

Burnley Wood Medical Centre

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Burnley Wood Medical Centre on 23 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients were complimentary about the overall quality of service.
- Routine planned and urgent appointments were available the same day. The practice offered telephone consultations also.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Successful and productive working relationships were established with the health visitor and midwife to the benefit of patients.
- 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.
- There was good awareness of where the practice needed to improve the services it provided and plans (although not always recorded) were implemented successfully to address these areas.

We saw areas of outstanding practice including:

- The practice was the driving force in promoting a joint initiative with the local public health department, and

Summary of findings

local community services including charities and faith groups to establish the Burnley Wood Health Hub. The vision of which was to be a resource to promote and support the best health outcomes for the local community.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure a periodic analysis of complaints and significant events is carried out to identify themes and trends so that appropriate action can be taken if required.
- Ensure the practice's vision is recorded and aligned with a business development plan to clarify the purpose and direction of the GP practice and assist the practice team's understanding of what needs to be done to achieve its aims and objectives.
- Ensure full practice team meeting are held periodically to provide opportunities for information sharing, reviewing issues and organisational goals and priorities and to facilitate learning and development.
- Ensure a planned programme of clinical and internal audits is established to enable the practice to monitor quality consistently and to make improvements as required quickly.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and managed. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. The Quality and Outcomes Framework (QOF) data for the last four years showed that the practice performed consistently better than the local Clinical Commissioning Group and England averages over the same period. 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. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and there was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. 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. Most patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had

Good



Summary of findings

good facilities and was well equipped to treat patients and meet their needs. The practice provided a number of Tier 2 services including insulin starts for diabetics, substance misuse and family planning. A Tier 2 service means the practice was resourced and staff were trained to treat both their own patients and patients registered at other GP practices. The practice provided Information about how to complain which was easy to understand and evidence showed that 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. The practice had a clear vision and strategy. Plans, although not recorded, were in place to develop the service further by providing additional clinical facilities with a view to extending the range and availability of services provided. Staff were clear about the vision and their responsibilities in relation to this. 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 informal meetings. There were some systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group (PRG) was active. Staff had received inductions, regular performance reviews and attended meetings and events when organised.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and was responsive to their needs. There were rapid access appointments for those with enhanced needs and home visits when required. Patients over the age of 75 were allocated a named GP. As a result of patient feedback the practice offered afternoon appointments from 2 pm. This was to assist particularly older people who did not like being out in the dark evenings in winter. There were policies in place, staff had been trained and were knowledgeable regarding vulnerable older people and how to safeguard them.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice nursing team had lead roles in the management of chronic diseases. Patients had health reviews at regular intervals depending on their health needs and condition. The practice maintained and monitored registers of patients with long term conditions including cardiovascular disease, diabetes, asthma and chronic obstructive pulmonary disease. These registers enabled the practice to monitor and review patient conditions effectively and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff demonstrated a good understanding and were proactive in safeguarding and protecting children from the risk of harm or abuse. The practice had a clear means of identifying in records those children (together with their parents and siblings) who were subject to a child protection plan. The practice had appropriate child protection policies in place to support staff and staff were trained to a level relevant to their role. The practice offered a full range of childhood vaccinations and had systems in place to follow up children who did not attend for these. The practice had the invaluable support of a designated health visitor at its weekly baby clinic.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the 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.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Patients on the learning disability register had care plans in place and were offered annual health checks. The practice worked with multi-disciplinary teams in the case management of vulnerable people. For example the practice ran a shared care drug misuse clinic with INSPIRE (Integrated Substance Misuse Service). The practice signposted and supported vulnerable patients to access various support groups and voluntary organisations. 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). The practice maintained a register of patients who experienced poor mental health and who had dementia. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. Patients with a diagnosis of dementia had an agreed care plan in place. The practice monitored patients with poor mental health according to clinical quality indicators and in line with good practice guidelines. The practice worked with multi-disciplinary teams and other mental health services in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

What people who use the service say

We spoke with two patients at the time of our visit and telephoned two members of the patient reference group after our visit. All spoke positively of the care and treatment they received. Three of those we spoke with told us that they had no problems getting an appointment at the surgery, although one person said they had struggled on occasion to get an appointment when they rang in the early morning.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We received 32 comment cards, 29 of these were all positive about the standard of care received and a number of them referred to the GPs by name and gave examples of where the practice had supported them with their health care needs. Patients said they felt listened to and involved in decisions about their treatment. Two comment cards referred to their negative experiences with individual staff members and one card offered suggestions regarding how the practice could improve their service for people with long term conditions.

