

Dr Hibbs and Partners

Quality Report

255 Parkfield Road

Wolverhampton

WV4 6EG

Tel: 01902 342152

Website: www.parkfieldmedicalpractice.co.uk

Date of inspection visit: 17 May 2016

Date of publication: 10/08/2016

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

Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Hibbs and Partners	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Hibbs and Partners on 17 May 2015. 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.
- The practice actively invested in staff development and training. Staff had been supported to attend training both within and outside of the practice 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.
- The practice was aware of the needs of its local population and had implemented changes and engaged with the local community to support meeting these needs.
- Patients said they found it easy to make an appointment with a named GP 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 the 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.

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:

- There was an effective system in place for reporting and recording significant events.
- Records of clinical and significant event meetings demonstrated that incidents were fully discussed and that ongoing monitoring of events had taken place to ensure that systems put in place were appropriate.
- When there were unintended or unexpected safety incidents, patients received reasonable support, relevant information and an apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems and practices in place to keep patients safe and safeguarded from the risk of abuse.
- The main practice had received a gold standard rating based on standards set by the local infection control assessment team.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that the overall achievement of 95% of the available points was above average when compared to the locality average of 92% and the same as the national average.
- Staff assessed patient needs and delivered care in line with current evidence based guidance.
- The practice had identified a programme of audits to be commenced or re-audited over the year. Clinical audits carried out demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of robust appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. For example, the practice was involved in the development of a service that would promote joint community based working between health and social care professionals.
- Arrangements were in place to gain patients' informed consent to their care and treatment.

Good



Summary of findings

- Patients were supported to access services to promote them living healthier lives.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey results published in January 2016 showed patients rated the practice similar to others for most aspects of care.
- Patients were treated with dignity and respect and they were involved in decisions about their care and treatment. Systems were in place to protect patient confidentiality.
- Robust arrangements were in place to ensure that patients and carers received appropriate and effective support. The practice had a designated GP lead who had a special interest in the care and support of carers. The GP maintained the practice carers register, held a weekly GP led carers' clinic and offered home visits.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 worked closely with secondary care professionals on initiatives to improve the care of patients in care homes. The practice also worked with local community groups to improve the care of patients identified as being vulnerable.
- 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. Patients were concerned that they could not always get through to the practice on the telephone. The practice was aware of this and was actively addressing their concerns. The practice was being used as a pilot site for a new telephone system with a view to introducing the system to other GP practices.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

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 this.
- There was a clear leadership structure and staff felt supported by the 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 practice demonstrated that where there were concerns about information governance these were appropriately addressed.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about 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

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

- The practice offered personalised care to meet the needs of the older people in its population. Home visits and flexible appointments were available for older patients.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice had a proactive working relationship with care homes. There was effective communication between the practice and care home staff and weekly ward rounds were carried out in care homes.
- The practice was involved in a model of care that promoted joint working across primary, community and secondary care to the care of older patients who lived in care homes.

Good



People with long term conditions

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

- Nurse practitioners and practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 91%. This was comparable to the national average of 90%. COPD is the a collection of lung diseases.
- Longer appointments and home visits were available when needed. A computerised call and recall system was in place to ensure patients were sent an appointment for a review of their health and medicines needs.
- The named GP worked with relevant healthcare professionals to deliver a multidisciplinary package of care to patients with complex needs.

Good



Families, children and young people

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

Good



Summary of findings

- 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 were similar to the local CCG immunisation rates.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%.

Working age people (including those recently retired and students)

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.
- The practice appointment telephone line was open between 8.30am and 6.30pm and extended hours were offered one evening and Saturday morning per week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients with a learning disability and carried out annual health checks for these patients. An easy read (pictorial) letter was sent to patients with a learning disability inviting them to attend the practice for their annual health check. Joint meetings are carried out with the local community learning disabilities nurses.
- 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.

