

Acre Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Acre Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Acre Surgery on 20 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- The majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

We saw evidence that the partners drove continuous improvement and staff were motivated to participate in change. There was a clear proactive approach to seeking out and embedding new ways of delivering the service. For example, the practice participated in Productive General Practice (PGP), an organisation-wide change programme, developed by the NHS Institute for Innovation and Improvement which supports general practices to promote internal efficiencies, while maintaining quality of care. The practice had analysed and process-mapped existing processes such as patient

Summary of findings

registration, prescription requests chronic disease monitoring and made changes and efficiencies. For example, enabling the practice to align blood tests due for different chronic conditions and link this to the repeat prescription process. In addition the practice organised annual external facilitator-led team retreats which focused on enhancing the efficiency of the practice, improving patient satisfaction and optimising staff teamwork and collaboration. Staff commented positively on the value of the retreat in a post-event survey.

The areas where the provider should make improvement are:

- In carrying out regular checks of emergency equipment record which items have been checked.
- Continue to review national GP patient survey data to identify and implement areas for improvement.
- Engage more directly with the Patient Participation Group (PPG) and promote its activities to encourage wider patient membership.

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.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, although records of regular checks on the emergency equipment did not show which items of equipment had been checked.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey was variable for several aspects of care when compared to local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had been successful in an application to become a designated centre of excellence in North Hillingdon providing a co-ordinated service offering 24 hour ambulatory blood pressure monitoring for 16 practices within the locality.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages in a number of areas. The practice had reviewed the results and implemented an action plan to address the lowest scores.
- Patients we spoke with on the day of the inspection mostly said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a patient participation group but the practice recognised that it needed to engage more with the group and promote its activities to encourage wider patient membership.
- There was a strong focus on continuous learning and improvement at all levels.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Visits were prioritised around relatives'/carers' availability to ensure good communication.
- The practice referred patients to H4All (a free health & wellbeing service for Hillingdon residents aged 65 and over in need of support to better manage long-term health conditions, frailty and social isolation).
- The practice utilised a CCG employed primary care navigator who collaborated with other teams to monitor outcomes and facilitate multidisciplinary care, including joint working between health and social care professionals.
- The practice utilised the Coordinate My Care (CMC) personalised urgent care plan developed to give people an opportunity to express their wishes and preferences on how and where they are treated and cared for.
- Patients were offered specialised palliative and end of life care services through utilisation of a GP in the practice who was the CCG lead for palliative care.
- The practice was part of the metro health network multidisciplinary group where case management of complex high risk patients was discussed.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.

Summary of findings

- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for diabetes related indicators was similar to the national average, 89% compared to 90%. There were comprehensive follow up and recall procedures for diabetic patients, including eye screening and foot care.
- One of the lead GPs provided insulin initiation in the management of type two diabetes under the diabetes management local enhanced service scheme.
- The practice was the designated centre for 24-hour ambulatory blood pressure monitoring for 16 practices in North Hillingdon. One of the lead partners was the clinical cardiology lead for the CCG.
- There were structured asthma reviews with nursing staff and ongoing medication management reviews to identify high inhaler use.
- There was active screening of patients with shortness of breath and multidisciplinary reviews with a heart failure nurse.

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 comparable to national averages for standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 72%, which was lower than the national average of 82%. The practice was taking steps to improve uptake.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- There was structured antenatal and post-natal care together with a full range of child healthcare services.
- Advisory services were offered on all aspects of family planning and contraception.

Good



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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a Saturday morning clinic for working patients who could not attend during normal opening hours.
- The practice also provided extra doctor-led influenza vaccine clinics on some Saturdays and Sundays between September and November.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- There was telephone follow up for patients on the unplanned admissions register who have had a hospital admission/A&E attendance.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 people with dementia).

- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- Overall performance for QOF mental health related indicators was comparable to the national average: 90% compared to 93%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. From hospital or A&E letters the practice ensured all patients with episodes of deliberate self-harm or attempted suicide were discussed in clinical multidisciplinary team meetings.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice facilitated telephone access to the local 'talking therapies' counselling service.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 were variable when compared with local and national averages. Three hundred and nine survey forms were distributed and 98 were returned. This represented 2% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 73% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

We saw evidence that the practice reviewed the national GP patient survey when it was published twice yearly. The practice shared with us an action plan and areas where the practice had made improvements in response to feedback from patients. For example, the provision of a

regular Saturday clinic and an extra Friday morning clinic; flu clinics offered both on a Saturday and Sunday during the flu season; additional training of the healthcare assistants to enable an expansion of the number of appointments offered; the recruitment of an additional full time nurse due to take up post in February 2017 and the introduction of special emergency and routine appointments later in the clinic to facilitate access for children after school hours.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Seven of the cards contained mixed comments which included difficulty getting an appointment at times.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results of the latest NHS friends and family test showed of 73 respondents, 94% of patients would recommend the practice.

