Hallgarth Surgery

Quality Report

Cheapside,
Shildon,
DL4 2HP
Tel:01388 772662
Website:www.intrahealth.co.uk

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out this comprehensive inspection on 18 November 2015.

Overall, we rated this practice as good. Specifically, we found the practice to be good for providing well-led, effective, caring, safe and responsive services.

Our key findings were as follows:

- The practice provided a good standard of care, led by current best practice guidelines. A programme of clinical audit was used to identify where patient outcomes could be improved.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned. Staff could access a variety of training including in-house and company-wide. Clinical staff received protected learning time.
- Staff 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice actively reviewed their performance in the management of long term conditions, and how these services were provided, to improve the patient journey and ease with which they could access the service.
- There was a clear leadership structure and staff felt supported by management and by the company as a whole. The practice and federation had over-arching governance arrangements to monitor safety and performance. Staff felt confident in their roles and responsibilities.

We also saw some areas of outstanding practice:

- The service had carried out a comprehensive review of how they implemented the care of long term conditions, and made changes to improve the patient journey.
- The practice had worked innovatively to implement local services, such as a 10 week pain management course.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood their roles and responsibilities in raising concerns, and reporting incidents. Lessons were learned from incidents, and we found evidence that incidents had been reported, discussed and reflected upon. The practice had assessed risks to those using or working at the practice and kept these under review. There were sufficient emergency and contingency procedures in place to keep people safe. There were sufficient numbers of staff with an appropriate skill mix to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework (QOF) showed that the practice performed at or above Clinical Commissioning Group averages. Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. The practice was proactive in promotion of good health and patient involvement. Patients with some long term conditions were given individual care or management plans and staff communicated within multi-disciplinary teams to manage complex conditions. The practice had identified areas they wished to improve following clinical audit and had implemented changes to facilitate this, such as recruiting additional staff to address skills gaps and changing the way long term condition clinics were implemented. Staff were supported within their roles to develop their skills, through a system of protected learning time, appraisals, and identified learning needs.

Are services caring?

Good

The practice is rated as good for providing caring services. Feedback from patients about their care and treatment was positive. We observed a patient-centred culture and staff promoted this as the ethos of the practice. Staff were motivated and inspired to offer kind and compassionate care. In patient surveys, the practice scores for how caring patients found the practice were above or around average compared to local and national survey results. Patients said they were treated with care and concern.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice had a good overview of the needs of their local population, and was proactive in engaging with the Clinical Commissioning Group (CCG) to secure service improvements. The practice had

Summary of findings

sufficient facilities and was well equipped to meet patients need. Information was provided to help patients make a complaint, and there was evidence of shared learning with staff. The majority of feedback was positive around access to the service, with a minority of negative feedback around access to a preferred GP. The practice actively monitored patient satisfaction and had introduced changes as a result, such as later opening and Saturday morning appointments.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a forward plan to work to with clear aims and objectives. The practice had a well-developed vision and values which staff were familiar and engaged with. The practice had an active Patient Participation Group (PPG) and was able to evidence where changes had been made as a result of PPG and staff feedback. Staff described the management team as available and approachable, and said they felt highly supported in their roles. The practice had a number of policies and procedures to govern activity and held regular staff and management meetings. There were systems in place to monitor and improve quality and identify risk.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. The practice held palliative care and multi-disciplinary meetings regularly to discuss those with chronic conditions or approaching end of life care. These patients were given priority access for appointments. Care plans had been produced for those patients deemed at most risk of an unplanned admission to hospital. Information was shared with other services, such as out of hours services and district nurses. Nationally returned data from the Quality and Outcomes Framework (QOF) showed the practice had good outcomes for conditions commonly found in older people. The over 75's had a named GP.

Vulnerable patients living in residential units, housebound or at high risk of admission were cared for by a GP in conjunction with Advanced Nurse Practitioners and district nurses as a Federation initiative through the CCG to ensure the needs assessment of vulnerable patients remained up to date. The practice provided carer health checks.