Good



Summary of findings

- The practice regularly 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.
- The practice worked closely with local communities including a refugee and migrant centre to discuss how it could effectively support the health care needs of the growing migrant population that had registered with the practice.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice held a register of patients who experienced poor mental health and provided a service to 61 patients that lived in a specialist care home for patients who experienced severe mental health. Clinical data for the year 2014/15 showed that 90% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months. This was comparable to the national average of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 88%, which was higher than the national average of 84%.
- All staff had received dementia friends training and had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. A total of 362 surveys (2.8% of the patient list) were sent out and 113 (31%) responses were received, which is equivalent to 0.9% of the patient list. Results indicated that the practice performance was comparable to other practices in most aspects of care. For example:

- 82% of the patients who responded said they were able to get an appointment to see or speak to someone the last time they tried (CCG and national average 85%).
- 78% of the patients who responded described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 73% of the patients who responded said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 79%).

There was one area in which the practice had scored significantly lower than both the local and national average. This was related to patients getting through to the practice by telephone, data showed that:

- 36% of the patients who responded said they found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) and a national average of 73%.

The practice was aware of this and evidence available showed that the practice had taken action to address the concerns and ensured that patients were involved in the planned changes.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by

patients prior to our inspection. We received 11 comment cards which were mostly positive. There were three comments related to the difficulties of getting an appointment, but patients also commented that they received a good service when appointments were available. One comment said that at times reception staff can be sharp and unhelpful. However most comments said that office and reception staff were understanding, very kind and easy to speak to. Overall patients said they received good care and treatment from the practice and that they received excellent care and advice from the doctors and staff were very professional.

We also spoke with nine patients on the day of our inspection, which included four members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. We spoke with two of the patients by telephone. Their comments were in line with the comments made in the cards we received.

The practice monitored the results of the friends and family test monthly. The results over an eight month period (May 2015 to December 2015) showed that of the 1,143 responses received 605 patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment, 597 patients were likely to recommend the practice, 68 patients were unlikely to recommend the practice and 46 extremely unlikely to recommend the practice. The comments made by patients in their responses were overall positive and aligned with the comments and responses received from comment cards, the patients spoken with and the GP survey results. We saw that the practice analysed the information received through the friends and family test and used these to make improvements.

Dr Hibbs and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience. Experts by Experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to Dr Hibbs and Partners

Dr Hibbs and Partners practice is registered with the Care Quality Commission (CQC) as a partnership and provides medical services over two sites. The main practice which is owned by the partners is based at 255 Parkfield Road, Parkfields, Wolverhampton WV4 6EG. The branch practice is located at Woodcross Lane, Cosley, Wolverhampton WV14 9BX. This building is owned by the NHS. For this inspection a visit was made to the main and branch practice. Both practices have good transport links for patients travelling by public transport and parking facilities are available for patients travelling by car. Both practices are purpose built and provide ground floor facilities. There is level access to the ground floor and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice team consists of three GP partners, five salaried GPs (five female and three male). The clinical practice team includes two nurse practitioners, two practice nurses and three healthcare assistants. Clinical staff are supported by a management team which include

a practice manager, two medical secretaries, 13 administration / receptionist staff and two data clerks. In total there are 33 staff employed across both sites in either full or part time hours to meet the needs of patients. The practice is a training practice for GP trainees.

The practice at Parkfield Road is open and offer appointments between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered from 6.30pm to 8pm on Monday and from 8.30am to 12 noon on Saturday. The extended hours are by appointment only. The branch practice is open and offer appointments from 8.30am to 5.30pm on Monday, Tuesday, Thursday and Friday and 8.30am to 1pm on Wednesday.

The practice has a General Medical Services contract with NHS England to provide medical care and treatment to approximately 12874 patients over two sites. Services provided include, child health surveillance, minor surgery and new patient medicals. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service, provided by Vocare, via the NHS 111 service. The patient demographics is broadly similar to the practice average across England. The practice has a slightly higher proportion of patients below the age of 24 years and females aged 30 to 34, when compared with the practice average across England. For example, the percentage of patients aged 14 to 18 at the practice is 25% which is slightly higher than the England average of 21%. There is a higher than national average representation of income deprivation affecting children (30% compared to 20%) and older people (28% compared to 16%). People living in more deprived areas tend to have greater need for health services.

Detailed findings

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 held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 17 May 2016.

During our visit we:

- Spoke with a range of staff including the GP partners, nurse practitioners, practice nurses, practice manager, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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 open and transparent approach to learning and a computerised system was in place for reporting and recording significant events. Staff told us they would inform the practice manager and or the partners of any incidents to ensure appropriate action was taken. The practice manager was responsible for disseminating safety alerts and there were systems in place to ensure they were acted on.

