

John Hampden 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

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive to people's needs?

Outstanding



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 John Hampden Surgery on 27 January 2016. The practice is rated as outstanding for the care and treatment of three population groups – families, children and young people, people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia). As a result of three outstanding population groups and outstanding caring and responsive domains, overall the practice is rated as outstanding.

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

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

- 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, this included plans to action areas for improvement from the recent Infection Control audit.
- Feedback from patients about their care was consistently and strongly positive. However, not all patients were aware of the extended hours and several commented on recent difficulties accessing appointments.
- Outcomes for patients who use services were consistently very good. Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed excellently in obtaining almost all of the total points available to them for providing recommended care and treatment to patients.

Summary of findings

- Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion.
- We found there was good staff morale in the practice, with high levels of team spirit and motivation. There was a strong learning culture evident in the practice. This came across clearly through discussions with staff members and in the approach to adopting and championing new initiatives.

We saw several areas of outstanding practice including:

- In February 2015, the practice was successful in a bid to make the practice 'dementia friendly'. The practice has identified dementia patients early, supported them to access good quality care, improve their quality of life and prolong independent living. There was a named dementia support nurse ensuring a personalised care plan for all dementia patients, all staff had additional training in recognising and supporting people with dementia, double appointments for dementia patients were routine and the practice environment was dementia friendly with appropriate signage and a 'quiet space'.
- The practice had recognised that carer's health often takes second best, or neglected and was offering designated clinics every Friday for carers. Of the 70 carers, 38 (54%) had attended a carers clinic and the remaining 32 had been contacted and an appointment scheduled providing support through community settings to enable patients to live independently for longer.

- The practice supported patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill health. For example, there was a designated staff member who arranged and scheduled childhood immunisations. This was evident as immunisation rates were higher when compared to the CCG and national averages.
- In partnership with Bucks County Council, the practice was awarded a 'Safe Place' status. This scheme provides reassurance to vulnerable people, and to their families and carers, so that they have a means to alert someone of any potential risk or emergency if they are out alone. Having access to the practice as a place for safety within the village helps vulnerable people lead independent lives and feel safe. There was a Duty GP available should a vulnerable person accessing the practice as a 'Safe Place' require urgent care and treatment. Although only recently awarded the practice has supported a vulnerable patient recently seeking refuge at the practice whilst experiencing an episode of panic and confusion.

However, there was an area of practice where the provider needs to make improvements. Importantly the provider should:

- Review how patients can have appointments to see a male GP and have a male chaperone if wanted.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal and written apology. Patients were told about any actions 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 including plans to action areas for improvement from the recent Infection Control audit.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were higher when compared to the local and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as outstanding for providing caring services.

- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored higher when compared to the local Clinical Commissioning Group and national averages for satisfaction scores on consultations with GPs, nurses and interactions with

Outstanding



Summary of findings

reception staff. For example, 94% of patients who say the last GP they saw or spoke to was good at giving them enough time. This was higher when compared to the CCG average (88%) and national average (87%).

- The vulnerable patient and dementia support nurse had visited dementia patients at home and supporting their carers by producing advanced care plans and 'This is Me' documents (a practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests). Of the 25 patients with dementia, five had a complete 'This is Me' document and the remaining 20 had documents which were being completed.
- There was a 'carer's champion' providing support through community settings to enable patients to live independently for longer.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture and staff treated patients with kindness and respect, and maintained patient and information confidentiality. We found positive examples of staff going that extra mile to provide a caring service. For example, staff having taken certain elderly patients home who were unwell and were unable to make their own way.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, an award from the local council in conjunction with the local police recognising John Hampden Surgery as a 'safe haven' for vulnerable people.
- Feedback from patients reported that access to a named GP and continuity of care was usually available quickly, and urgent appointments were usually 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.

Outstanding



Summary of findings

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a patient participation group and a high level of constructive engagement with staff and a high level of staff satisfaction.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people. Longer appointments, home visits and urgent appointments were available for those with enhanced needs.
- The practice systematically identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for people approaching the end of life.
- We saw unplanned hospital admissions and re-admissions for the over 75's were regularly reviewed and improvements made.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were higher than national averages. For example, 100% of patients aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis, who were currently treated with an appropriate bone-sparing agent. This is higher when compared to the CCG average (92%) and national average (93%).