People with long term conditions

Outstanding

The practice is rated as outstanding for the care of people with long term conditions. The service had carried out a comprehensive review of how they implemented the care of long term conditions, and made changes to improve the patient journey, including implementing clinics flexibly so patients with more than one condition did not have to attend multiple times, and ensuring housebound patients had the same access to reviews through home visits. Staff skill mix had been reviewed and was mapped to patient need.

People with long term conditions were monitored and discussed at multi-disciplinary clinical meetings so the practice was able to respond to their changing needs. Outcomes were monitored through clinical audits. Nurses and GPs worked collaboratively. Reminders were sent prior to health check appointments and attempts made to contact non-attenders. Data showed the practice was proactive in managing long term conditions. Diabetes indicators were all above national averages. For instance QOF data from 2013-14 showed the percentage of patients having a cholesterol check in the previous 12 months was 95.52%, above the national average of 81.6%. Much work had been completed in relation to the

Summary of findings

management of long-term conditions with a view to improving the patient experience. The practice had also developed a DVD to show what difference could be made to making these improvements for patients.

The practice had also developed a 10 week pain management course using more holistic approaches to care. The practice also had a poster presentation accepted for this year's British Pain Society Conference and the International Compassionate Mind Conference where it won first prize.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Systems were in place to identify children who may be at risk. The practice monitored levels of children's vaccinations and attendances at A&E. Regular multidisciplinary meetings were held to review children on the safeguarding register. Immunisation rates were around average for all standard childhood immunisations. Antenatal clinics were held weekly, and patients accessed post-natal health review appointments. The under-five's had protected appointment slots with same day access to a GP. Young people could access weekly family planning clinics.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students). The needs of the working population had been identified, and services adjusted and reviewed accordingly, for instance extended hours appointments were available later in the evenings or Saturday mornings. Patients could access a variety of services during these times, such as NHS health checks and contraceptive services. Routine appointments could be booked in advance, or made online. Repeat prescriptions could be ordered online. Telephone appointments were available. The practice carried out health checks for people of working age, and actively promoted screening programmes such as for cervical cancer. The practice had piloted Skype consultations and was looking to develop these further.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people living in vulnerable circumstances. The practice had a register of those who may be vulnerable, including those with learning disabilities, who were offered annual health checks. Patients or their carers were able to request longer appointments if needed, with carer health checks and advocacy support. The practice had a register for looked after or otherwise vulnerable children and also discussed regularly any

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cases where there was potential risk or where people may become vulnerable. The computerised patient plans were used to flag up issues where a patient may be vulnerable or require extra support, for instance if they were a carer. Staff were aware of their responsibilities in reporting and documenting safeguarding concerns. New patients who may be vulnerable were identified through health checks and screening questionnaires. The practice facilitated a Citizens Advice Bureau service which patients could access within the building.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice made referrals to other local mental health services as required, and worked with other services such as the substance misuse team, Talking Changes, and the Crisis Team. Patients with severe mental health issues were coded on their records so they could be offered extra support to access services and health checks.

The practice was proactive in dementia screening and review. For instance, QOF data showed in 2013-14, the percentage of patients with dementia who had received a face to face review in the previous 12 months was above the national average of 83.82%, at 93.62%.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was comparable to the national average of 86.04%, at 87.5%.

Summary of findings

What people who use the service say

The latest NHS England GP Patient Survey of 130 responses showed the following:

What this practice does best

83% of respondents find it easy to get through to this surgery by phone

Local (CCG) average: 80% National average: 73%

92% of respondents find the receptionists at this surgery helpful

Local (CCG) average: 91% National average: 87%

95% of respondents say the last appointment they got was convenient

Local (CCG) average: 94% National average: 92%

What this practice could improve

37% of respondents with a preferred GP usually get to see or speak to that GP

Local (CCG) average: 62% National average: 60%

67% of respondents would recommend this surgery to someone new to the area

Local (CCG) average: 83% National average: 78%

65% of respondents describe their experience of making an appointment as good

Local (CCG) average: 80% National average: 73%

We spoke with a member of the Patient Participation Group (PPG) and five patients as part of the inspection. We also collected 45 CQC comment cards which were sent to the practice before the inspection, for patients to complete.