We found that significant event records were maintained and systems put in place prevented further occurrence. Significant event records were clearly documented at the time they were reported. The minutes of monthly clinical and significant event and annual review meetings were comprehensive and clearly demonstrated the discussions held, action required, person responsible and learning outcomes. Records also demonstrated that learning was shared with staff and external stakeholders. Staff completed an incident recording form which 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). We found that when there were unintended or unexpected safety incidents, patients received reasonable support, relevant information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Records we looked at showed that 29 significant events, both clinical and operational had occurred between July 2015 and April 2016. One of the events reported identified a breach of confidentiality and data protection. For example when a patient had received the wrong information related to their medical care. The incident was discussed with all staff. Staff were made aware of the information governance policy as it related to confidentiality and policies were updated where appropriate. The governance lead ensured that updated copies of the policy were available and accessible to all staff on the practice computer. The systems used to identify patients were reviewed and changes made. Staff were instructed to use specific patient identifiers to ensure they were communicating and sharing information with the correct patient.

Overview of safety systems and processes

Arrangements were in place to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead for safeguarding. Staff we spoke with demonstrated that they understood their responsibilities and told us they had received training relevant to their role. GPs and the practice nurses were trained to safeguarding level 3. The practice had updated the records of vulnerable patients to ensure safeguarding records were up to date. The practice shared with us suspected safeguarding concerns raised by a health visitor which had been appropriately managed and discussed with relevant professionals and reported to the external safeguarding team. This involved where necessary providing reports and meetings with external agencies, such as social workers and the community mental health team.

A notice was displayed in the waiting room, advising patients they could access a chaperone, if required. All staff who acted as chaperones were trained for the role. Staff files showed that criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for staff who carried out chaperone duties. (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 and we observed the premises to be clean and tidy. There were cleaning schedules in place and cleaning records were kept. One of the nurse practitioners was the clinical lead for infection control. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had achieved a general audit score of 100% for its ratings in a local CCG infection prevention and control audit at its Parkfield practice. This score meant that the practice had achieved gold star standard based on the local CCG infection control standards. A general audit score of 93% had been achieved at the branch practice. Treatment and consulting rooms in use had the necessary

Are services safe?

hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available. Clinical waste disposal contracts were in place. Clinical staff had received occupational health checks for example, hepatitis B status and appropriate action taken to protect staff from the risk of harm when meeting patients' health needs.

The arrangements for managing medicines, including emergency medicines and vaccines, 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 Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The local prescribing advisor linked to the practice had carried out medicine reviews with patients who were taking four or more medicines. Some of the reviews were linked to significant events where there were concerns about older patients with memory problems taking their medicines incorrectly. Systems were put in place to help patients take medicines appropriately and prevent the risk of harm. Prescription pads and forms were securely stored and their use monitored.

The nurse practitioners were qualified as independent prescribers and could prescribe medicines for specific clinical conditions. The nurse practitioners received mentorship and support from the medical staff for this extended role. Specific medicine directions (Patient Group Directions for the practice nurses and Patient Specific Directions for the healthcare assistants) were adopted by the practice to allow the practice nurses and healthcare assistants to administer specific medicines in line with legislation.

We reviewed the staff files for four of the most recent staff employed at the practice. The files were thorough and contained appropriate recruitment checks which 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 DBS.

Monitoring risks to patients

The practice had a comprehensive risk assessment process in place which identified the level of risk using an identified coding system. There was a health and safety policy

available with a poster in the reception area. We looked at 16 completed risk assessments related to the environment and those using or working at the practice. The practice had completed a risk assessment log where specific risks related to the practice were documented. For example, a security risk assessment identified that extra lights were needed outside the building and this was acted on. We saw that each risk was rated and mitigating actions recorded to reduce and manage the risk. Records were available to demonstrate that a number of other risk assessments had been completed to monitor the safety of the premises. These included fire risk assessments, checking of fire alarms (27/04/16), emergency lighting, Control of Substances Hazardous to Health, infection control and a legionella risk assessment carried out in August 2015. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

The GP partners were responsible for the maintenance and management of the property at Parkfield Medical Practice and NHS property services were responsible for the premises at the branch practice. The outcome of fire drills that had taken place in January 2015 and August 2015 was made available. These showed details of the action that needed to be taken to make improvements and mitigate risks identified following the drills. All electrical equipment had been checked in October 2015 to ensure the equipment was safe to use and working properly.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff and staff with appropriate skills were on duty. The practice used GP locums to support the clinicians and meet the needs of patients at the practice. The practice obtained sufficient and appropriate information to confirm that locum staff were suitable to work with patients at the practice and offered locums a formal induction.