The national GP patient survey results published in July 2015 showed the practice was scoring higher than average in most aspects of the service they provided. For example:

- 81% of respondents said they found it easy to get through to the surgery by phone compared to the Clinical Commissioning Group (CCG) average of 71% and national average of 73%.
- 71% of respondents with a preferred GP usually got to see or speak to that GP compared with the local CCG average of 59% and national average of 60%.
- 88% of respondents would recommend this surgery to someone new to the area compared with the local CCG average of 76% and national average 78%.

However; results indicated the practice could perform better in one aspects of its service delivery. For example:

- 49% of respondents said they usually waited 15 minutes or less after their appointment time compared to the CCG and national average of 65%.

Please note there were 101 responses out of the 311 questionnaires sent out for the GP patient survey. This represents approximately 1.7% of the patient population registered at the practice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure a periodic analysis of complaints and significant events is carried out to identify themes and trends so that appropriate action can be taken if required.
- Ensure the practice's vision is recorded and aligned with a business development plan to clarify the purpose and direction of the GP practice and assist the practice team's understanding of what needs to be done to achieve its aims and objectives.
- Ensure full practice team meeting are held periodically to provide opportunities for information sharing, reviewing issues and organisational goals and priorities and to facilitate learning and development.
- Ensure a planned programme of clinical and internal audits is established to enable the practice to monitor quality consistently and to make improvements as required quickly.

Outstanding practice

- The practice was the driving force in promoting a joint initiative with the local public health department, and

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local community services including charities and faith groups to establish the Burnley Wood Health Hub. The vision of which was to be a resource to promote and support the best health outcomes for the local community.

Burnley Wood Medical Centre

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 and a specialist advisor who was a practice manager.

Background to Burnley Wood Medical Centre

Burnley Wood Medical Centre is part of the NHS East Lancashire Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice has 5836 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area are 77 years for males and 82 years for females both of which are below the England average of 79 years and 83 years respectively. The patient numbers in the different ages groups were reflective of national averages; however over 20% more patients were in receipt of a disability allowance compared with the national average and only 40.6 % of the practice patient population was in paid work of full time education compared the national average of 60.2%.

The practice opens Monday to Friday 8am to 6.30pm. Patients requiring a GP outside of normal working hours are advised to contact the NHS 111 service for contact of the out of hour's service provided by East Lancashire Medical Services.

The practice has three GP partners, two female and one male GP. The practice employs a practice manager, an office / medicines manager, two practice nurses, one health care assistant, one secretary, one data summariser, four receptionists and one business administrator apprentice. The practice also supports year four medical students.

The practice provides online patient access that allows patients to book appointments, order prescriptions and update their personal records.

The practice is housed in a purpose built modern building that is accessible to people with disabilities.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to look at the overall quality of the service 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 (QOF) framework data, this relates to the most recent information available to the CQC at that time or to the data supplied by the practice.

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?

Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

We reviewed information available to us including information from other organisations such as the Clinical Commissioning Group (CCG) and NHS England and information from CQC intelligent monitoring systems. We carried out an announced inspection visit on 23 September 2015 and spoke to staff and patients, reviewed patient survey information and reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. The practice prioritised safety and used a range of information to identify risks and improve patient safety. This included reviewing reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Staff confirmed they that incidents and complaints were discussed, and where appropriate, actions and protocols identified to minimise re-occurrence of the incident or complaint. They provided examples of changes implemented as a result of a complaint or incident. However meeting minutes were not always recorded in detail to demonstrate the actions taken by the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe. These included:

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The practice policies were accessible to all staff. These clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner was the lead member of staff for safeguarding. The GP provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to safeguarding and all had received training relevant to their role.
- A notice was displayed in the waiting rooms advising patients that a chaperone was available if required. All staff who acted as chaperones were trained for the role. A risk assessment regarding the requirement for non clinical staff, who acted as a chaperone, to have a disclosure and barring check (DBS) was in place (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and fire safety checks were carried out. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and asbestos.
- Procedures were followed to ensure appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead for the practice. Annual infection control audits were undertaken and this included an infection control audit specifically in relation to minor surgery.
- 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 had a GP lead for the management and monitoring of medicine prescribing. Clear robust protocols were in place for all staff to follow in relation to prescribing and repeat prescribing of medicines. This ensured staff were aware of their responsibilities and boundaries in relation to prescriptions. The practice's performance in prescribing medicines was monitored closely and action plans implemented to improve where data indicated this was necessary. Medication audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was acting in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice manager confirmed that they had been reviewing the recruitment procedure and staff recruitment files and they had identified some gaps in their recording keeping. Evidence was available that the practice manager was taking action to address this to ensure robust recruitment records for all staff were held in accordance with current regulations.

Are services safe?

- There was a system in place to record and check professional registration of the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration for clinical staff was up to date and valid.
- Staff told us there were enough staff to maintain the smooth running of the practice. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. The staff worked well as a team and as such supported each other in times of absence and unexpected increased need and demand.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice scored 99.4% of the available points for 2013/14. Data showed that this was the fourth consecutive year where the practice had demonstrated a year on year improvement in their QOF scores. The data available to us from 2013/14 showed that the practice was not an outlier for QOF (or other national) clinical targets and the practice confirmed that this was also the case for the period 2014/15.

QOF data from 2013/14 showed

- Performance for diabetes related indicators was similar to the Clinical Commission Group (CCG) at 6.6% and the England average of 6.2%.
- The percentage of patients with hypertension having regular blood pressure tests was better than CCG and the England average at 84.9%, 78.9% and 79.2% respectively.
- Performance for mental health related and hypertension indicators were similar at 80% to the CCG (83.5%) and the England average (82.9%).
- The dementia diagnosis rate (90.4%) was above the CCG (68.7%) and the England average (75.8%).

The GPs we spoke with confirmed that clinical audits were carried out and we saw some of these including one for the prescribing of a medicine to delay menstruation and one for substance misuse. Findings were used by the practice to

improve services. However a plan to undertake new audits and to review current clinical audits was not in place. The practice participated in applicable local audits, national benchmarking, accreditation and peer review.

In addition the practice GPs and nurses were all actively involved in carrying out defined research projects such collecting information and data from patients for a cancer study to help assist in developing clinical prediction rules for both lung and colon cancer.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff spoke highly of their working environment and the support they received from the GP partners and practice manager.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff told us that many meetings were informal and there were opportunities throughout the day to discuss specific issues. Clinical staff had access to appropriate training to meet their 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.
- The practice manager identified that there were gaps in their mandatory training for all staff and was currently piloting an on line training programme. The practice manager confirmed that they needed to develop a comprehensive training matrix and programme for all staff. The recent e-learning training the majority of staff had completed included safeguarding, fire procedures basic life support and information governance awareness.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

Are services effective?

(for example, treatment is effective)

Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and included palliative care and integrated care meetings. Patient care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of

developing a long-term condition and those requiring advice on their diet, smoking and help with social issues. The GP partners were instrumental in developing and promoting a joint initiative with the local public health department to establish a Burnley Wood Health Hub. The work undertaken so far had established links with local community services including charities and faith groups to share the vision of delivering the best health outcomes for the local community.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme in 2013/14 was 78.5% which was comparable to the CCG average of 77.1% and the England average of 76.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, data from 2014/15 showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 85.2% and five year olds from 88.4% to 100%. Flu vaccination rates for the over 65s in 2013/14 were 75.27% and at risk groups 79.2%. These were also comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