Good



People with long term conditions

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

- The GPs and nursing team had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and COPD (Chronic obstructive pulmonary disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).
- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority.
- Outcomes for patients who use services were consistently very good. Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed very well in the management of long-term conditions. For example:

Good



Summary of findings

- QOF performance for diabetes related indicators was 100%, higher when compared to the CCG average (93%) and the national average (89%).

Families, children and young people

The practice is rated as outstanding 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.
- There was a designated staff member who arranged and scheduled immunisations. This was evident as immunisation rates were higher when compared to the CCG and national averages.
- 81% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months. This was higher when compared to the national average, 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was higher when compared to the CCG average (77%) and the national average (82%).
- 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.

Outstanding



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.
- Appointments were available between 9.00am and 5.00pm Monday to Friday. The practice was open one Saturday morning each month specifically for patients not able to attend outside normal working hours but there were no restrictions to other patients accessing these appointments.

Good



Summary of findings

- 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. This included email correspondence with some patients and home blood pressure monitoring.

People whose circumstances may make them vulnerable

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

- There were policies and arrangements to allow people with no fixed address to register and be seen at the practice.
- The practice offered longer appointments for patients with a learning disability. It had carried out annual health checks for 100% of people (17 patients) with a learning disability and there was evidence that these had been followed up.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- In partnership with Bucks County Council, the practice was awarded a 'Safe Place' status. This scheme provides reassurance to vulnerable people, and to their families and carers, so that they have a means to alert someone of any potential risk or emergency if they are out alone. Having the practice as access a place of safety within the village helps vulnerable people lead independent lives and feel safe.
- There was a 'carer's champion' providing support through the community to enable patients to live independently for longer. The practice worked closely with the local social care team and Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire) to support carers including the promotion of completing a regular carers risk assessments. The practice had recognised that carer's health often takes second best, is neglected and was offering designated clinics every Friday for carers. Of the 70 carers, 38 (54%) had attended a carers clinic and the remaining 32 had been contacted and an appointment scheduled.
- There was a Vulnerable Patient Nurse who supported vulnerable patients at home and liaised with relevant services to prolong independence. The practice informed vulnerable patients about how 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.

Outstanding



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 94% of people experiencing poor mental health had a comprehensive, agreed care plan documented in their medical record, which was higher when compared to the national average (88%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice has identified dementia patients early, supported them to access good quality care, improve their quality of life and prolong independent living. All staff had additional training in recognising and supporting people with dementia, double appointments to dementia patients were routine and the practice environment was dementia friendly with appropriate signage and a 'quiet space'.
- The vulnerable patient and dementia support nurse visited dementia patients at home and was supporting their carers by producing advanced care plans and person-centered 'This is Me' documents.
- 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.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing significantly higher when compared to local and national averages. On behalf of NHS England, Ipsos MORI distributed 232 survey forms and 121 forms were returned. This was a 52% response rate and amounts to just below 4% of the patient population.

- 94% found it easy to get through to this surgery by phone (CCG average 76%, national average 73%).
- 82% described their experience of making an appointment as fairly good or very good (CCG average 76%, national average 73%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Two of the comment cards described recent difficulties in accessing appointments.

We spoke with 14 patients during the inspection. All 14 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Several patients were not aware of the practice opening times and the extended hour's surgeries, specifically the monthly Saturday morning clinics.

Areas for improvement

Action the service SHOULD take to improve

- Review how patients can have appointments to see a male GP and have a male chaperone if wanted.

Outstanding practice

- In February 2015, the practice was successful in a bid to make the practice 'dementia friendly'. The practice has identified dementia patients early, supported them to access good quality care, improve their quality of life and prolong independent living. There was a named dementia support nurse ensuring a personalised care plan for all dementia patients, all staff had additional training in recognising and supporting people with dementia, double appointments for dementia patients were routine and the practice environment was dementia friendly with appropriate signage and a 'quiet space'.
- The practice had recognised that carer's health often takes second best, or neglected and was offering designated clinics every Friday for carers. Of the 70 carers, 38 (54%) had attended a carers clinic and the remaining 32 had been contacted and an appointment scheduled. providing support through community settings to enable patients to live independently for longer.
- The practice supported patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill health. For example, there was a designated staff member who arranged and scheduled childhood immunisations. This was evident as immunisation rates were higher when compared to the CCG and national averages.
- In partnership with Bucks County Council, the practice was awarded a 'Safe Place' status. This scheme provides reassurance to vulnerable people, and to their families and carers, so that they have a means to alert someone of any potential risk or