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 had received recent annual update training in basic life support. The practice had a defibrillator (this provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. Systems were

Are services safe?

in place to ensure emergency equipment and medicines were regularly checked. 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.

The practice had a business continuity plan in place for responding to emergencies such as loss of premises, power failure or loss of access to medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks.

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 GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. 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 practice achieved 95% of the total number points available for 2014/15 which was above the local Clinical Commissioning Group (CCG) average of 92% and the same as the national average. The practice clinical exception rate of 7.8% was in line with the local CCG average of 7.5% and lower than the national average of 9.2%. (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.) Further practice QOF data from 2014/15 showed:

- Performance for the overall diabetes assessment and care was lower than the local and national average (75% compared to the local average of 82% and national average of 89%). The practice exception reporting rate showed that it was lower than the local average of 6.4% and similar to the national rate of 5.1%.
- Performance for the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale (the degree of breathlessness related to five specific activities) in the preceding 12 months was 91% compared to the local CCG average of 91% and

national average of 90%. COPD is the name for a collection of lung diseases. The practice exception reporting rate of 2.8% showed that it was lower than the local average of 6.8% and national average of 11.1%.

- Performance for mental health related indicators was higher than the local CCG and national averages. For example, the percentage of patients experiencing mental health disorders who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 90% compared to the local CCG and England average of 88%. The practice clinical exception rate of 6% for this clinical area was lower than the local CCG average of 9% and England average of 13%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was higher than the national average (88% compared to the local CCG average of 82% and England average of 84%). The practice clinical exception rate of 10.6% for this clinical area was higher than the local CCG average of 7.7% and the England average of 8.3%.

The practice QOF performance and other national clinical targets were comparable to or slightly lower than the local and national averages. Regular meetings were held to monitor performance and an action plan was developed at each meeting to identify the areas of patients' care that needed to be reviewed. Evidence was available to show that the practice had a robust system in place to follow up patients that had not attended reviews of their condition either at the practice or at the hospital.

The practice had developed a focussed plan of audits to be carried out over the year which would facilitate quality improvement. All staff were involved in the practice aim to improve care and treatment and patient outcomes. Both clinical and non-clinical staff were named in the plan as a lead person to carry out a specific audit. We saw that twelve audits were identified to be carried out or repeated between January 2016 and December 2016. Further records demonstrated that 17 audits had been completed over the last year, two of these had a second audit completed and a third cycle was planned to review whether improvements had been made. One of the audits aimed to identify and ensure patients at risk of Calcium and Vitamin D3 deficiency received treatment in line with national guidelines. The audit identified 568 patients were in the at risk group, 86 of these patients needed a review.

Are services effective?

(for example, treatment is effective)

The review included ensuring that appropriate treatment was either commenced, treatment changed or compliance with treatment checked. The audit also identified that the 45 patients identified as having a fragility fracture were on the appropriate treatment. The practice found that there was improvement in the prescribing of calcium and vitamin D for patients at risk and also patients compliance with taking the treatment had improved. The audit was planned to be repeated in 12 months.

Effective staffing

The practice had induction plans in place for all newly appointed staff, which included locum GPs. We saw evidence of planned induction programmes for four newly appointed staff which included GPs and practice nurses. New staff were provided with detailed induction packs containing information about the practice which included relevant contact numbers, health and safety and information on policies and procedures.

Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff had annual appraisals that identified their learning needs from which personal development plans were identified. A matrix was maintained to demonstrate which staff had had an appraisal within the last 12 months. Staff had received training that included safeguarding, fire procedures, basic life support, information governance awareness and all staff had received dementia friends training. The practice was a training practice for GP registrars to gain experience and higher qualifications in general practice and family medicine.