Acre 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 GP specialist adviser and a practice manager specialist adviser.

Background to Acre Surgery

Acre Surgery is a single location practice which provides NHS primary care services to approximately 4,800 patients living in the Northwood area through a Primary Medical Services (PMS) contract. The practice occupies Northwood Health Centre which it shares with two other practices and is part of Hillingdon Clinical Commissioning Group (CCG). There are above average numbers of patients in the age ranges 0-14 and 30-39.

The practice staff comprises one male and one female partner (providing 10.5 clinical sessions per week) and four female salaried GPs (providing six clinical sessions per week). The clinical team is supported by a part-time practice nurse, two part time healthcare assistants, a part-time practice/business manager, a medical secretary, senior receptionist and six reception/administrative staff and a pharmacist/travel advice specialist.

The practice is open and appointments are available between 8.30am and 6.30pm Monday, Tuesday, Thursday and Friday, and between 8.30am to 2pm on Wednesday. Extended hours appointments are offered every Saturday. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for people that needed them.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111.

The practice is part of a 16 GP consortium (MetroHealth) in North Hillingdon working together to provide greater access for patients and providing services closer to a patient's home and where possible, outside of a hospital setting.

The practice is registered with the Care Quality Commission to carry on the following regulated activities:

Diagnostic and screening procedures

Family planning

Maternity and midwifery services

Treatment of disease, disorder or injury

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice was inspected in April 2014 under our previous inspection arrangements. It met the standards in the two standards we inspected: 'Respecting and involving people who use services'; and 'Care and welfare of people who use services.'

Detailed findings

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 20 December 2016. During our visit we:

- Spoke with a range of staff (two GP partners, a salaried GP, the practice nurse, practice/business manager, senior receptionist and practice secretary) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following the issue of a prescription in error to a patient requesting a repeat prescription on behalf of another patient, staff were given further briefing to ensure rigorous checking and make certain that all prescription requests were made by the patients themselves. The practice also updated its prescribing protocol and discussed the changes in a practice meeting.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. The practice maintained a register of vulnerable children and adults and there was an alert system on the computer to identify these patients. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3. Non-clinical staff were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. 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 from the latest audit completed in August 2016 that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were

Are services safe?

trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (A PSD is a written instruction, signed by a GP, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed five personnel files and found 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 well managed.

- 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 reception office which identified local health and safety representatives. The landlords for the premises had up to date health and safety and fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There were 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 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty.

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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The equipment was checked regularly but the records for this did not show which items of equipment had been checked. A first aid kit and accident book were 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 stored securely.
- The practice had a comprehensive up to date business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and buddy arrangements with two local practices (including a sister practice) in the event of major disruption.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available.

Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the national average: 89% compared to 90%.
- Performance for mental health related indicators was similar to the national average: 89% compared to 92%.

The following was identified by CQC prior to the inspection as a 'large variation for further enquiry'.

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015): Practice 72%; CCG 78%; National 82%.

We discussed this with the practice who confirmed that the practice nurse would be treating cervical screening as a priority. The practice was also appointing an additional nurse who would support this activity. The practice anticipated an improved QOF performance in the current year.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. For example, the practice improved the identification of patients with 'prediabetes' using defined diagnostic criteria to identify patients at risk of developing diabetes and offering them lifestyle advice to avoid this. The first cycle audit in 2015 identified 18 patients at risk who were offered intensive lifestyle advice and change programme. With improved coding in place the second cycle audit identified 49 patients with pre-diabetes. Learning outcomes included the design of a template enabling the identification of prediabetes to be nurse led; an improved awareness by clinicians when coding and referring patients for prediabetes lifestyle advice, follow up and review; and streamlining of identification systems using the new template.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety significant event reporting, emergency procedures and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had update training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff due one had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice utilised Coordinate My Care (a system which allows healthcare professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them).

Staff worked together and with other health and social care professionals 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 were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

- 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, recorded the outcome of the assessment.
- The process for seeking consent was recorded in patient records.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service.
- The practice provided 24-hour ambulatory blood pressure monitoring for 16 practices in North Hillingdon. One of the lead partners was the clinical cardiology lead for the CCG.

Clinical staff provided dietary and lifestyle advice and also referred patients to local support services and exercise programmes and for bariatric surgery if appropriate. Of 86 patients identified as obese, 21 (24%) had been offered support. Smokers were referred to a smoking session clinic provided by a local pharmacy. A total of 983 smokers had been identified and 471 (48%) had been offered cessation advice. Thirty one smokers had stopped smoking in the last 12 months. The practice's uptake for the cervical screening programme was 72%, which was below the CCG average of 78% and the national average of 82%. The practice anticipated a higher uptake in the current year with the recruitment of additional nursing resources. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 64% to 90% and five year olds from 73% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients

(completed for 18% of eligible patients) and NHS health checks for patients aged 40–74 (completed for 37% of eligible patients). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Seven of the cards contained mixed comments which included difficulty getting an appointment at times. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were mixed with some comparable and some below local and national averages. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice had reviewed the full data from the national GP patients survey and had put in place an action plan to address the lowest satisfaction scores relating mainly to access to appointments.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey were variable compared to local and national averages for questions about their involvement in planning and making decisions about their care and treatment. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- 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.
- Several members of the practice staff spoke other languages, for example Hindi, Gujarati and Punjabi. The practice website had the functionality to translate to other languages.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had proactively identified 101 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were directed to local district nurse-led support and an end of life forum.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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. For example, the practice had been successful in an application to become a designated centre of excellence in North Hillingdon providing a co-ordinated service offering 24 hour ambulatory blood pressure monitoring for 16 practices within the locality.

- The practice offered a Saturday morning clinic from 9am to 12 Noon for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice had introduced special emergency and routine appointments later in each the clinic to facilitate access for children after school hours.
- Flu clinics were offered both on a Saturday and Sunday during the flu season, run by the doctors.
- The practice utilised a CCG employed primary care navigator who collaborated with other teams to monitor outcomes and facilitate multidisciplinary care, including joint working between health and social care professionals.
- There were comprehensive follow up and recall procedures for diabetic patients, including eye screening and foot care.
- From hospital or A&E letters the practice ensured all patients with episodes of deliberate self-harm or attempted suicide were discussed in clinical multidisciplinary team meetings.
- The practice ran a weekly travel clinic and patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open and appointments were available between 8.30am and 6.30pm Monday, Tuesday, Thursday and Friday, and between 8.30am to 2pm on Wednesday. Extended hours appointments were offered every Saturday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages in a number of areas.

- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% national average of 73%.
- 70% of patients said the last appointment they got was convenient compared to the CCG average of 89% and the national average of 92%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 71% and the national average of 76%.

One patient we spoke with on the day of the inspection told us that they were able to get appointments when they needed them. Another told us they had experienced difficulty in getting an appointment. Two of the 37 patients who completed comments cards also mentioned difficulty in accessing appointments.

The practice was aware of the results of the national GP survey. It had reviewed the responses to questions regarding access to appointments and had put in place an action plan to address the lower than average scores. This included the provision of a regular Saturday clinic and an extra Friday morning clinic; flu clinics offered both on a Saturday and Sunday during the flu season; additional training of the healthcare assistants to enable an expansion of the number of appointments offered; the take on of an additional full time nurse in February 2017 and the introduction of special emergency and routine appointments later in the clinic to facilitate access for children after school hours. The practice would be engaging with the patient participation group (PPG) to carry out a survey to monitor the effectiveness of the action

Are services responsive to people's needs?

(for example, to feedback?)

taken. A practice 'retreat' was also planned with all staff in spring 2017 where they would review the latest patient experience surveys to continue to build on the areas of strength and improvement for the practice.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a notice in reception and a complaints leaflet and form.

We looked at three complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, and showed openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint about the process for booking telephone appointments the practice modified the booking system to allow patients to pre-book phone consultations with their preferred doctor. If appointment slots are full for the session a message is taken for the doctors to make a decision to pre-book an afternoon slot or call the patient in the same session depending upon the urgency of the situation.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and we saw the records for this. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice organised annual external facilitator-led team retreats for all staff. The practice shared feedback data from the 2014 and 2015 retreats which had included topics regarding enhancing the efficiency of the practice, improving patient satisfaction and optimising staff teamwork and collaboration. The event included a pre-retreat meeting with the partners and the facilitator to set the agenda for the day and the completion of an anonymous staff survey pre and post-event. The next team retreat was scheduled for May 2017.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every two months but feedback suggested there should be a practice representative at the meetings and that the practice needed to publicise the group more to encourage increased and more diverse membership. For

Are services well-led?

Good 

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

example, there was no PPG notice board; the minutes of meetings were not made widely available to patients and there should be more opportunities to put forward proposals for improvements to the practice management team. We were given one example, where PPG members had supported the practice at a weekend flu clinic and at the event offered to one of the lead GPs to reorganise and improve the presentation of the practice noticeboard, which was accepted. The practice recognised that more practice input was needed to the PPG and the recently appointed practice manager would take the lead on this. The practice was also producing a patient newsletter and this would facilitate the promotion of the PPG.

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

Continuous improvement

There was a 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. For example:

- The practice provided 24-hour ambulatory blood pressure monitoring for 16 practices in North Hillingdon. One of the lead partners was the clinical cardiology lead for the CCG.
- The practice participated in Productive General Practice (PGP), an organisation-wide change programme, developed by the NHS Institute for Innovation and Improvement which supports general practices to promote internal efficiencies, while maintaining quality of care. The practice had analysed and process-mapped existing processes such as patient registration, prescription requests chronic disease monitoring and made changes and efficiencies. For example, enabling the practice to align blood tests due for different chronic conditions and link this to the repeat prescription process.