

Dr Reading & Partners

Quality Report

Priory Surgery

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Priory Surgery on 6 October 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well led, effective, caring and responsive services. It was also rated as good for providing services for all of the population groups.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments always available the same day.

- Risks to patients were assessed and well managed.
- Staff worked cohesively as a team and understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted upon.
- The practice were proactive in ensuring the facilities were reviewed and fit for purpose and had been successful in accessing the Prime Minister's Innovation funding for renovation work which will improve the facilities available.

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. We found the practice used every opportunity to learn from internal and external incidents, to support improvement. Information about safety was highly valued and was used to promote learning and improvement across the staff team. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Staffing levels and skill mix was planned and reviewed so that patients received safe care and treatment at all times. The arrangements in place to safeguard adults and children from abuse reflected relevant legislation and local requirements. The practice had arrangements in place to respond to emergencies and other unforeseen situations such as the loss of utilities.

Good



Are services effective?

The practice is rated as good for providing effective services. We found systems were in place to ensure all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm these guidelines were positively influencing and improving practice and outcomes for patients such as in the teenage health check. Information about the outcomes of patients' care and treatment was routinely collected and monitored through auditing and data collection. For example, the practice undertook medicine audits to identify appropriate monitoring of prescribed medicines. We found staff had the skills, knowledge and experience to deliver care and treatment and had undertaken additional training to support this.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' feedback about the practice that they were treated with kindness, dignity, respect and compassion while they received care and treatment. Patients told us they were treated as individuals and partners in their care. We found the practice routinely identified patients with caring responsibilities and supported them in their role. Patients told us their appointment time was always as long as was needed, there was no time pressure, and patients were reassured that their emotional needs were listened to empathetically. We observed a strong patient-centred culture with an established patient list who were known by the staff team.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients. It acted upon suggestions for improvements and changed the way it delivered services in response to feedback from the patient reference group (PRG). It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. We found urgent and routine appointments were available the same day. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. The practice was using innovative and proactive methods to improve patient outcomes such as accessing the Prime Minister's Innovation Fund for improved facilities. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted upon. Staff had received induction, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, emergency admission avoidance. We found integrated working arrangements with community teams such as the community lead nurse for older people. The practice worked closely with carers and one staff member acted as the carer's champion.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management. Patients diagnosed with long term conditions were supported through a range of clinics held for specific conditions such as, asthma, chronic obstructive pulmonary disease (COPD) and heart failure. Nurse led clinics and home review visits were available to patients diagnosed with long term conditions such as diabetes. Longer appointments and home visits were available when needed. All of these patients had a structured annual review to check their health and medicines needs were being met. Patients receiving palliative care, those with cancer diagnosis and patients likely to require unplanned admissions to hospital were added to the Out of Hours system to share information and patient choices and decisions with other service providers.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice provided GP services to a neighbouring mother and baby unit which demonstrated the joint working with midwives, health visitors and school nurses. The practice worked to provide inclusive services for younger patients, such as hosting the 4YP (for young people) initiative which enabled young patients to access sexual health care.

Good



Summary of findings

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 service availability it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group, such as NHS Health checks for those between 40 and 74 years. The practice offered good access to GPs for telephone consultations and had recently signed up for online patient consultations.

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. They held a register of vulnerable patients such as those with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Patients could access additional services onsite such as substance misuse services.

Good



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 patients with dementia). The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. The practice accessed community based support services for patients living with dementia such as the dementia navigator. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as talking therapies.

Good



Summary of findings

What people who use the service say

We spoke with seven patients visiting the practice and we received seven comment cards from patients who visited the practice. We also looked at the practice's NHS Choices website to look at comments made by patients, some of which expressed a negative view of the practice. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We also looked at data provided in the most recent NHS GP patient survey.

The patient survey data showed NHS England- GP Patient Survey published on 4 July 2015. There were 324 survey forms distributed for Dr Reading & Partners (Priory Surgery) and 119 forms were returned. This was a response rate of 36.7%:

- 79% of respondents found it easy to get through to the practice by phone.
- 86% of respondents found the receptionists at this practice helpful (this was lower than the CCG average which was 88.5%).
- 63% of respondents usually get to see or speak with their preferred GP.
- 85% of respondents were able to get an appointment to see or speak to someone the last time they tried.
- 90% of respondents said the last appointment they got was convenient (this was lower than the CCG which was 91.2% average).
- 71% of respondents usually wait 15 minutes or less after their appointment time to be seen.