Summary of findings

emergency if they are out alone. Having access to the practice as a place for safety within the village helps vulnerable people lead independent lives and feel safe. There was a Duty GP available should a vulnerable person access the practice as a 'Safe

Place' require urgent care and treatment. Although only recently awarded the practice has supported a vulnerable patient recently seeking refuge at the practice whilst experiencing an episode of panic and confusion.

John Hampden 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, a practice manager specialist adviser and an Expert by Experience.

Experts by Experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to John Hampden Surgery

John Hampden Surgery is based in a converted residential dwelling in Prestwood village near Great Missenden in Buckinghamshire. The practice is one of 34 practices within Chiltern Clinical Commissioning Group. The practice provides general medical services to approximately 3,330 registered patients in Prestwood and the surrounding villages.

All services are provided from:

- John Hampden Surgery, 97 High Street, Prestwood, Great Missenden, Buckinghamshire HP16 9EU

There are three female GP partners at the practice who are occasionally supported by locum GPs.

The all-female nursing team consists of a nurse prescriber, a practice nurse and a vulnerable patient and dementia support nurse, all three nurses contributing with a mix of skills and experience.

A practice manager is supported by a deputy practice manager and a team of five administrative staff who undertake the day to day management and running of the practice.

The practice population has a higher proportion of patients aged 40-69 compared to the national average. There is minimal deprivation according to national data. The prevalence of patients with health-related problems in daily life is 39% compared to the national average of 49%.

The practice has core opening hours between 8.30am and 6.00pm every weekday and was also open one Saturday morning a month.

The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website and over the telephone when the surgery is closed.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

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. This included information from Chiltern Clinical Commissioning Group (CCG), Healthwatch Buckinghamshire, NHS England and Public Health England.

We carried out an announced visit on 27 January 2016.

During our visit we:

- Spoke with a range of staff including GPs, a nurse prescriber and members of the administration and reception team. We spoke with the practice manager and deputy management team and 14 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw an analysis of a significant event following an immunisation error.

This event had been reviewed with a multi-disciplinary team and reported to the immunisation manufacturer and Public Health England.

We saw policies, procedures, and systems had been reviewed for any weaknesses or failures that have allowed this incident to occur. We also saw an immediate audit was completed reviewing all recent immunisations.

Learning was shared at a practice and departmental meeting which was recorded.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. We saw an example of one of the GPs sharing safeguarding case studies at a recent all practice meeting. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- Notices in the waiting room and on each treatment and consultation room door advised patients that chaperones were available if required. However, there was no male chaperone available. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse prescriber 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. We saw twice yearly infection control audits were undertaken and we saw evidence and subsequent plans to address any improvements identified as a result of an audit completed in November 2015. Specifically, installation plans for elbow/wrist operated mixer taps in the clinical rooms and the small tear on the couch in the nurse's treatment room to be repaired or replaced.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- We reviewed three 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. The practice had up to date fire risk assessments, three fire wardens and the practice carried out regular fire drills. All electrical equipment was checked (August 2015) to ensure the equipment was safe to use and clinical equipment was checked (August 2015) to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (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 that enough staff were on duty and patients received timely care and treatment.

Arrangements to deal with emergencies and major incidents

The practice had 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. 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 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 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 peoples' 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 99.7% of the total number of points available, with 7.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was higher when compared to the CCG and the national average. The practice achieved 100% of targets compared to a CCG average of 93% and national average of 89%.
- Performance for hypertension related indicators was slightly higher when compared to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (99%) and national average (98%).

- Performance for mental health related indicators was higher when compared to the CCG and national average. The practice achieved 100% of targets compared to a CCG average (97%) and national average (93%).

Clinical audits demonstrated quality improvement.

