St Thomas Medical Group

Quality Report

St Thomas Health Centre
Cowick Street
St Thomas
Exeter
Devon
EX4 1HJ
Tel: 01392 676678
Website: www.stthomasmedicalgroup.co.uk

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

Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	Outstanding ☆
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

St Thomas Medical Group is rated as Outstanding overall. (the previous inspection October 2014 – Outstanding)

For purposes of the report the practice will be referred to as 'the group'.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? - Outstanding

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Outstanding

People with long-term conditions – Outstanding

Families, children and young people – Outstanding

Working age people (including those recently retired and students – Outstanding

People whose circumstances may make them vulnerable – Outstanding

People experiencing poor mental health (including people with dementia) - Outstanding

We carried out an announced comprehensive inspection of the St Thomas Medical Group on Tuesday 16 January 2018 and Thursday 18 January 2018 as part of our inspection programme.

At this inspection we found:

- The group had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen there was a genuinely open culture in which all safety concerns raised by staff and people who use services were highly valued as opportunities for learning and improvement.
- The group routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Patients with diabetes received effective care and were cared for by an experienced team of six nurses specialising in diabetic care.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

- The group were organised, efficient and had effective governance processes.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care and were clear, supportive and encouraged creativity.
- There had been many organisational changes and annual changes in university patient population. In response to this, the leadership had maintained positive patient outcomes, effective communication, positive feedback from patients and provided a popular place for staff to work.

We saw two areas of outstanding group:

People's emotional and social needs were seen as important as their physical needs and the group had recognised that there were a high number of socially isolated patients within the community. As a result the group had responded by employing a volunteer coordinator who ran a proactive team of over 40 volunteers within the league of friends group. Together the volunteers offered; a telephone service to ring lonely older adults every one to two weeks to offer support, a full programme of social events during the week, a medicines delivery service, a sitting service for carers and shopping services. The services offered by the volunteers, in conjunction with the group, had been welcomed by patients and was successful in attracting new members after they themselves had been supported.

The staff were proactively responsive to the needs of the local population and services were delivered in a way to ensure flexibility, choice, convenience and continuity of care for patients. For example, the group offered additional services for their own patients and others in the community including vasectomy service (268 patients had received this service in 2017), rheumatology clinic (599 appointments in the last year), headache clinic (304 patients had been seen and treated in the last year) and leg ulcer service (85 patients had been seen at the leg clinic in the last two years and 53 ulcers had healed through the effective treatment provided). Students at the University Health Centre had access to additional proactive services including close co-ordination with the University Well Being Centre, prescription services and reviews during non-term time.

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

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

St Thomas Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, a second CQC inspector, two GP specialist advisers, a practice nurse specialist adviser, a practice manager adviser and an expert by experience.

Background to St Thomas Medical Group

St Thomas Medical Group is a group of four GP practices which provide services under a Personal Medical Service (PMS) contract for approximately 38,400 patients The group is situated in the Devon city of Exeter.

St Thomas Medical Group is made up of four separate practices with one patient list. This means patients can be seen at any one of the four sites. Patients tended to visit the same practice for their own convenience. Administration staff rotated across all sites but clinical staff tended to be based at one group to provide better continuity for patients.

St Thomas Health Centre is open Monday to Friday between 8.30am and 6pm. The practice is closed between 12.30 pm and 1.30 pm on Friday lunchtimes for staff training. Extended appointments are offered from 7am to 8am on a Tuesday and Thursday and 6.30 pm to 8pm on Tuesdays and Wednesdays.

Exwick Health Centre is open Monday to Friday between 8.30am and 6pm. The practice is closed between 12.30pm and 1.30pm on Fridays for staff training. Extended hours are offered each day between 7am and 8am.

The student health centre at Exeter University is open during term time Monday to Friday between 8.45am and 6pm. Extended hours are offered from 7am to 8am on Tuesdays and 6.30 pm to 8pm on Thursdays during term time. During University vacations appointments are variable but include a minimum of three days a week between 9am and 5pm. These days are usually a Monday, Wednesday and Friday.

All calls are managed through the call centre based at St Thomas Health Centre. Calls outside of Exeter University Student Health Centre opening times are automatically diverted to St Thomas Health Centre.

Pathfinder Surgery is open on Mondays and Thursdays between 8.30am and 4.30pm but is closed at lunchtime on both days between 1pm and 2pm.

Calls outside of the St Thomas opening hours are answered by the Out of hours message handling service by patients dialling the NHS 111 service.

The group were a member of Exeter Primary Care (EPC), a federation of 16 Exeter GP groups. The EPC group organise increased GP access outside of the core hours of 8.30 and 6pm. All registered patients are therefore able to be seen, by appointment, by an ExeterGP, at an Exeter GP group between Monday and Thursday 6.30 to 8pm and Saturday and Sunday 9am and 5pm. St Thomas Medical group provides this service every Saturday between 9am and 5pm and on Tuesday and Wednesday evenings between 6.30pm and 8pm.

The group population area is in the seventh decile for deprivation. In a score of one to ten, the lower the decile the more deprived an area is. There is a group age distribution of male and female patients equivalent to

Detailed findings

national average figures. Average life expectancy for the area is similar to national figures with males living to an average age of 79 years and females living to an average of 80 years.