We found from the information that all but two of these results were better than the average for the Bristol Clinical Commissioning Group, and were contrary to the opinions expressed on NHS Choices.

We read the commentary responses from patients on the comment cards and noted they included observations such as:

- The services were very good or excellent.
- Appointment access was good for patients who confirmed they were able to get appointments on the same day if urgent.

- Staff were helpful, respectful and interested in the patients.
- Patients felt treated with dignity and respect.
- Patients expressed their satisfaction overall with the treatment received.

We also spoke to patients and the comments made by them were very positive and praised the care and treatment they received. Patients had also commented positively about being involved in the care and treatment provided, and feeling confident in their treatment.

The practice had a virtual patient reference group (PRG) as of August 2015 the group had over 260 members who are emailed with newsletters. The gender and ethnicity of the group was representative of the total practice patient population, the group was widely advertised and information about the group was available on the website and in the practice. From the PRG action plan the practice had managed the following issues:

- Continue to offer one extended hours surgery per week, to now include Mondays as well.
- Extended hours now included a health care assistant in the treatment room rota, which allowed the practice to offer more NHS Health Checks outside normal working hours.
- Extended hours appointments were very popular however, the 'did not attend' rate was high so the practice would continue to send patients text reminders.

The practice had also commenced their current 'friends and family' survey which was available in a paper format placed in the reception area and online. The September 2015 result from this was that 76% of the patients who responded stated they would recommend the practice and commented about the efficiency and professionalism of the practice, whilst 10% stated they did not know if they would recommend but left no comments.

Dr Reading & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP special advisor.

Background to Dr Reading & Partners

Priory Surgery is located in an urban area of Bristol. They have approximately 8484 patients registered.

The practice operates from one location:

326 Wells Road

Knowle

Bristol BS4 2QJ

It is sited in two adjacent houses in a two storey building. The consulting and treatment rooms for the practice are situated on both floors. The practice has eight consulting rooms, one for each GP Partner and one allocated for any trainee GPs on placement. There are two treatment rooms (for use by nurses, health care assistants and phlebotomists); reception and records room; and a waiting room area on both floors. There is limited patient parking immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of five GP partners, one salaried GPs and the practice manager, working alongside three qualified nurses and one health care assistant and two phlebotomists. The practice is supported by an administrative team made of medical secretaries, receptionists and administrators. The practice is open from 8.30am until 6.30pm Monday to Friday for on the day

urgent and pre-booked routine GP and nurse appointments. Extended opening hours are available for pre-bookable appointments, this is rotated so they can offer extended hours on a different day each week.

The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, patient participation, immunisations and unplanned admission avoidance.

The practice is a training practice and also offers placements to medical students and trainee GPs.

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the website.

Patient Age Distribution

% aged 0 to 4 years: 5.5%

% aged 5 to 14 years: 11.5%

% aged under 18 years: 14.1%

% aged 65+ years: 17.9%- higher than the national England average.

% aged 75+ years: 7.9% - higher than the national England average.

85+ years old: 2.2% the national England average.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of

Detailed findings

the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 October 2015. During our visit we spoke with a range of staff including GPs, nurses, reception and administrative staff and the management team, and spoke with patients

who used the service. We observed how patients were being cared for and talked with carers and/or family members and reviewed anonymised treatment records of patients.

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

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

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

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

People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events.

Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available in the practice. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had inadvertently contacted a recently bereaved family about their deceased relative. This resulted in a new protocol being introduced into the practice which we saw and observed staff using to amend patient records. We also saw the discussion and learning the practice had from a cancer diagnosis where the symptoms presented were unclear. The outcome from this was to use the National Institute for Health and Care Excellence (NICE) guidance and tools such as the Q cancer score to make a decision for referral to secondary care for investigation.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for

safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For

Are services safe?