- A programme of clinical audits had been completed in the last two years. We saw six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, urology referrals were selected to audit as the practice had a high rate of referrals to urology compared to the CCG average. The practice wanted to explore the reasons why including the hypothesis as an all-female practice, were they 'over referring' patients with prostatic symptoms. Following an initial audit in April 2014, 18 out of 22 (81%) referrals followed local urology guidelines. Learning was shared including continuing to write to consultants for advice rather than an immediate referral, peer review of referrals and each urology case after referral was discussed at monthly practice meetings. In the February 2015, 18 out of 19 (95%) referrals followed the guidelines. We saw plans of the next cycle of the audit were due to commence in March 2016.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurse prescriber who provides a travel clinic described a recent update and health alert for travellers planning travel to South America and the risks of zika virus infection (an infection following mosquito bites with a possible link to birth defects for pregnant women).

Are services effective?

(for example, treatment is effective)

- 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 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 revalidating GPs. All staff have had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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 monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. For example, one of the GPs is present at a weekly community weight loss class providing opportunistic advice on healthy weight loss and exercise.
- Information from Public Health England shows 99% of patients who are recorded as current smokers had been offered smoking cessation support and treatment. This is higher when compared to the CCG average (96%) and national average (94%).

The practice's uptake for the cervical screening programme was 84%, which was higher when compared to the CCG average (77%) and higher than the national average (82%). 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; data from Public Health England reflected success in patients attending screening programmes. For example:

- 60% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was similar to the CCG average (59%) and the national average (58%).
- 79% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was higher when compared to the CCG average (76%) and the national average (72%).

Are services effective?

(for example, treatment is effective)

Records showed the GPs and nurses proactively sought and promoted the immunisation programme and this was evident in the immunisation data as the practice was above both local and national averages for influenza and childhood immunisations. The immunisation programme was scheduled by a designated member of the reception team. Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 97.2% to 100% and five year olds from 95.6% to 100%. These were above the CCG and national averages. For example:

- 100% of children within the 12 month age group had received the PCV (vaccination compared to the CCG average, 96.6%).

- 100% of children within the five year age group had received the Hib/Men C Booster (a single injection to boost protection against Haemophilus influenzae type b and meningitis C) vaccination compared to the CCG average, 95%.
- Flu vaccination rates for the over 65s were 76%, and at risk groups 55%. These were higher when compared to the national averages, over 65s 73% and at risk groups 51%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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 30 patient Care Quality Commission 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 listened to their concerns with dignity and respect.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards and patient testimonials presented by the practice 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 scored higher when compared to the CCG and national averages for satisfaction scores on consultations with GPs, nurses and interactions with reception staff. For example:

- 93% said the GP was good at listening to them (CCG average 91%, national average 89%).
- 94% said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

The vulnerable patient and dementia support nurse had visited dementia patients at home and supporting their carers by producing advanced care plans and 'This is Me' documents (a practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests). Of the 25 patients with dementia, five had a complete 'This is Me' document and the remaining 20 had documents which were being completed.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. 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 (CCG average 87%, national average 86%).
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 88% said the last nurse they saw was good at explaining tests and treatments (CCG average 90%, national average 90%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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.



Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. In January 2016, the practice patient population list was 3,332. The practice had identified 70 patients, who were also a carer, this amounts to 2% of the practice list.

One of the reception team was also employed as a 'carer champion' providing support through community settings to enable patients to live independently for longer. We were shown a comprehensive tool kit available for carers to ensure they understood the various avenues of support available to them. The practice worked closely with the local social care team and Carers Bucks (an independent charity to support unpaid, family carers in Buckinghamshire) to support carers including the promotion of completing a regular carers risk assessments.

The practice had recognised that carer's health often takes second best, or neglected and was offering designated clinics every Friday for carers. Three different carers were invited to the weekly carers clinic and each clinic consists of a 30 minute physical examination with a practice nurse who completes various checks (blood pressure, cholesterol, alcohol, smoking, depression screening) followed by a 30 minute session with Carers Bucks who signpost carers to suitable support services. Of the 70 carers, 38 (54%) had attended a carers clinic and the remaining 32 had been contacted and an appointment scheduled.

The practice promoted access to a number of support groups and organisations through the care champion and literature in the patients' waiting room. We were told and we saw evidence of support services for young carers who care for a parent or another member of their family. We were also shown documents for patients' relatives regarding what to expect with end-stage dementia.

Staff told us that if families had suffered bereavement, their usual GP contacted them.