The organisation employs over 110 staff. There is a team of 28 GPs (19 female, nine male). Of the 28 GPs, ten are GP partners, there are two GP registrars (Doctors training to become a GP). The whole time equivalent of GPs is just over 14. The team of GPs are supported by a group manager, assistant group manager, nurse manager (an advanced nurse practitioner), paramedic, four lead group nurses, eight group nurses and eight health care assistants. The group employ an emergency care practitioner who has experience of working at the local emergency department. They work within the minor illness clinic at the group. The clinical team are supported by a clinical team lead, 12 clinical administration staff, six prescribing team members, 10 secretarial support staff, bookkeeper, volunteer coordinator and care taker.

Patients using the practices had access to community staff including community nurses, health visitors, midwives and counsellors. There is an independent pharmacy on the same site as St Thomas Health Centre.

The group were a teaching group for GP Registrars, (doctors who are training to become GPs). The group had also been identified as a placement for student nurses and has scheduled a student nurse to start in April 2018.

The GPs provide medical support to ten residential care and nursing homes.

St Thomas Medical Group is registered to provide regulated activities which include:

Treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and Diagnostic and screening procedures and operate from the main locations of:

St Thomas Health Centre, Cowick Street, St Thomas, Exeter, Devon, EX4 1HJ

And three branch surgeries at:

Exwick Health Centre, New Valley Road, Exeter, EX4 2AD

Student Health Centre, Reed Mews, Streatham Drive, University Campus, Exeter, EX4 4QP

and

The Surgery, Brookside, Pathfinder Village, Exeter, EX6 6BT

We visited all these locations as part of our inspection.

Outstanding ☆

Are services safe?

Our findings

We rated the group, and all of the population groups, as good for providing safe services.

Safety systems and processes

The group had clear systems to keep patients safe and safeguarded from abuse.

- Each site conducted safety risk assessments as a rolling programme of maintenance and had a maintenance schedule to demonstrate all systems had been tested and calibrated within designated timescales. For example, fire risk assessments, environmental risk assessments, electrical and clinical equipment testing. We noted all were up to date during our inspection.
- The group had a set of safety policies which were easily located, regularly reviewed and communicated to staff. The policies were reviewed every eight weeks by a designated member of staff who then coordinated the review in conjunction with the leadership team. Staff received safety information for the group as part of their induction and refresher training. New information regarding safety from guidance or clinical training was cascaded to staff during clinical meetings. This information sharing was evidenced in meeting minutes we saw.
- The group had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The group worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The group carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required, including volunteers who worked on a one to one basis with patients. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. Extensive audits were performed each year and actions reviewed four times a year to ensure patient and staff safety.
- The group ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the group assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The group had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The group had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The group kept prescription stationery securely and monitored its use.
- The group had a designated prescribing team who coordinated the prescriptions and ran searches for medicines monitoring. The team produced quarterly newsletters informing all staff of any manufacture information, top tips for staff and protocol changes. This helped demonstrate effective medicines management and ensured patient safety.
- The group had 13,600 online users and 28% of patients used the online prescription service; an increase of 7% since our last inspection. Online services include making appointments, obtaining repeat prescriptions and accessing other healthcare information. Currently there were 8,000 patients signed up and accessing the online services and a total of just under 10,000 patients from the other groups using the medicine request services. Patients were supported by a team member to use the online services on a daily basis by telephone. The group had also offered a Saturday drop in clinic to support patients with accessing the online services.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The group had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The group involved patients in regular reviews of their medicines.

Track record on safety

The group had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The group monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The group learned and made improvements when things went wrong.

There was a system for recording and acting on significant events and incidents. Staff understood their responsibilities with regard to reporting significant events and safeguarding. They named the GP leads for key areas such as these. Staff told us there was support and encouragement to report when events went wrong and added this was led by the partners and GPs. Staff provided us with examples of significant events and how these had been discussed subsequently at the weekly meetings. For example, a positive response to an emergency event at the reception desk demonstrated that, staff had acted swiftly and had activated an audible alarm. A nurse had attended and ensured the patient was well. Shared learning from the incident included the use of the computer based alarm system rather than solely using the audible alarm, as the majority of staff within the building had failed to hear the alarm. Information from the group review of significant events indicated subsequent emergencies had used the computer based alarm and were more promptly responded to.

The group also monitored trends in significant events and took action as a result. For example, there had been three attempted suicides at the university. The group had recognised the need to keep a risk register of vulnerable patients which was monitored on a weekly basis. Information was shared with relevant university staff and had resulted in identifying at risk university health centre patients who were admitted for further care and treatment. The events had also improved communication with the local mental health trust staff.

- There was a system for receiving and acting on safety alerts. The group learned from external safety events as well as patient and medicine safety alerts. Information was shared at clinical, governance, educational and leadership meetings, federation meetings and also disseminated to staff by email.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 all four locations.

Outstanding ☆

Are services safe?

- The practice had a defibrillator available on each 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the group, and all population groups, as good for providing effective services.

Effective needs assessment, care and treatment

The group had systems to keep clinicians up to date with current evidence-based group. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. New guidance, care pathways and protocols were shared at clinical, governance, educational and leadership meetings and also disseminated by email.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The group used clinical templates embedded within the computer system to ensure all health checks were performed in line with expected group.
- Reception staff had been provided with guidance of who, and how urgently patients should be booked with appointments. For example, cough and breathing difficulties. Staff also had guidance on the recognition and management of suspected sepsis.
- The group used guidelines suggested by the Devon Palliative Care specialists and had a 'just in case' medicine bag for clinicians to use when supporting patients with some long term conditions. An audit was carried out in June 2017 on the prescribing, documentation, communication and monitoring of 'just in case medicines'. As a result the group had re written a protocol (including the computer system protocol) to achieve a gold standard of group. The main area for improvement identified was that prescriptions had occasionally been issued both electronically and on paper, arriving at the pharmacy at a different time, leading to the potential for the pharmacy to dispense these medicines separately and outside of the "pack". The improved protocol had removed the potential of duplicate prescriptions being produced.
- Patients with renal failure were also able to access just in case bags. The GPs recognised these patients required slightly different medicines. Members of the prescribing team had designed a protocol which identified those patients with renal failure and then organised a set of prescriptions dependent on their personal renal function. The protocol had proved useful for clinicians and staff said the process was straightforward and efficient in providing patients with the most effective treatment.