Almost all patient feedback and comment cards indicated patients were happy with the service provided. Patients said they were treated with dignity and respect, and given sufficient time during appointments. Patients said staff were pleasant, friendly and welcoming. Patients said that the facilities at the practice were good, and they were confident with the care provided, and were involved in their treatment options. The minority of negative feedback we received concerned how easy it was for patients to access their GP of choice.

Outstanding practice

- The service had carried out a comprehensive review of how they implemented the care of long term conditions, and made changes to improve the patient journey.
- The practice had worked innovatively to implement local services, such as a 10 week pain management course.

Hallgarth Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hallgarth Surgery

Hallgarth Surgery is a member of the Intrahealth Federation. The salaried staff team consists of four GPs, two advanced nurse practitioners, one trainee nurse practitioner, three practice nurses, and three healthcare assistants. These are supported by a practice manager, and a team of reception, and administrative staff. The practice provides personal medical services (PMS) to approximately 5,500 patients in the catchment area of Shildon and surrounding villages. This is the Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG) area.

The practice is open between 8.30am and 6pm on Mondays and Wednesday to Friday, and stays open later until 7:30pm on Tuesdays. Patients can also access a 'Worker's Clinic' for appointments on Saturday mornings from 9am until 12pm.

The practice has higher levels of deprivation compared to the England average. There are higher levels of people with long term health conditions, or claiming disability living allowance. Unemployment is higher than the England average. The practice has opted out of providing Out of Hours services, which patients access via the 111 service.

Why we carried out this inspection

We carried out the inspection under Section 60 of 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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

- 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)

Detailed findings

- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also spoke with a member of the Patient Participation Group.

We carried out an announced inspection on 18 November 2015.

We reviewed all areas of the main surgery site, including the administrative areas. We sought views from patients both face-to-face and via comment cards. We spoke with management staff, GPs, nursing staff, and administrative, dispensing and reception staff.

We observed how staff handled patient information received from the out-of-hours' team and patients ringing the practice. We reviewed how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Good

Are services safe?

Our findings

Safe track record and learning from incidents

Safety was monitored using information from a range of sources such as National patient safety alerts (NPSA), which were disseminated to staff. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally where appropriate. Staff said they felt encouraged to report incidents. Significant events were discussed and analysed regularly, with learning points and action plans recorded.

We looked at recorded summaries and analysis of incidents from the previous 12 months. There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. The practice carried out reviews of all incidents and discussed these regularly in meetings.

Safe systems and processes including safeguarding

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There were lead members of staff for children's and adult's safeguarding. The practice participated in joint working arrangements and information sharing with other relevant organisations including health visitors and the local authority. This included the identification, review and follow up of children, young people and families living in disadvantaged circumstances, including children deemed to be at risk. Staff demonstrated they understood their responsibilities and had received training relevant to their role. Computerised patient notes were coded to flag up safeguarding concerns, although the practice had as yet identified relatively few adults at risk.
- A notice in the waiting room advised patients that they could request a chaperone. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken and we saw evidence that action was taken to address improvements identified as a result. However some refurbishment works had been identified as still needing completed, and were awaiting approval and financial support. These were on an action plan for completion.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We reviewed personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and procedures available. 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.
- 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. Staff said their team levels were sufficient to provide services and cover for annual leave or busy periods.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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.
- The practice had a defibrillator available on the premises and oxygen, all of which was checked and serviced regularly.
- 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. A GP NICE guidance lead disseminated information through team meetings and ensured staff were aware of information relevant to them. NICE guidelines were regularly discussed at clinical meetings, including how these linked to personalised care plans and specific templates for care.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). In 2013-14 the practice achieved 97.9% of the total number of points available.