All staff completed a training passport. The training passport was owned by the individual member of staff. This was a comprehensive tool which detailed the training and supervision staff needed for their role. Mandatory training, personal learning development and objectives were agreed through the appraisal process. There was a training schedule in place to demonstrate what training staff had received or were due to receive. Staff had access to and made use of e-learning training modules and external and in-house training. The practice supported clinical staff to attend role-specific training and updates. The GPs and practice nurses had all completed clinical specific training updates to support annual appraisals and revalidation. The practice nurses received training and attended regular updates for the care of patients with long-term conditions and administering vaccinations.

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 shared computer drive. Staff were aware of their responsibilities for processing, recording and acting on any information received. This included 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 patient's to secondary care such as hospital or to the out of hours service.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included joint working and liaison with hospital consultants specialising in diabetes, care of the elderly, local mental health teams and substance misuse liaison services. The practice had developed effective links with local care homes to ensure the coordination of services to patients in care homes. Multi-disciplinary team meetings to discuss patients on the practice palliative care register took place approximately every six to eight weeks.

Consent to care and treatment

We found that 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and where appropriate, recorded the outcome of the assessment. We saw that patients' consent had been recorded clearly using nationally recognised standards. For example, when consenting to certain tests and treatments such as vaccinations and in do not attempt cardio-pulmonary resuscitation (DNACPR) records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients with conditions that may progress and worsen without the additional support to monitor and maintain their wellbeing. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those

Are services effective?

(for example, treatment is effective)

requiring advice on their diet and smoking. Patients had access to appropriate health assessments and checks. The practice actively promoted campaigns for flu vaccinations, blood pressure checks and sexual health and chlamydia screening. Patients were signposted to relevant health promotion services for example, smoking cessation clinics and dietary advice. We saw that health promotion information was displayed in the waiting area and also made available and accessible to patients on the practice website.

The practice had a comprehensive screening programme. A full range of travel vaccines, childhood immunisations and influenza vaccinations were offered in line with current national guidance. Data collected by NHS England for 2014/15 showed that the performance for all childhood immunisations was comparable to the local CCG average.

For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 71% to 98%, children aged two to five 85% to 96% and five year olds from 76% to 96%

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years for the 2014/15 QOF year was 83% which was comparable to the England average of 82%. The practice was proactive in following these patients up by telephone and sent reminder letters. Public Health England national data showed that the number of females aged 50-70 years, screened for breast cancer in last 36 months was low 66% compared to the average across England of 72%. Data for other cancer screening indicators such as bowel cancer were comparable to the local.

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. The area around the reception desk was open to promote confidentiality patients were encouraged to queue away from the desk and not stand directly behind a patient speaking to reception staff at the desk. If patients wanted to discuss something privately or appeared distressed a private area was available where they could not be overheard.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 11 completed cards. Most comments about the service and staff were positive overall. Although one patient who made positive comments also expressed concern about the attitude of new reception staff. Patient's comments included that they received good treatment and care, GPs really caring and they listen and midwife fantastic. Patients said that they were treated very well and would recommend the practice. We also spoke with nine patients on the day of our inspection which included four members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received.

Results from the national GP patient survey results published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average or similar to the satisfaction scores on consultations with GPs and nurses. For example:

- 85% of the patients who responded said the GP was good at listening to them compared to the (CCG) average of 83% and national average of 89%.
- 85% of the patients who responded said the GP gave them enough time (CCG average 83%, national average 87%).

- 91% of the patients who responded said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 78% of the patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 88% of the patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 86% of the patients who responded said the last nurse they saw or spoke to was at listening to them (CCG average 90%, national average 91%).
- 89% of the patients who responded said the last nurse they saw or spoke to was at giving them enough time (CCG average 91%, national average 92%).

The patient satisfaction with reception staff was comparable to the local CCG and national average. Data showed that:

87% of the patients who responded said they found the receptionists at the practice helpful (CCG average 85%, national average 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than or similar to the local and national averages. For example:

- 85% of the patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 72% of the patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 82%).

Are services caring?