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 Chiltern Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered monthly Saturday morning clinics 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- In partnership with Bucks County Council, the practice was awarded a 'Safe Place' status. This scheme provides reassurance to vulnerable people, and to their families and carers, so that they have a means to alert someone of any potential risk or emergency if they are out alone. Having access to a 'Safe Place' within the village helps vulnerable people lead independent lives and feel safe. We were told of a vulnerable patient recently seeking refuge at the practice whilst experiencing an episode of panic and confusion.
- We saw the vulnerable patient and dementia support nurse had been systematically visited dementia patients at home and supporting their carers by producing advanced care plans and 'This is Me' documents (a practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests).
- Of the 25 patients with dementia, five had a complete 'This is Me' document and the remaining 20 had documents which were being completed. Once completed, the documents enable health and social care professionals to see the person as an individual and deliver person-centered care that is tailored specifically to the person's needs. It can therefore help

to reduce distress for the person with dementia and their carer. It can also help to prevent issues with communication, or more serious conditions such as malnutrition and dehydration.

- The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms. Toilets were available for patients attending the practice, including accessible facilities with baby changing equipment. During the inspection we observed several patients experience problems entering the practice via the main doors. We discussed this with the management team and we saw they regular review access and have been in discussion with the landlord with a view of amendments to access.
- We noted there was no hearing aid loop in the practice and as an all-female GP practice; patients could not choose to see a male doctor.
- In February 2015, the practice was successful in a bid to make the practice 'dementia friendly'. The practice has identified dementia patients early, supported them to access good quality care, improve their quality of life and prolong independent living. There was a named dementia support nurse ensuring a personalised care plan for all dementia patients, all staff had additional training in recognising and supporting people with dementia, double appointments for dementia patients were routine and the practice environment was dementia friendly with appropriate signage and a 'quiet space'.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday (appointments were from 9.00am to 5.00pm). Although GPs were in the building between 8.00am and 6.30pm the practice telephone lines diverted to the out of hours service between 8.00am and 8.30am and 6.00pm and 6.30pm. The practice was also open one Saturday morning a month. However, several patients we spoke with were not fully aware of the practice opening times specifically the monthly Saturday morning clinics.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally higher when compared to local and national averages.



Are services responsive to people's needs?

(for example, to feedback?)

- 75% of patients were satisfied with the practice's opening hours (CCG average 72%, national average 75%).
- 94% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 76% of patients said they usually wait 15 minutes or less after their appointment time to be seen (CCG average 67%, national average 65%).
- 69% of patients said they feel they don't normally have to wait too long to be seen (CCG average 60%, national average 58%).

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the January 2016 GP national patient survey results (121 respondents), NHS Choices website (eight reviews), 30 CQC comment cards completed by patients and 14 patients we spoke with on the day of inspection.

The evidence from these sources showed the majority of patients were satisfied with how they access appointments.

We saw information about the appointment system was available to patients in the practice through a new appointment leaflet and on the practice website. Information on the practice website also included how to arrange urgent appointments, home visits, routine appointments and how to cancel appointments.

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 through posters and leaflets in the waiting areas and on the practice website.

The practice had received two complaints in the last 12 months. We reviewed both of these and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. The practice showed openness and transparency in dealing with the complaints at the monthly practice meetings.

We also saw all feedback; both positive and negative left on NHS Choices website had been responded to by the practice manager.

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 available to all staff. Revised policies were disseminated to all staff.
- A comprehensive understanding of the performance of the practice was maintained. Areas of low performance had been reviewed and action plans implemented which demonstrated improved performance.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GP partners in the practice ensured the service provided safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.
- Staff told us and we saw evidence of regular team meetings.
- 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 in doing so and felt supported if they did. We noted team away days were held.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice and the management team.
- 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.

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. There had been a significant amount of change within the PPG and recruitment of new PPG members including a new chairperson. The PPG submitted proposals for improvements to the practice management team. For example, the practice newsletter which features important updates including carers information and flu clinic dates.
- The practice had gathered feedback from staff through yearly staff away days and generally through staff

Are services well-led?

Good 

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

meetings, 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.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Each week

every staff member had allocated and protected learning time to complete training. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the award of 'safe place' status, the vulnerable patient and dementia support nurse and one of the GPs was the senior clinical lead behind a mobile telephone application which enables the local community to access the correct care and treatment.