Data from 2013-14 showed;

- The percentage of patients over 65 receiving the flu vaccination of 76.03% was slightly better than the national average of 73.24%.
- Diabetes indicators were all above national averages. For instance the percentage of patients having a cholesterol check in the last 12 months was 95.52%, above the national average of 81.6%.
- The percentage of patients with dementia who had received a face to face review in the last 12 months was above the national average of 83.82%, at 93.62%.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Clinical audit findings were used by the practice to improve patient care, for instance the practice was able to demonstrate that numbers of unplanned admissions to A&E were low in comparison to local averages, and that these figures were improving.

The practice had invested time to allow daily clinical mentorship and support within the clinical team. This had significantly reduced referrals to secondary care, for instance all general and acute referrals had reduced by 15.1% against expected levels from April 2014- September 2015. Ear, nose and throat referrals had reduced by 17.2%.

The practice had identified their most vulnerable patients, who were at risk of an unplanned admission to hospital, and had produced care plans for these. These were regularly reviewed and discussed, for instance after an admission, to ensure they were accurate and addressed the needs of those patients. Regular multi-disciplinary meetings were held to discuss the needs of patients, for instance on the unplanned admissions register, requiring palliative care, or with long-term conditions to ensure their needs assessment remained up to date.

Following a comprehensive review of the service, nursing staff implemented long-term condition clinics flexibly, to offer appropriate patient centred reviews to patients attending the practice and in their own homes if housebound. This minimised the number of times patients had to attend the practice, with appointment times given convenient for the patient with appropriate clinicians, and ensured those who could not attend the surgery were still given appropriate access to reviews. The practice was able to demonstrate improved QOF outcomes as a result of these changes.

The practice had worked innovatively to implement local services, such as a 10 week pain management course. This moved from a medical model of care to a more holistic model which included behavioural approaches. Feedback from patients in regard to this new approach was very positive with patients commenting that management of their pain had improved. The practice also had a poster presentation accepted for this year's British Pain Society Conference and the International Compassionate Mind Conference where it won first prize.

Vulnerable adults' services were offered as part of a CCG initiative, implemented by the Intrahealth federation. This aimed to provide additional care provision through community staff and named health practitioners at Intrahealth for visits to identified vulnerable adults in care homes, housebound patients, or those at high risk of hospital admission.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as health and safety, information management and confidentiality. New members of staff were given additional support and mentoring and subject to a probationary period and reviews.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The service had carried out a review of skill mix and identified shortfalls in some areas of chronic disease management, and so had recruited an additional nursing staff. Staff skill mix was mapped to the chronic disease a patient was attending for.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Clinicians had local and company appraisal and reviews. GPs felt well supported and could access protected learning time.
- 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.
- Staff received basic 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, further role specific training, and company-wide training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. Information was sent electronically to out of hours services and community based staff such as Advanced Nurse Practitioners.
- The practice had a comprehensive recall system with required timescales, required investigations, and which clinicians patients were to see. Clinicians were then sent tasks to complete actions arising, such as updating records or completing medication reviews.
- Staff had processes to follow on receiving results to ensure these were entered onto the patient record in a timely fashion and necessary actions were taken according to the result. Information was entered onto the system the day it was received.

Staff worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis using the Gold Standards Framework, where people with long term conditions, at risk of admission and requiring palliative care were discussed to ensure their needs assessment and care plans were kept up to date. Daily clinical meetings took place within the practice.

Much work had been completed in relation to the management of long-term conditions with a view to making improving the patient experience. The practice had also developed a DVD to show what difference that could be made to the patient journey. Positive feedback had been received from patients in regard to the new approach.

Consent to care and treatment

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

- Staff understood and had been trained in the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Good

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment using templates on the patient's record.