The group was below other groups for antibiotic prescribing. For example, the percentage of antibiotic items prescribed that were Cephalosporins or Quinolones (types of antibiotics) between July 2015 and June 2016 was 3% compared with the CCG average of 5% and national average of 8%. The prescribing rate was achieved through more effective patient consultations and the promotion of self help remedies for self-limiting viral illnesses.

- We saw no evidence of discrimination when making care and treatment decisions.
- The group used equipment to improve treatment and to support patients' independence. For example, patients on blood thinning medicines were able to access equipment which screened their blood (near patient testing) at the practices to ensure the medicine prescribed was adjusted to maintain the correct level. (Near-patient testing (also known as point-of-care testing) is defined as an investigation taken at the time of the consultation with instant availability of results to make immediate and informed decisions about patient care).
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines. The prescribing team proactively chased up any blood tests for elderly patients who forgot to book in for screening or reviews.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the group had offered 179 patients a health check. 175 of these checks had been carried out and there were good clinical reasons why the remaining four had not been completed.

Good

Are services effective?

(for example, treatment is effective)

- The group followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Patients at risk of developing diabetes were registered and recalled to be offered weight checks, lifestyle advice and a blood test. A monthly computer search was carried out to identify pre-diabetic patients coded with signs of diabetes. The search triggered a check to see if these patients had received an invitation to have a screening blood test. There were 311 patients identified with pre diabetes and over the last year 273 of these patients had attended the reviews and been supported to avoid diabetes.
- Patients with diabetes were cared for by a team of six nurses specialising in diabetic care. Four of these nurses had been developed by the leadership and were able to start patients on insulin. Patients were seen every year or more frequently as required. The diabetic team met weekly to discuss patients and worked with the GP diabetic lead fortnightly. Monthly joint clinics were held with the diabetic specialist nurse from the local acute hospital. Normally five to six patients were discussed each week.
- The group had a register of 2525 patients with obesity. 1,530 of these patients were also identified as having another long term condition and were invited to attend an annual lifestyle review. The remaining 995 patients were invited for an annual review and invitation to contact the local "Onesmallstep" support group to improve lifestyle and diet advice. In the last year approximately 30 patients had self referred to this service.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. For example, rates ranged between 90% and 95%.
- The group had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The group's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme. The Group actively took part in the annual "Jo's" Cervical Screening Awareness week. The campaign was displayed in the main foyer as well as on-going awareness on the website and posters displayed in the groups, staff had also attended cervical awareness training sessions and one of the secretaries had attended the course.
- The group had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Proactive immunisation programmes were in place for students. For example, during fresher's week in 2017, when students were registering at the student health centre they were offered a meningitis immunisation vaccination there and then. Staff opportunistically vaccinated approximately 174 patients entitled to the MenACWY vaccine.
- University students were offered advice on sexual health, use of drugs, mental health, alcohol, legal highs and self-harm.
- The GPs based at the University Health Centre were part of the international student health association and attended annual conferences (including one in Japan) to update knowledge of guidelines. In between conferences the GPs communicate with colleagues to discuss themes and complex cases consequently improving treatment outcomes for overseas students.

Good

Are services effective?

(for example, treatment is effective)

- University students were signposted and encouraged to sign up to a self-care App to help them deal with minor ailments. 3,500 student patients had accessed this App.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The group held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the national average of 84% and the group had initiatives in place to improve this figure further.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the CCG average of 85% and national average of 90%.
- The group specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 90% compared to the CCG average of 87% and national average of 91%.
- 77% of newly diagnosed patients with depression had received a review between 10-56 days after diagnosis. This was higher than the CCG average of 67% and national average of 65% with the group having initiatives in place to improve this figure further.

Monitoring care and treatment

The group had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Regular searches were performed to confirm that all patients on certain medicines, screening programmes or receiving treatment were receiving appropriate and timely care. For example, monthly checks of patients on blood thinning medicines were performed to identify they were having their blood tests done in a timely way. The report from the last eight months showed a reduction of overdue blood tests from 20 to ten patients.

There was clear evidence of action to monitor and change practice to improve quality. For example, an atrial fibrillation (AF(abnormal heart rhythm) audit took place in January 2016 following a significant event meeting and following a review of some cases of patients with stroke who had presented with stroke and had AF. The aim of the audit was to try to increase the overall TTR (time within therapeutic range) for those patients on warfarin (blood thinning medicine) for patients with AF. The TTR aim was over 65% in range, with a gold standard of 72% or above in range. The first data collection in January 2016 showed that the original standard for improvement was met. The second data collection in May 2016 showed that the percentage of patients with an acceptable TTR of over 65% rose from 75% to 80.9%. The percentage of patients with gold standard TTR of 72% or over rose from 61.4% to 68.7%.