29 out of the 32 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Three comment cards referred specifically to issues with specific staff members or service delivery. We also spoke with two patients on the day of the inspection and two members of the patient reference group (PRG) just after the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice performance was above the CCG and England averages for consultations with doctors and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 85% said the receptionists at this surgery were helpful compared to the CCG average of 85% and national average of 87%.
- 92% described their overall experience of this surgery as good compared to the CCG average of 85% and national average of 85%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations and this included information about bereavement support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice monitored the service it provided and listened to patients. It was responsive to patients' needs and evidence was available demonstrating it was responding to challenges and forward thinking to develop and improve the level of service provided. Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- The practice provided a number of Tier 2 services including insulin starts for diabetics, substance misuse and family planning. The practice had recently completed a Tier 2 pilot providing Ear Nose and Throat (ENT) treatments. A Tier 2 service means the practice was resourced and staff were trained to treat both their own patients and patients registered at other GP practices.
- The practice population benefited from the weekly attendance of a health visitor at baby clinic. The practice staff told us they valued the additional expertise and support the health visitor brought to care for young children and families.
- The community midwife held a weekly clinic within the practice to assist pregnant ladies with their health needs during pregnancy.
- The practice offered a monthly shared care drug misuse clinic with INSPIRE (Integrated Substance Misuse Service).
- Home visits were available for patients who would benefit from these.
- People with a learning disability and or with a diagnosis of dementia had agreed care plans in place which were reviewed at least annually.
- Urgent access appointments were available to those with serious medical conditions.
- As a result of patient feedback the practice offered afternoon appointments from 2 pm. This was to assist particularly older people who did not like being out in the dark evenings in winter.
- There were disabled facilities and translation services available.

Access to the service

The practice was open from 8 am to 6.30 pm Monday to Friday and GP consultations were available from 08.30 to 10.50 am and from 2 pm until 6 pm. Urgent appointments were available each day as well as pre-bookable appointments which could be booked up to six week in advance and these could be booked online.

Results from the national GP patient survey showed that patient's satisfaction with access to the surgery and appointments was above local and national averages. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 76% and national average of 75%.
- 81% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 78% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

However patients feedback showed that:

- 47% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Staff confirmed that they responded to patient's concerns, attempted to rectify the issue if able and offered them the opportunity to complain through the practice's procedure. Evidence was available to demonstrate that all complaints were reviewed with the GP partners and staff confirmed they were informed of any changes in practice or procedure as a result of a complaint investigation. An annual review was also carried out, although these were not analysed to identify potential trends or themes.

We looked at four complaints received in the last 12 months and found and these were responded to in accordance with the practice's policy.

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. All staff spoken with were aware of the practice's vision, values and future development and they were enthusiastic and committed to working together to achieve this. However supporting business plans which reflected the vision and values and were not formally recorded.

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 up to date, implemented and were available to all staff
- Staff had comprehensive understanding of the performance of the practice, and an awareness of their contribution to this.
- Clinical and internal audits were undertaken periodically but a planned programme of systematic auditing was not in place. A planned programme of both clinical and organisational auditing would enable the practice to monitor quality consistently and to make improvements as required quickly.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that full team meetings were held if required. They said that the GP partners held weekly meetings and the minutes from these were shared by email. Staff told us that break times and the lunch time period provided daily opportunity to discuss issues informally and these were

seen as a valuable support to all staff members. Staff told us that there was an open culture within the practice. Staff were confident in raising issues and concerns and said they felt supported when they did. Staff were aware of the practice's whistleblowing policy but those staff we spoke with felt any issue could be discussed openly without fear or repercussion

Staff were enthusiastic and motivated. They said they all worked as part of a team, and felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The practice manager analysed feedback from patients and produced reports in response to this with actions to improve service delivery.

The practice had also gathered feedback from staff through appraisals and discussion. 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.

Innovation

The practice was very proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk patients. The practice worked closely with the Clinical Commissioning Group (CCG) and participated in a number of pilot schemes to improve availability of services to both its own patient population and the surrounding population.

The practice team was forward thinking and promoted local collaborative working with neighbourhood partners in health and social care. The GP partners were instrumental in driving forward a joint initiative with the local public health department to establish a Burnley Wood Health Hub. The work undertaken so far had established links with local community services including charities and faith groups to share the vision of delivering the best health outcomes for the local community.

Are services well-led?

Good 

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

The practice recognised future challenges and areas for improvement. Complaints were investigated, reviews of significant events and other incidents were completed and learning was shared from these with staff to ensure the practice improved outcomes for patients.