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. However, we noted that no trained nurse was available on Friday afternoons due to a recent change in personnel working hours (since August 2015). We discussed this with the practice manager who had the situation under review.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through their clinical governance processes.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97.5% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes related indicators was better at 91.8% which was 0.7% above the CCG average and 1.7% above the England average.
- The percentage of patients with hypertension having regular blood pressure tests was 95.5% which was 6.8% above the CCG average and 7.1% above the England average.
- Performance for palliative care was 100% which was 4.6% above the CCG average and 3.3% above the England average. The 100% achievement was also met in 2014-15.
- The dementia related indicators was 100% which was 3.8% above the CCG average and 6.6% above the England average. The 100% achievement was also met in 2014-15.

The data for 2014-15 showed the practice had achieved 98% of the QOF points which demonstrated improvement.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We

were given a sample of three clinical audits completed in the last two years where the improvements made were implemented and monitored. One such example was an audit of drug prescribing for patients with type 2 diabetes to ensure NICE guidelines were followed. The audit found patients on newer medicines had an improvement in their HbA1c level (The term HbA1c refers to glycated haemoglobin by measuring glycated haemoglobin GPs and nurses are able to get an overall picture of average blood sugar levels have been over a period of weeks/months. For people with a diagnosis of diabetes this is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications.) Actions taken by the practice to ensure this continued were to introduce a new recall system and an update for the GPs when starting new diabetes medicines. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent medicines audits by the practice pharmacist included a review of all female patients with a past medical history of venous or arterial thrombosis who had been prescribed hormonal contraceptives. The outcome was that of 186 patients no one had been incorrectly prescribed hormonal contraceptives and so guidelines were being followed. The practice pharmacist worked closely with the team to monitor many aspects of the patient health in addition to effective prescribing such as undertaking diabetes reviews for housebound patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Clinical training sessions were arranged monthly with an invitation for all staff to attend.

Coordinating patient care and information sharing

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

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 when patients moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, 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. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those who may have a drug or alcohol dependency. Patients were then signposted to the relevant service. Smoking cessation advice was available from the practice health care assistant.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 96.5% (2013-14), which was comparable to the CCG average of 96.7% (2013-14). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89.4% to 98.8% and five year olds from 94.1% to 99%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the seven patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was mostly well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 96%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 86% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Patients commented about the relationships between them and the staff at the practice. We noted that staff recognised and respected patients' needs taking personal and social needs into account. For example, the practice worked in partnership with numerous organisations within the Bristol area which supported patients with different needs such as the Bristol Dementia Partnership with dementia navigators and the Bristol Drug Project whose project worker was based at the practice for easier access for patients.

Care planning and involvement in decisions about care and treatment

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

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

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

We found the TV screen in the waiting room and patient website informed patients about signs and symptoms of various illnesses and gave self-help advice as well as information on how to access support groups and organisations.

Patient and carer support to cope emotionally with care and treatment

The GPs operated a buddy system whereby if patients were unable to see their own GP then they could see the GP

Are services caring?

'buddy'. This enabled a greater continuity of care as the 'buddy' had greater knowledge of the patients and their treatment. We were told how the GPs and health care staff were flexible in providing home visits and tried wherever possible visited their own patients.

We found there were notices in the patient waiting room which told patients how to access a number of support groups and organisations and alerted them to any community events.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers who were being supported by a dedicated

carers champion. Twice yearly meetings were held with the carers support liaison worker; carers were supported by offering accessible appointment times, health checks and where needed referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 CCG to plan services and to improve outcomes for patients in the area. For example, the practice was aware of the Bristol Health and Wellbeing Strategy and accessed or directed patients to specific services.

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

- The practice offered extended hours for working patients who could not attend during normal opening hours for GP and nurse appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients or patients who could not get to the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had joined with RSVP (**retired and senior volunteer programme**) to access volunteer services group to help support patients who may be housebound, lonely or frail with tasks such as prescription collection or driving patients to appointments.
- The practice had adopted the St Peter's Hospice guidance for prescribing in end of life care so patients benefited from good pain management.
- The practice participated in a number of enhanced services such as provision of contraceptive coils and implants both at a planned clinic and at a 'reserved' appointment each day to give flexibility for patients.
- The practice participated in the 4YP and 'C' card projects which provided flexible access to contraceptive and sexual health for younger patients.
- The practice hosted services for patients who misused substances.