- 91% of the patients who responded said the last nurse they saw or spoke to was at explaining tests and treatments (CCG average 89%, national average 90%)
- 81% of the patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Patient and carer support to cope emotionally with care and treatment

One of the GPs was the carer lead and they maintained the practice carers register. The GP carers' lead was a Royal College of General Practitioners (RCGP) Carers Champion. They were awarded for this work whilst in a GP registrar post and had continued this work in their role at this practice. (RCGP is the professional membership body and guardian of standards for family doctors in the UK). A weekly GP led Carers' Clinic was held at the Parkfield Medical Practice. Carers received a general health check which included screening for depression and assessments related to healthy living and carers were offered flu vaccinations. The GP discussed with us occasions when carers were provided with care and treatment outside of the identified clinic slots or received a home visit.

Carers were asked to complete a registration form and their records were coded so that they were identified as a carer on their records and linked to the person cared for. Young carers were also identified and signposted to specific young carers support organisations. A noticeboard displayed information for carers, a carers newsletter and leaflets were available in the reception area of the practice.

Each carer was provided with a carers pack. The GP lead updated the carers pack regularly to ensure it contained information about for example, applying for emergency card. An emergency card is a credit card sized card which states the person is a carer, who they care for and emergency contact details to be used in the event the carer cannot get to the person they care for and details of the local carers support centre. Carers who were registered with other GPs were advised to seek support from their own GP and signposted to the carer information available on the practice noticeboard.

There were 360 carers on the practice carers register, which represented 2.8% of the practice population. A recent review carried out by the practice looked at a sample of 50 (13.8%) patients on the carers register. The audit identified that carer related consultations had taken place and the outcome of these consultations were followed through for example, carers were referred for further tests were needed. The practice planned to carry out a full audit to determine if patients identified on the carers register received the support that was available to them as a carer.

The practice sent sympathy cards to carers and patients who had suffered bereavement. We saw that bereavement packs were available. Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

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 clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of a very diverse practice population, flexibility, choice and continuity of care. For example, the practice was aware that they had a high turnover of patients due to migrants who were waiting to be moved out of the area mainly due to being rehoused. To ensure the needs of all population groups on its practice list could be met, the practice:

- Maintained a register of vulnerable patients registered at the practice. The register included asylum seekers and patients with language or literacy requirements.
- Identified a designated GP to attend meetings at a local refugee and migrant centre to discuss the services provided at the practice and how the practice could further support the health care needs of this population group.
- Identified approximately 19 different languages spoken by its different patient groups. To help address this the practice had employed staff who spoke more than one language.
- Provided access was to translation and interpretation services to ensure patients were involved in decisions about their care.
- Offered facilities for patients with mobility difficulties including level access to the automatic front doors of the practice and adapted toilets for patients with a physical disability.
- Provided access for parents to baby changing facilities and arrangements for mothers to breast in private if required.
- Offered longer appointments for patients with a learning disability, older people, carers and patients with long-term conditions. A computerised call and recall system was in place to ensure that these patients were identified for review.
- Sent an easy read (pictorial) letter to patients with a learning disability inviting them to attend the practice for their annual health check. Joint appointments were carried out with the local community learning disabilities nurses.

- Made home visits available for older patients and patients who would benefit from these.
- Carried out weekly ward rounds to patients in care homes with the support of other health and social care professionals where needed.
- Held a register of patients who experienced poor mental and provided a service to 61 patients that lived in a specialist care home for patients who experienced severe mental health. All staff had received dementia friends training.
- Made urgent access appointments available for children and those with serious medical conditions.
- Offered telephone consultations every day after morning clinics.
- Provided extended opening hours one evening per week and on a Saturday morning for patients who worked.

Access to the service

The practice at Parkfield Road was open and offered appointments between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered from 6.30pm to 8pm on Monday and from 8.30am to 12 noon on Saturday. The extended hours appointments on Monday and Saturday were by appointment only. The branch practice was open and offered appointments from 8.30am to 5.30pm on Monday, Tuesday, Thursday and Friday and 8.30am to 1pm on Wednesday. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the local walk-in centres or the out of hours service provided by Vocare via the NHS 111 service.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was similar to local and national averages in some areas.

- 79% of the patients who responded were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 78%.
- 67% of the patients who responded stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (CCG average 72%, national average 76%).

However there was one area where the practice scored significantly lower than the local CCG and national average:

Are services responsive to people's needs?

(for example, to feedback?)

- 36% of the patients who responded said they could get through easily to the surgery by phone compared to the CCG and national average of 73%.