The most recent published Quality Outcome Framework (QOF) results showed the group had achieved 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 97%. (QOF is a system intended to improve the quality of general practice and reward good practice. The overall clinical exception reporting rate was 14% compared with a national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate. We looked at the clinical reasons for exception reporting and found the turnover of university students and the large number of patients in care homes, where intensive therapies were not appropriate, were factors, and these decisions had been appropriate. We also saw other clinical reasons which were appropriate and validated by our specialist advisor.

- The group used information about care and treatment to make improvements. For example, cervical smear audits took place every two years to identify if any trends and training needs could be identified and amendments to procedures made. The most recent audit indicated effective testing with no trends where testing was questionable.

Good

Are services effective?

(for example, treatment is effective)

- The group was actively involved in quality improvement activity. For example, an audit was undertaken in August 2017 to see how many patients on the learning disabilities (LD) Register (114) were up to date with their screening including bowel screening, aortic aneurysm, cervical smears, breast screening. The audit identified a small number of patients that were overdue one or more of the above routine screening examinations and also highlighted, that despite reminders, patients were not always attending for their annual reviews. As a result the group had worked with the Exeter learning disability team, who offered to make contact with these patients and try and encourage them to attend for their annual review and screening, and/or offer to visit these patients in their own home rather than attending the group. The group were in the process of obtaining consent from LD patients, to allow the Exeter Disability Team to make contact with them.
- Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- Staff told us that the induction programme was detailed, structured and offered sufficient time to achieve all the learning objectives. GP registrars had given positive feedback about the support received when first arriving at the groups. Registrars are fully qualified doctors who are training to become GPs.
- The group understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Educational meetings were held on a monthly basis 'after hours' for clinical staff and during regular Friday lunchtime meetings where the group was 'shut down'. Calls were diverted, by prior arrangement, to the out of hours provider and outside speakers invited to speak with all staff.
- Quarterly 'whole group meetings' were also held which were a combination of in hours – cover arranged by prior agreement and out of hours/weekends so they do not affect patients and appointment times.
- New staff told us working at the group had exceeded their expectations and staff had provided a warm welcome and substantial support and information.
- The group provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The group ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Nursing staff told us how they were provided with 'time out' to perform administration tasks.
- Feedback from GP registrars was positive. We were informed GP registrars received suitable support, weekly tutorials, and immediate assistance from the trainer. GP registrar notes, records and decision making were reviewed by the GP trainers. The GP trainers met every six months to review student feedback and plan for the forthcoming year.
- There were GPs within the group who had special interest in services including the vasectomy service, rheumatology clinics, minor surgery, contraception, end of life care, sexual dysfunction, mental health and teaching. GPs had allocated roles to lead on subjects for QOF. These special interests enable patients to receive prompt local care and treatment and helped avoid the need to send patients to the nearby hospital to see specialists.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- All GPs met daily to discuss any particular cases, offer support and divide home visits. This also promoted communication across the teams.
- Patients received coordinated and person-centred care. This included when they moved between services, when

Good

Are services effective?

(for example, treatment is effective)

they were referred, or after they were discharged from hospital. The group worked with patients to develop personal care plans that were shared with relevant agencies.

- The percentage of new cancer cases (among patients registered at the groups) who had been referred using the urgent two week wait referral pathway using appropriate criteria and subsequent cancer diagnosis was 68% compared with the CCG average of 56% and national average of 50%. The referral lead for the group had reviewed the referral templates to ensure continued awareness of the criteria. The review did not identify any inappropriate referrals. The group were in the process of expanding the teledermatology triage service for the identification of more skin lesions.
- The group ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The group held core group meetings; these multidisciplinary team meetings for complex care staff were fortnightly and included voluntary sector staff, social workers, community health care professionals and group staff. The group met to discuss the needs of vulnerable patients who had complex needs and ensured their care plans were routinely updated where needs had changed.
- Quarterly safeguarding meetings took place with the health visitor to discuss vulnerable families.
- The group distributed the charity 'Message in a Bottle' pot. Which enabled patients to keep their personaland medical details on a standard form and in a common location, the fridge, so it could be found by out of hours GPs and ambulance staff.
- The group had attempted to make patients aware of the Advanced Summary Care record by including a copy of the record in with all the annual flu invites, advertising in the health centres by way of posters, on the website and including in the registration pack. This highlighted 1112 eligible patients giving consent to an Additional Summary Care record.
- Group staff could access a hospital online 'whiteboard' to identify any of their patients who were due to be discharged and used community matrons and staff to organise follow up care.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The group identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with people is used to do so. For example, pop up reminders were used at routine, non-related visits to prompt staff to discuss issues with patients, offer immunisations, screening and medicine reviews.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The group supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. For example, the percentage of patients with a record of offer of support and treatment for smoking in the last 24 months was 99% compared with a CCG average of 90% and national average of 89%.
- Group staff promoted the Handi app. A mobile phone app designed for patients to access up-to-date advice about common childhood illnesses and how to treat them. No data was available to demonstrate how many patients accessed the app but staff said it was promoted by the staff.
- Patients could be prescribed access to the wellbeing Exeter service which offered patients access to exercise sessions including personal training and walking football. A total of 269 patients had so far been referred to this service and anecdotally had helped to reduce the number of appointments requested by patients.

Consent to care and treatment

The group obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

Good

Are services effective?

(for example, treatment is effective)

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The group monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the group, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The group gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 320 surveys were sent out and 91 were returned. This represented about 0.2% of the group population. The group was in line or slightly below for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG - 91%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 90%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 99%; national average - 97%.
- 84% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 91% of patients who responded said they found the receptionists at the group helpful; CCG - 90%; national average - 87%.