Health promotion and prevention

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

- 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 or alcohol cessation. The practice had high rates of smoking cessation comparative to the CCG. Patients were then signposted to the relevant service. The percentage of patients over 65 or in a risk group receiving flu vaccinations were around national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Newly registered patients were allocated a named GP and offered an appointment for a consultation and screening questionnaires to identify, for instance, patients who may be vulnerable.
- Immunisation rates were around average for all standard childhood immunisations. Antenatal clinics were held weekly, and patients could access weekly contraception and sexual health clinics.
- The practice's uptake for the cervical screening programme was 82.24%, around the national average of 81.88%. Patients who did not attend for their cervical screening test were sent reminders. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was comparable to the national average of 86.04%, at 87.5%.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

In the latest NHS England GP Patient Survey of 130 responses, patient satisfaction was generally similar to local and national averages for instance:

- 83% say the last GP they saw or spoke to was good at treating them with care and concern

Local (CCG) average: 88% National average: 85%

- 96% had confidence and trust in the last GP they saw or spoke to

Local (CCG) average: 96% National average: 95%

Although some results were slightly lower than average:

- 87% say the last nurse they saw or spoke to was good at giving them enough time

Local (CCG) average: 96% National average: 92%

- 84% say the last nurse they saw or spoke to was good at explaining tests and treatments

Local (CCG) average: 93% National average: 90%

We spoke to a member of the Patient Participation Group (PPG) and five patients as part of the inspection. We also collected 45 CQC comment cards which were sent to the practice before the inspection, for patients to complete.

The vast majority of feedback we collected indicated patients were satisfied with the service provided. Patients said they were treated with dignity and respect, and that staff were pleasant and friendly.

Patients said they were confident with the care provided, and that staff took the time to listen to them. Staff had received customer services training and had developed a set of customer service standards.

There was some information on bereavement services in reception, and doctors could refer patients to local counselling, or mental health services. Bereavement cards were sent to relatives of patients who had passed away. The practice kept registers of groups who needed extra support, such as those receiving palliative care and their carers, and patients with mental health issues, so extra support could be provided.

There was a room available where patients could request to speak with a receptionist in private if necessary. We observed that reception staff maintained confidentiality as far as possible. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were used in treatment and consulting rooms to maintain patients' privacy and dignity during investigations and examinations. There was a chaperone policy and guidelines for staff, and information available on this in reception. Trained staff acted as chaperones where requested.

Care planning and involvement in decisions about care and treatment

The latest NHS England GP Patient Survey of 130 responses showed that patients were generally happy and how they were involved in their treatment. For instance:

- 87% say the last GP they saw or spoke to was good at giving them enough time

Local (CCG) average: 90% National average: 87%

- 85% say the last GP they saw or spoke to was good at explaining tests and treatments

Local (CCG) average: 89% National average: 86%

- 81% say the last GP they saw or spoke to was good at involving them in decisions about their care

Local (CCG) average: 86% National average: 81%

The templates used on the computer system for people with long term conditions supported staff in helping to involve people in their care, and staff updated these to reflect latest guidance. Nursing staff provided examples of where they had discussed care planning and supported patients to make choices about their treatment, including referral to specialist or community nursing staff.

Patients we spoke to on the day of our inspection, and comment cards received, 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. They said they had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Good

Are services caring?

Staff told us there was a translation service available for those whose first language was not English. There was a hearing loop at reception.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting different people's needs

The practice worked with the local CCG to improve outcomes for patients in the area, and had recognised the needs of different groups in planning its services.

Telephone consultations, pre-bookable or extended hours appointments were available, to assist those who would otherwise struggle to access the surgery, for instance the working population. Children under the age of five, people with mental health issues or those deemed at high risk of a hospital admission had same day access to a GP. Vulnerable patients or those at high risk of admission were identified on their notes so could be offered appropriate access at the first point of contact. Longer appointments could be made available for those with complex needs.

The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions. The building accommodated the needs of people with disabilities, incorporating features such as level access, accessible toilet facilities and automatic doors. Treatment and consulting rooms were on the ground floors. Disabled parking spaces were available in the car park outside.

Access to the service

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Appointments could be made in person, by telephone or online. Repeat prescriptions could also be ordered online. A mix of pre-bookable and 'on the day' appointments were available.

The practice was open between 8.30am and 6pm on Mondays and Wednesday to Friday, and until 7:30pm on Tuesdays. Patients could also access a 'Worker's Clinic' for appointments on Saturday mornings from 9am until 12pm. This benefited people of working age, who could access a variety of GP, nurse and health promotion services during these times.