The practice was aware of patients' concerns regarding the difficulties in getting through to the practice by phone and had also carried out its own in house survey in November 2015 with an external company that compared results nationally. The outcome of this showed that 41% of patient responses said they could get through easily to the practice by phone compared to a national average of 62%. The practice commenced a project in 2015 to improve the telephone system. This resulted in the installation of a new telephone system capable of producing management information that enabled a review of customer service and monitored call volume and responses. The practice planned to use the management information produced to improve other aspects of patient access when contacting the practice by phone. Patients told us on the day of the inspection that they had experienced improvements in getting through to the practice when contacting the practice by telephone.

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 including a summary leaflet available in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Records we examined showed that the practice responded formally to both verbal and written complaints.

We saw records for 21 complaints received over the past 24 months and found that all had been responded to in a timely manner and satisfactorily handled in keeping with the practice policy. The records identified lessons learnt from complaints and the action taken to improve the quality of care and services provided.

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 evidence based services and promote good outcomes for patients. The practice staff team were passionate about delivering this vision. Staff and patients felt that they were involved in the future plans for the practice. The patient participation group (PPG) told us that changes to improve services at the practice were discussed at the PPG meetings and their input was encouraged. For example the practice sought the views of patients on the implementation of a new telephone system. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services.

Governance arrangements

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

- We found that systems were supported by a strong management structure and clear leadership. There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice had systems in place to demonstrate that where there were concerns about information governance these were appropriately addressed.
- Risk management systems, protocols had been developed and implemented to support continued improvements. Practice specific policies and procedures were implemented. Records showed that they were regularly updated and were easily accessible to all staff.
- A programme of clinical and internal audit had been implemented and was used to monitor quality and to make improvements.
- Staff had received training in governance arrangements and monthly meetings were held to discuss clinical governance issues.
- The practice robustly encouraged and supported the GPs, nurses and other staff to attend training relevant to their roles and address their professional development needs.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Health and safety risk assessments had been conducted to limit risks from premises and environmental factors.

Leadership and culture

The partners had the experience, capacity and capability to run the practice and ensure high quality care. The GP partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and the management team told us that an open door policy was operated for all staff.

There was a clear leadership structure in place and staff felt supported by the management team. Staff we spoke with were positive about working at the practice. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. Staff described the culture at the practice as open, transparent and very much a team approach. This was encouraged and supported by team away events. A programme of planned meetings to be held over the year was in place. This ensured that staff were aware of the date of meetings and could plan to attend if possible. Regular practice meetings that had taken place included, clinical, team and whole practice meetings and staff felt confident to raise any issues or concerns at these meetings. 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. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected.

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 an active patient participation group (PPG), which consisted of 15 virtual group members

Are services well-led?

Good 

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

and 10 patients who met face to face approximately every six to eight weeks. The members were encouraged to submit proposals for improvements to the practice management team. The practice had gathered feedback from patients through the PPG, through surveys and complaints received. The practice had ensured that patients and the PPG were involved in the implementation of the new telephone system. Patients and PPG members were also kept informed of changes planned by the Wolverhampton Clinical Commissioning Group (CCG) and invited speakers from this group as guest speakers at the PPG meetings.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had completed reviews of significant events and other incidents and had ensured that lessons learned from these were used to make improvements and prevent further reoccurrence.

The principal GP was the chief accountable officer at the local CCG. The practice was involved in a number of local

pilot initiatives which supported improvement in patient care across Wolverhampton. The practice had been successful in being shortlisted and accepted to pilot a model of care. The model of care would involve joint working across primary, community and secondary care to the care of patients who lived in care homes. The practice established links with other professionals for example, working closely with consultants who worked in secondary care in specialised areas such as the care of older people and the treatment and management of patients diagnosed with diabetes.

The practice had acknowledged concerns raised by patients related to the difficulty in getting through to the practice by telephone. To address this the practice had implemented a robust, proactive project to implement a new telephone system. The practice planned that the new system would provide information which monitored patients' experience of accessing the practice and would enable an improved patient service.

The practice had reviewed and identified the need to increase staffing at the practice to meet patient's needs. The practice had recently employed two new salaried GPs and reception staff. The practice was also an accredited as a training practice for GP trainees.