The group manager thought results were mixed because the survey had taken place in July 2017 when there had been a time of great change for patients. For example, patients had been unhappy with the use of an ineffective telephone system. This had been improved since July 2017 with a new telephone system with unlimited telephone lines. There had also been the retirement/departure of five long service GPs, who had subsequently been replaced.

The group had seen an increase in patient satisfaction. For example, the PPG (Patient participation group) carried out a further internal survey in September 2017. This showed that 56 of the 59 respondents were happy with the service they received.

We spoke with five patients about the consultations with GPs and nurses. All five patients said they felt supported and cared for, felt respected and treated with compassion and dignity.

All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. There were no negative comments about the care and treatment received or access to services.

This is in line with the results of the NHS Friends and Family Test and other feedback received. For example, 45 of the 47 patients asked in December 2017 said they would be extremely likely or likely to recommend the practices.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- The Group Booklet has also been printed in "large print" for patients who have a visual impairment; this large print version was available on request.
- The group had posters advertising "Accessible Information" displayed at each Health Centre and also included within the Registration Pack was a question asking patients with disabilities if they require any special needs.

Good

Are services caring?

- The group undertook a search of the clinical system to identify visual and audibly impaired patients and a notice had been put on their records outlining their special requirements.
- For patients that did not have a record of their special requirements, a letter was sent enclosing the Accessible Information request form.
- A message was displayed in the "warning box" on the patient journal flagging special needs to clinicians and secretaries. This enabled sufficient time to be booked for interpreter or additional support to be given.
- Easy-read letters and leaflets for patients with learning disabilities.
- Door signage included easy-read instruction in response to feedback from patient with learning disabilities.
- Staff had access to British sign language interpreters and staff members were familiar in using Makaton to communicate with patients.
- GPs at the university routinely passed on any information relating to health and screening into the university newsletter. This was then translated into different languages. Examples seen included information on cervical screening and meningitis vaccination.

The group proactively identified patients who were carers by asking at registration. The group's computer system alerted GPs if a patient was also a carer. The group had identified 1.3% of the group list as carers and were continually looking at other ways to identify further carers.

- The volunteer coordinator acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The member of staff made contact with the carer to signpost them to further support and also invited them to use the sitting service and social events offered by the league of friends.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 88%; national average - 82%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

We asked three patients about their involvement in tests, care and treatment. All said they felt fully involved. Comment cards were also complimentary about the communication between clinical staff and the patient as were thank you cards the group received.

Privacy and dignity

The group respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The group complied with the Data Protection Act 1998.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the group, and all of the population groups, as outstanding for providing responsive services.

The practice was rated as outstanding for providing responsive services because:

- The involvement of other organisations, volunteer groups and the local community is integral to how services were planned ensure that services met patient's needs.
- There were innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs.
- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that meets these needs and promotes equality. This includes people who are in vulnerable circumstances, socially isolated or who have complex needs.

Responding to and meeting people's needs

The group organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The group understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The group improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- An IT support clinic was held to help patients who were experiencing difficulty to get online to use the website. As a response to many questions over this process, staff offered help over the telephone. A Saturday clinic, where patients could attend in a booked appointment for assistance to register for on line services, was also offered. This clinic was attended by 21 patients who all appreciated this service and were now on line service users.
- The group made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The group hosted external services for the benefit of patients. These include the depression and anxiety counselling service, retinal screening and stoma service.
- The group was commissioned by the local clinical commissioning group (CCG) to provide regular headache clinics. A GP at the group had initially set up a headache clinic for St Thomas patients who had problems with recurring headaches. This service was then extended, with patients now being referred from all over Devon, thus preventing the need for all patients to be referred to the acute hospital. The GP had undertaken extensive research and training. 304 patients had been seen and treated in the last year. 45 patients registered with the St Thomas Medical Group were seen at the Exeter Headache Clinic during the last two years, thus saving them travelling across town to the Hospital and reducing the amount of waiting time, which was of benefit to a patient suffering with chronic headache, migraine, cluster headache etc.
- The group also provided a vasectomy clinic on a Friday and on one Saturday morning each month for patients and those within the wider community which had proved popular with patients as it resulted in less time away from work. 268 patients had received this service in 2017 helping reduce the number of unplanned pregnancies in the area.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The group was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the group due to limited local public transport availability.
- Care home staff and palliative patients had access to a direct telephone line for prompt access to the group staff.

Patients had access to volunteer services to reduce social isolation and increase wellbeing.

People with long-term conditions:

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The group held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The group volunteer drivers provided transport enabling patients to visit the groups. Approximately 35 patients benefitted from using this service. This was provided by three volunteers. The number of contacts per patient ranged from two visits to the groups during the year to one patient who six months ago volunteers were bringing to see the nurse three times a week. During the last couple of months two new drivers had joined the team and meant the group could assist and additional nine patients between the end of December and end of January.
- The group nursing team took part in a leg ulcer clinic at St Thomas and a local community hospital. The service included an ABPI assessment (ankle brachial pressure index assessment) to ensure the correct treatment is given. The service provided continuity for patients, decreased demand on community nursing staff and improved communication between healthcare professionals and patients. Although the service was funded by a local enhanced service the group had further developed the scheme by looking at and assessing chronic oedema (water retention causing swelling and skin complications). A total of 85 patients had been seen at the leg clinic in the last two years and 53 ulcers have healed through the effective treatment provided.
- The group participated in a CCG funded scheme where cardiac monitoring was performed at the group and results sent electronically to hospital for intervention. Three cardiac monitoring machines were available within the groups. 26 patients had been given a cardio call machine in the last twelve months which resulted in one patient being more promptly referred to secondary care for ongoing treatment.
- The group offered an in-house rheumatology service. In the last year, 599 appointments were booked for 413 patients meaning 413 secondary care referrals had been avoided. 269 patients were given joint injections and just three were referred on to the rheumatology department at the hospital.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the group had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone and web GP consultations were available which supported patients who were unable to attend the groups during normal working hours.
- The group used text messages to remind patients of appointments, screening and vaccines to help reduce none attendance at appointments.