The latest NHS England GP Patient Survey of 130 responses showed mixed results for how easy patients found it to access services. For instance:

83% of respondents find it easy to get through to this surgery by phone

Local (CCG) average: 80% National average: 73%

95% of respondents say the last appointment they got was convenient

Local (CCG) average: 94% National average: 92%

However only 37% of respondents with a preferred GP stated they usually got to see or speak to that GP, below the local (CCG) average of 62% and the national average of: 60%. 65% of respondents described their experience of making an appointment as good, below the local (CCG) average of 80% and the national average of 73%. These were areas where the practice had identified they wished to improve, and were monitoring quarterly patient survey results. The number of patients being dissatisfied with access to the service had improved during 2015, from 26% to 17%.

The numbers of book on the day or pre-bookable appointments were adjusted according to predicted need. Staff numbers and required skill mix were planned advance.

The practice was interested in piloting new technology to provide improved access. The practice had met with managers and nursing staff from nursing homes within the area to discuss the potential advantages of using Skype consultations via a web cam, and had piloted this service, and were looking to develop this further.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information on how to complain was displayed in consulting rooms.

We looked at a summary of complaints made in the last 12 months, and could see that these had been responded to with an explanation and apology where necessary. We

Good

Are services responsive to people's needs?

(for example, to feedback?)

could see where corrective actions were taken, such as refresher training for staff. Patients we spoke with said they would feel comfortable raising a complaint if the need arose.

Are services well-led?

Good

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

Our findings

Vision, Strategy and Culture

The practice had a clear forward plan, with a clear vision, values and a mission statement. Staff were familiar with and engaged with the values and ethos of the practice. Staff we spoke with agreed that communication within their own teams and as a practice was good, and they formed a strong supportive environment, where people worked flexibly and supported one another.

Staff had individual objectives via their appraisal, such as clinical staff looking to develop their knowledge in a certain area to be able to offer additional service. Staff described the appraisal process as useful and stated they were able to identify and follow up on learning objectives through these. Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. There was a clear leadership structure in place and staff felt supported by management and by the wider Intrahealth company.

Governance Arrangements and Improvement

The practice had over-arching governance arrangements to ensure staff were fully qualified and safe to practice. Monthly reports including significant events and complaints were sent to the Intrahealth Clinical Governance Board. Staff were clear on their roles and responsibilities, and felt competent and trained in their roles. The practice had a number of policies and procedures in place to govern activity, such as chaperone policy, infection control procedures and human resources policies, and these were available to staff via the shared computer system. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff within the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure performance. The practice regularly reviewed its results and how to improve, and was proactive in using patient contact to promote additional screening or review services. The practice reviewed its QOF activity regularly to plan areas where they needed to target resource. We saw evidence that they used data from various sources including patient surveys, incidents, complaints and audits to identify areas where improvements could be made.

The practice had identified lead roles and deputies for areas such as, safeguarding, chronic disease management and infection control. A programme of clinical audit was carried out, subjects selected from QOF outcomes, from the CCG, following an incident or from the GP's own reflection of practice. The practice had arrangements for identifying, recording and managing risks. Management staff demonstrated awareness of potential risks and health and safety assessments which addressed a range of health, safety and welfare issues, such as recruitment checks for staff.

Practice seeks and acts on feedback from users, public and staff

Staff felt confident in raising concerns or feedback, and participated in a yearly staff survey. There was an active Patient Participation Group (PPG), with some 43 members over a range of ages. The practice carried out quarterly patient surveys which then highlighted areas for improvement in conjunction with the PPG. For instance, a lack of appointments outside of working hours had been highlighted. In response the practice introduced Saturday morning appointments and pre-bookable appointments on Tuesday evenings. The practice had also introduced a social media profile to keep patients informed and allowed them another feedback mechanism. PPG members were able to give feedback and discuss patient survey results, friends and family test results, or comments on the surgery's social media page.