Access to the service

The practice was open between 8.30am – 6.30pm Monday to Friday with telephone calls answered from 8am. The practice offered patients prebookable appointments and

urgent on the day appointment which may be with the duty GP. Extended opening hours were available for prebookable appointments; this was rotated so the practice offered extended hours on a different day each week.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and patients we spoke to on the day were able to get appointments when they needed them. For example:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 79% of patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 61% of patients feel they don't normally have to wait too long to be seen compared to the CCG average of 54% and national average of 58%.

The practice had access to online and telephone translation services. The practice provided equality and diversity training for all staff. We also saw that the information on the website could be translated and that the self-booking in system was available in alternate languages.

The premises and services had been designed to meet the needs of patients with disabilities. We saw wheelchair access at the entrance to the practice, an accessible toilet and sufficient space in the waiting room to accommodate patients with wheelchairs. The practice had a child buggy park at the rear of the building.

We were told the practice had capacity to register new patients and had registered students and people who worked in the area. There were mechanisms in place to register patients with no fixed abode and homeless people who attended the practice could access medical attention the same day.

Listening and learning from concerns and complaints

The practice had a 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. There was a designated responsible person who handled all complaints in the practice.

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

We saw that information was available to help patients understand the complaints system a summary leaflet was available and information could be accessed via the website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the two of the complaints received in the last 12 months and found all of the complaints had been

resolved. We saw there was a clear process and timescale for dealing with them, the complaints were reviewed at the GP meetings and any learning was shared throughout the team.

We found lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint about incorrect advice given to a patient to use alternative service resulted in further training for receptionists in triage of patients.

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 services well-led? well

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. We heard from all the staff we spoke with that there was a 'one team' and 'patient first' ethos within the practice. We found that there was strong leadership and strategic vision within the practice. We found the partners in the practice understood their role in leading the organisation and enabling staff to provide good quality care. The practice had a strategic approach to future planning and had put in place succession arrangements to identify and address future risks to personnel leaving or retiring. There was a whole team approach to change and innovation which involved the staff and the patient participation group and related agencies such as the CCG. We found examples of involvement in pilot schemes such as the online consultation pilot scheme which would allow patients to access a consultation from home or work. The practice culture was innovative and forward looking.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, for example, the practice had a continuous programme of clinical audit which it used to monitor quality and systems to identify where action should be taken.
- The practice operated a three year strategic plan based on patient need which allowed them to work toward identifying resources for short and long term achievement.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice was equitable with national standards and was above average for the local Clinical Commissioning Group (CCG) and England average in a number of clinical indicators.

The practice had systems in place to monitor and improve quality, for example, prevalence and diagnosis of dementia was noted to be lower than expected in the 2013-14 QOF figures, we were told additional resources had been put into place to address this issue.

The practice held regular governance meetings to discuss quality audits, serious and significant events, complaints, patient feedback, performance data and other information relating to the quality of the service. We saw meeting minutes and reports that demonstrated the practice routinely reviewed data and information to improve quality of service and outcomes for patients.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners encouraged a culture of openness and honesty. There was a clear leadership structure with named members of staff in lead roles. The practice provided us with a list of the areas for which each partner GP took the professional lead in the practice.

A GP partner held lead responsibility within the practice as the Caldicott Guardian and was clear about their role. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information-sharing. The practice had protocols in place for confidentiality, data protection and information sharing.

We heard from staff at all levels team meetings were held regularly where they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported in their role. The practice also held a monthly operations meeting which representatives from all staff groups attended.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient representative group (PRG) and through surveys and complaints received. There was an active PRG who were consulted and submitted proposals for improvements to the practice management team. We also saw the practice had a suggestion box in reception and were able to read some of the suggestions from patients. For example, one patient had identified some of the seating in the waiting room should be further raised for patients who had difficulty getting out of chairs. The practice manager was in the process of actioning this suggestion.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as the RSVP volunteers to challenge social isolation of patients who were housebound. The practice had also recently submitted a bid for an additional contract as an Alternative Provider Medical Services which had been well received by NHS England.