The group provided a personal medical service to approximately 21,000 registered patients at the student health centre based at Exeter University. There were approximately 7,000 new registrations every year with the new student intake, with a corresponding de-registration of student patients leaving. The practice manager told us that they had an efficient registration system which helped encourage students to register with a GP group during their studies.

The majority of the student patients were physically healthy. Approximately 50% of those student patients who attended the groups did so as they were experiencing poor mental health such as anxiety caused by exam stress and eating disorders. The group had responded to this by developing close co-ordination with the University Well Being Centre which was adjacent to the Student Health Centre.

The group provided a mental health worker who worked from the Student Health Centre. We saw positive written feedback from the Well Being Centre about the group.

The group maintained a risk register for student patients considered at risk of suicide. There were presently 12 students on this register. There had been three attempted

suicides within the last 12 months. The group supported these patients through daily discussion of their cases, which was minuted, and appropriate actions put in place. The group had promoted an iPhone application which they promoted to the student population. This provided health and wellbeing guidance and signposting to relevant support services for mental health and other issues.

The mobile number of the on call duty GP at the group had been provided to University staff, in order for them to be contacted in the event of a crisis. The group and the University also had a reciprocal arrangement, with patient consent, to access each other's databases to find student patient's contact details as mobile numbers and email addresses were frequently changed by the student population. This made it easier for the group to contact its patients with reminders for appointments and other relevant information. Suitable data protection processes were in place for this process.

Student patients registered with the student health centre could obtain repeat prescriptions via a computer system when they returned to their homes during end of term holidays The group were sometimes contacted by other GPs outside of term time to review medicines and treatment plans. This reduced the inconvenience to patients of having to register at their local groups during these holiday periods. The group had developed close co-ordination with a local pharmacy which brought medicines to the group. This reduced the inconvenience of patients having to attend a pharmacy in person.

People whose circumstances make them vulnerable:

- The group held a register of patients living in vulnerable circumstances including socially isolated patients and those with a learning disability.
- One of the partners has been involved in setting up a social prescribing project.

The group had recognised that there were a high number of socially isolated patients within the service. As a result the group had responded by employing a volunteer coordinator who ran a proactive team of over 40 volunteers within the league of friends group. Together the volunteers offered:

- A telephone service to ring lonely older adults every one to two weeks to offer support.
- A full programme of social events during the week. The group employed a coordinator and funds were raised by a lottery, sales of tea and coffee each day at St Thomas and sale of knitted goods. Activities included a Monday afternoon get together, monthly educational sessions, wine and cheese evenings, trips to garden centres, skittle evenings, knitting groups, lunch clubs, pampering sessions, sitting service and memory café.
- The league of friends delivered medicines, arranged food and drink for people being discharged from hospital and offered shopping services.
- DBS checks were performed on volunteers to demonstrate they were suitable to work on a one to one basis with patients.
- The volunteers also offered a weigh in session at the group to support those who could not afford to attend a slimming clinic or wanted a more familiar environment for support.

The volunteer coordinator explained that the group was constantly attracting new members after they themselves had been supported. For example, the recent friends of St Thomas newsletter showed that eight new volunteers had been recruited.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The group held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The group was registered as a dementia friendly group. Staff had raised awareness during dementia awareness week by having a non-uniform day, cake sales, introducing computer pop-ups alerting staff that the group was dementia friendly and staff raising funds for a dementia charity by completing a cycle event.
- A memory café for patients with dementia and their carers was held at St Thomas Health Centre and the volunteers had created dementia friendly toys.

Timely access to the service

Patients were able to access care and treatment from the group within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages, with the exception of getting through on the telephone which scored considerably lower. There had been three telephone systems in place. One at the university, one at Exwick Health Centre and one at St Thomas Health Centre.

Survey results from the July 2017 showed:

- 76% of patients who responded were satisfied with the group's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 58% of patients who responded said they could get through easily to the group by phone; CCG – 82%; national average - 71%. A new telephone system with unlimited lines and overflow system had recently been fitted and improvements had been noted.
- 88% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 90%; national average - 84%.
- 81% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 81%.
- 71% of patients who responded described their experience of making an appointment as good; CCG - 82%; national average - 73%. A new telephone has recently been fitted and improvements had been noted.
- 64% of patients who responded said they don't normally have to wait too long to be seen; CCG - 65%; national average - 58%.

The practice manager had been aware of patient dissatisfaction at this time and thought this was when there had been a time of great change for patients. For example, patients had been unhappy with the use of an ineffective telephone system. Since this survey a new telephone system has been installed resulting in an unlimited number of telephone lines available. Call taking was accessible from all sites along with an "overflow" system in place, where calls could be answered by staff members from other teams and not just reception staff.

