, the lessons learnt shared with the staff teams and changes made.

The practice monitored its performance against Quality and Outcomes Framework standards, and compared its performance against similar services in the local area to drive improvement.

Patient experience and involvement

Patients at White Lodge Medical Practice provided comments and feedback about the service they received

Are services well-led?

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

through a range of sources, including comments forms, patient surveys and the NHS Choices website. The practice manager monitored feedback provided through these various sources and responded to them. For example, changes were made to the practice's telephone answering service in response to recent patient feedback.

The practice had a patient participation group (PPG) which had been meeting for six years. There was information about what the PPG do and how to join the group in the practice and on their website. The practice manager discussed with us some of the things they were doing to encourage a broader range of people to join and participate in the group, such as holding their meetings in different locations. The purpose of the PPG was to exchange views between patients and doctors, provide feedback on services, and be influential as the surgery introduces new, or alters existing, services. The PPG actively reviewed the findings of patient surveys and made suggestions to the practice. Most recently, the PPG has recommended the consideration of online requests for prescriptions and appointments, both of which were now available. The PPG has also campaigned for disabled access into the practice premises and refurbishment works, which are in progress as part of the renovation works in the practice.

The practice carried out annual patient surveys. The most recent survey showed that patients were generally satisfied with the service they received. The practice planned for improvements in response to patient feedback, including refurbishment works and improvement to the appointments system. The patient survey results were displayed in the patient waiting area and on the practice website.

Patients we spoke with were very satisfied with the care and treatment they and people they cared for had received at White Lodge Medical Practice. Particular improvements patients had noticed were in the reception staff. People told us they had improved in the last 18 months to two years, and the reception team was now helpful and approachable.

Staff engagement and involvement

There was a whistleblowing policy in the practice and contact details for the role within the Clinical Commissioning Group (CCG) if staff wished to escalate concerns outside of the organisation. Staff told us they would raise concerns internally in the first instance, and they felt comfortable doing so.

Staff we spoke with were very positive about their experience of working at White Lodge Medical Practice. They told us they felt supported, felt like they were part of a team and found the management team approachable. Staff discussed a number of training courses they had attended and how they had applied learning to their roles. Training sessions were provided that was relevant and helpful to staff in the practice.

Learning and improvement

The practice provided an environment for continuous learning and development. The practice has been a teaching practice for many decades, and provided on-going support and development to training registrars, some of whom go on to join the clinical team as GPs at the end of their training.

Clinical staff in training in the practice told us they felt their training and development needs were well attended to, and they felt the benefit of the large practice which offered the opportunities to see a range of medical styles. They were given enough time for training and development.

All staff received training had received training, including mandatory, appropriate to their role.

Identification and management of risk

The practice had some systems in place to identify and respond to risks. Incidents were reported and learning was shared among staff. Equipment was checked on a daily basis and staff had received training to respond to medical emergencies.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

The practice met the needs of older people.

Our findings

The GPs at White Lodge Medical Centre provided visits to patients in their own homes and visits to patients living in care homes, some of whom were older people. This ensured that older people registered at the practice that was unable to travel were able to access the service they needed.

On-going checks were made by the clinical team in the practice on the health and needs of older patients who were prescribed more than four medicines. This meant that this vulnerable group of people were provided with additional checks and any changes in their needs promptly observed and responded to. Other older people with special and particular needs were reviewed regularly and on an ongoing basis.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

The practice met the needs of people with long term conditions.

Our findings

White Lodge Medical Practice treated patients with a range of long term medical conditions, including diabetes, asthma and chronic obstructive pulmonary disease (COPD). These are managed by the clinical team, and reported and monitored through Quality Outcomes Framework (QOF).

The practice ran a diabetes management and monitoring service, through a nurse led clinic, and worked closely with the community diabetes services.

A self-check machine for body mass index and blood pressure measurements was in the reception waiting area in the practice for patients to use.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

The practice met the needs of mothers, babies, children and young people.

Our findings

The doctors in the practice carried out the six weekly checks on mothers and babies in line with government guidance. The practice was meeting its targets for child immunisations.

There was also a midwife clinic provided within the practice, and the practice maintains close links with North Middlesex hospital that provide antenatal checks for their patients who are expectant mothers.

Health visitors attended multidisciplinary team meetings at the practice, and are engaged in discussions about the health and wellbeing of mothers and babies in the practice.

Sexual health services, including information and treatments, were available to adolescents in the practice.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The practice met the needs of working age people (and those recently retired).

Our findings

Extended opening hours have been offered in the practice to meet the needs of the working population. The practice had an online appointments booking service and repeat prescriptions ordering to allow patients more flexibility and accessibility of services.

A travel clinic was offered in the practice, and there was comprehensive information available about any associated fees with this service.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

The practice was amenable to meeting the needs of people in vulnerable circumstances who may have poor access to primary care.

Our findings

The practice supported homeless people to become registered patients. We saw no evidence that people were discriminated against in terms of their access to care because of their circumstances.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

The practice met the needs of people experiencing poor mental health.

Our findings

Patients with diagnosed mental health conditions were provided with annual health checks, including checks on their body mass index, blood sugar level and overall physical health. This ensured that their physical health needs was not neglected.

The practice team liaised with the mental health services caring for their patients with mental health conditions as required.

There is an in-house counselling team in the practice that provides services to the registered patients. Counselling courses are offered for between 4 and 6 weeks.