The practice manager added that there had also been the retirement/departure of five long service GPs, who had subsequently been replaced.

The group had seen an increase in patient satisfaction since these results findings and were monitoring this. For example;

- Since the new telephone system had been introduced there had been no further complaints about getting through on the telephone or being kept waiting on the call.
- The PPG (Patient participation group) had been asked to carry out a further internal survey in September 2017 including requesting information about access to appointments. This showed that 56 of the 59 respondents were happy with the service they received including satisfaction with telephone access.

The friends and family test results had been kept under review to monitor patient satisfaction. Results for the periods of November 2017 to January 2018 were significantly higher in regard of patient satisfaction compared to November 2016 to January 2017. There had been no negative comments regarding the telephone system since its introduction. Test results showed:

- There had been no changes in the university telephone system. This patient group were used as a control and showed that the percentages of patients likely or extremely likely to recommend the practice ranged between 89% and 91% between November 2016 and January 2017 and then 82% and 96% between November 2017 to January 2018.
- At Exwick Health Centre the percentages of patients likely or extremely likely to recommend the practice between November 2016 and January 2017 had ranged between 26% and 80% but had improved to 80% and 94% between November 2017 to January 2018.
- At St Thomas Health Centre (which included the Pathfinder village patients) the percentages of patients likely or extremely likely to recommend the practice between November 2016 and January 2017 had ranged between 53% and 66% and had improved to between 79% and 80% during November 2017 to January 2018.

The group were monitoring the calls received and the number of call that were abandoned by patients which

could indicate dissatisfaction with waiting on the line. For the period of October 2017 and November 2017 there had been approximately 44,000 calls over the two months with just nine unanswered or abandoned calls.

We spoke with five patients at Exwick and St Thomas Health Centre about the telephone system. Patients told us the difficulty they had experienced before was no longer an issue.

All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. There were no negative comments about access to services or the telephone system.

Listening and learning from concerns and complaints

The group took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately. We spoke with a patient who had made a complaint. They told us it had been handled promptly and efficiently with a satisfactory outcome. They added that staff appeared 'delighted' to get feedback despite it being negative.
- The complaint policy and procedures were in line with recognised guidance. We reviewed 14 complaints and found that they were satisfactorily handled in a timely way.
- The group learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, there had been numerous complaints about the telephone system and patients not getting through on the telephone system. The group had subsequently introduced a new telephone system and no further complaints had been received.

Are services well-led?

Outstanding ☆

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

Our findings

We rated the group, and all population groups, as outstanding for providing a well-led service.

The practice was rated as outstanding for providing responsive services because:

- The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.
- A systematic approach was taken to working with voluntary groups and other organisations to improve care outcomes, tackle health inequalities, reduce social isolation and obtain best value for money.
- Governance and performance management arrangements were proactively reviewed and reflected best practice.
- Leaders had an inspiring shared purpose, strive to deliver and motivate staff to succeed.
- There were high levels of staff satisfaction. Staff are proud of the organisation as a place to work and speak highly of the culture. There were consistently high levels of constructive staff engagement and staff at all levels were actively encouraged to raise concerns.
- There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the group strategy and address risks to it. Staff said they felt well led and part of a team.
- The practice managers, senior management team and GP partners were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. Staff said the practice manager and deputy practice managers 'walked the floor' and provided encouragement and support. Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The group had effective processes to develop leadership capacity and skills, including planning for the future leadership of the group.
- There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. The partners had recognised that the large organisation could affect communication and staff morale. As a result the partners had introduced a structured programme of meetings and methods of communicating with all staff and had fostered an inclusive team culture. This included weekly staff bulletins, emails and instant messaging. Staff said communication was very good within the group.
- GPs met at each site daily to discuss any complex cases, offer and receive support and allocate home visits.

Vision and strategy

The group had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. Staff had been involved in this process and were proud of the care they provided.

- There was a clear vision and set of values. The group had a realistic strategy and supporting business plans to achieve priorities. These were kept under review and updated on a regular basis during the structured business meetings.
- The group developed its vision, values and strategy jointly with patients, patient participation group and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff added that the clear lines of accountability and team responsibilities had helped staff take ownership of the part they played in delivering the strategy.
- The strategy was in line with health and social priorities across the region. The group planned its services to meet the needs of the group population.
- The group monitored progress against delivery of the strategy.

Culture

The group had a culture of high-quality sustainable care.

- There were high levels of staff satisfaction. There were consistently high levels of constructive staff engagement and were actively encouraged to raise concerns. Staff said they were happy, staff turnover was low and that the organisation was a good place to work. Staff told us their line managers were supportive, approachable and

Are services well-led?

Outstanding ☆

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

that they felt respected, supported, valued and proud to work in the group. Staff said the leadership inspired them to deliver the best care and motivate them to succeed.

- The group focused on the needs of patients. Staff feedback and suggestions focussed on how to make the processes more streamlined and efficient and improved care for patients. For example, staff had suggested extending the length of some appointments so patients were not rushed. This was implemented and staff were encouraged to use their discretion where this was needed.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff said this openness came from the leadership team who were transparent when they had made errors or were open to suggestions regarding their clinical decisions. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, health care assistants and paramedic, were considered valued members of the group team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff told us there was recognition of positive staff performance and shared mutual support for all staff. Staff added that the practice manager, deputy practice manager and leadership team were visible and took an interest in staff well-being both within the organisation and outside.
- The group actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff said there were clear boundaries but no hierarchy and added they felt part of a team.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. Governance and performance management arrangements were proactively reviewed and reflected best group.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff said there were clear lines of accountability and they, individually, were clear on their roles and accountabilities including in respect of safeguarding, prescribing, student health, minor surgery and infection prevention and control. All GPs held a lead in an area of medicine and responsibilities within the group.
- Group leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These had been extended to ensure they reflected the services offered. For example, new policies for ADHD (Attention deficit hyperactivity disorder), eating disorders and gender dysphoria.
- Leaders were aware that communication could be a potential issue in an organisation of over 110 staff across four sites so had responded by ensuring there was a clear management structure, departmental leads, regular schedule of meetings and different ways of disseminating information. This included weekly staff bulletins, emails and instant messaging. Staff said communication was very good within the group.
- The schedule of meetings included bimonthly educational meetings, monthly business partnership meetings, weekly management meetings, salaried GP meetings, strategy away days, whole practice group meetings, departmental meetings and GP meetings.
- The practice manager sent a weekly newsletter for staff and used additional emails to communicate to the staff team.

Managing risks, issues and performance

Are services well-led?

Outstanding ☆

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

There were clear and effective processes for managing risks, issues and performance.

- Staffing and succession planning was proactively managed with short, medium and long term systems in place. Staff rotas were monitored and effective buddy systems were in place to cover for expected and unexpected staff absence. For example, the leadership team told us how they had 'over doctored' to provide higher than required GP levels to cover for annual leave, sickness and staff absences. This was done to reduce the need for locums and also provided more continuity for patients.
- Succession planning was also monitored closely for one to two years, three to five years and then ten years. This had resulted in staff development. For example, reception staff being offered phlebotomy training. Overall this approach had resulted in better retention of staff and a clear timeline of recruitment helping reduce gaps in service provision.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The group had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Group leaders had oversight of MHRA alerts, incidents, and complaints.

We looked at 14 clinical audits and four full cycle audits. Clinical audit and service quality audits were seen as a high priority at the group and had a positive impact on quality of care and outcomes for patients. All members of the team were encouraged and supported to monitor and identify where changes were needed. For example, nursing staff had been supported to review diabetic services, the prescribing team were encouraged to look at systems used and volunteer coordinators had been supported to look at the numbers of carers identified and consider ways to improve numbers.

Staff explained that the leadership team had developed a positive culture of change and added that reviews, audits and monitoring was not 'taken over' by the leadership team but delegated with full support and guidance and support where required. Staff said the service was one that never stopped looking for ways to improve and develop. Staff added that the leaders inspired change and ensures work distribution was fair and well identified. Staff added that praise was given when changes were made.

There was clear evidence of action to monitor and change practice to improve quality.

- The nursing team were supported and encouraged to take part in reviews, reflection and audits of services. For example, a reflection of the nurse led diabetic annual review clinics had been carried out. The first review of 234 clinics showed positive outcomes for patients. The second review showed continued positive clinical outcomes for patients and an increase of just under 50% in patients attending these clinics.
- The group had plans in place and had trained staff for major incidents.
- The group implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The group acted on appropriate and accurate information.

- Performance information was combined with the views of patients. The Patient Participation Group (PPG) representatives said they were considered a critical friend and any views shared were acted on positively by the leadership team.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Staff who were retiring were included in the recruitment and selection procedures of their successors.
- The group used performance information which was reported and monitored and management and staff were held to account if appropriate. For example, prescribing and referral patterns.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The group used information technology systems to monitor and improve the quality of care. For example, using clinical templates embedded within the computer system; providing online services and developing smartphone Apps to keep patients informed.

Are services well-led?

Outstanding ☆

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

- The group submitted data or notifications to external organisations in a timely way as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The group involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients' and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, patients from the Pathfinder had requested additional GP services. A consultation event was held with over 100 patients from the village. The leadership team negotiated with the 400 patients located in the village to provide a service that was acceptable to them but financially viable for the group.
- Negative feedback from patients about the telephone system had resulted in a new system which had improved telephone access.
- Feedback from staff was also valued by the leadership team. For example, staff had requested a consultation about pay which had been implemented. The medical secretaries' team had been based in a separate location to the Student Health Centre and had requested they be relocated inside the group. This had been implemented and the staff felt valued and listened to.
- There was an active patient participation group (PPG) of approximately 80 patients, six of whom attended the face to face meetings more regularly. The group in conjunction with other PPGs in the area had provided educational talks for patients on sleep disturbances, foot health and anxiety which had been attended by 40 patients. The PPG had also conducted a patient survey and had contributed to changes in signage, the queuing system at St Thomas Health Centre and had influenced the change in the telephone system. The PPG members worked with other PPGs in the local area to share ideas and provide support to patients. PPG representatives said the group staff had been supportive and responsive to suggestions for change.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the group. For example, the group held a structured educational programme and protected learning times for all staff.
- The GPs based at the University Health Centre were part of the international student health association and attended annual conferences (including one in Japan) to update knowledge of guidelines. One of the GPs had been a president of this organisation and was now a treasurer. In between conferences the GPs communicate with colleagues to discuss themes and complex cases to improve outcomes for foreign students.
- Staff knew about improvement methods and had the skills to use them.
- The group made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- A GP partner at the university student health centre gave an annual talk on NHS services to international students. The talk included information on NHS services available, prescription costs, how to access routine and emergency care, vaccines, advice on how to stay healthy and how to use the student health care app.
- The group functioned as research practices and were recruiting for five studies at present including an early arthritis study, weight management and research into dementia.