Victoria Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection December 2014 – Outstanding)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

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 – Good

Families, children and young people – Good

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

People whose circumstances may make them vulnerable – Good

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

We carried out an announced comprehensive at Victoria Medical Centre on 14 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- A proactive approach to anticipating and managing risks to people who use their services was embedded and was recognised as the responsibility of all staff.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).

Summary of findings

- Facilities and premises were innovative and met the needs of a range of people who used the service.
- The practice had a clear vision which had quality and safety as the top priorities. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- At our previous inspection in December 2014, we reported that the practice had identified specific needs of some of their population groups; the elderly were socially isolated, younger women were not being given pre-conception health promotion and advice. The practice had continued to give priority to measures introduced previously. There were a range of initiatives showing the practice's continuing responsive approach to their patients including the Atlas programme for improving the well-being of men; and the continued circulation across GP practices and the local hospital and its use throughout Central London CCG practices of an award winning leaflet designed by the practice given to women to provide information about preparing for pregnancy.

The areas where the provider **should** make improvements are:

- Review satisfaction scores from the national GP Patient survey alongside the results from the practice's annual patient survey in formulating an action plan to address issues identified particularly those associated with access to services.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Outstanding**

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

Victoria Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, a second CQC inspector and an expert by experience.

Background to Victoria Medical Centre

The main surgery is located in the Victoria area of central London, and provides a general practice service to around 15,511 patients. The practice had a General Medical Services (GMS) contract with NHS England for delivering primary care services to the local community. The practice also operates a branch surgery at Lees Place which is located in Mayfair. We visited both sites during our inspection of 14 December 2017.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; family planning; maternity and midwifery services diagnostics and screening and surgical procedures.

The practice is open six days a week from 8am-6pm Monday, Wednesday and Friday and provided extended hours from 8am to 8pm on Tuesday and Thursday. The practice is open from 9am to 1pm every Saturday for booked appointments only. An out of hours service with access to a duty doctor is used when the surgery is closed.

Patients are directed to this service by the practice answer phone. The telephone number for the out of hours service is also available in the patient information leaflet and on the practice website.

The patient population groups served by the practice are diverse. The practice also serves patients from the local business community and government institutions. The practice is located in a mainly white British residential area with their branch surgery, Lees Place located in an affluent area of Mayfair.

The staff team at the practice comprises three GP partners (two female and one male), seven salaried GPs (five female and two male) and two locum GPs (one female and one male). There are six practice nurses including a lead practice nurse, an INR (warfarin therapy) lead nurse and a locum nurse. The nursing team is supported by a healthcare assistant and phlebotomist. The practice also employs an elderly care link worker as a member of the extended team.

The practice is a training practice. One registrar was undergoing GP training at the practice at the time of the inspection.

The practice manager is the lead for the day to day management of the practice and the clinical team are supported by a deputy practice manager, ten receptionists and three administrative staff.

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.

Good

Are services safe?

Our findings

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

Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies and staff took steps to support patients and protect them from neglect and abuse, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice 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. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate 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 approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis.
- When there were changes to services or staff the practice 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 practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However, there was no medical gas warning signage where emergency oxygen was stored. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice 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 practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following an incident where a patient was prescribed medicine they were allergic to, more robust checking was put in place to ensure allergy information was correctly recorded on patient records and doctors asked patients about allergies even if there was nothing on their record about this.
- There was a system for receiving and acting on safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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

Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. 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.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Prescribing data for 1 July 2016 to 30 June 2017 showed that the practice was comparable to the clinical commissioning group (CCG) and the England average for its prescribing. For example:

- The average daily quantity of hypnotics (a sleep-inducing drug) prescribed per Specific Therapeutic group was 0.83 (CCG average 1.15; national average 0.9).
- The number of antibacterial prescription items prescribed per Specific Therapeutic group was 0.72 (CCG average 0.69; England average 0.98).
- The percentage of antibiotic items prescribed that are Cephalosporins and Quinolones was 6.79% (CCG average 5.85%; national average 4.71%).

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Multidisciplinary team (MDT) meetings were held monthly with a practice clinical lead, helping to reduce unplanned admissions. The practice 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a named GP and 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.
- There were quarterly meetings and help with complex prescribing from the CCG medicine management team.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. Weekly Education and Training meetings were held for all clinicians with visiting consultants and local service providers to inform and update on various chronic illnesses such as arthritis, diabetes, osteoporosis, and strokes.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. We noted uptake achievement in the last 12 months ranged from 95% and 96%, which was above the national target of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- An award winning leaflet designed by the practice was given to women to provide information about preparing for pregnancy. This had been adopted by other practices in the CCG and a local NHS Foundation trust.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. There were regular educational safeguarding meetings and case discussions with the whole practice team including one for Prevent training.

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

Good

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 71%, which was below the 80% coverage target for the national screening programme. The practice had taken action to increase uptake and improve screening rates. Patients overdue a smear test were sent a letter inviting them to attend for a test. If they had a booked appointment an alert was added to the appointment list so that the clinician can discuss this with them. The practice had also changed its patient chasing system from nurse-led to administrative staff-led. In under three months this had led to an improved uptake of 3-4%.
- The practice 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.
- Between January 2013 and July 2014 the practice had worked with a nearby university in the evaluation of a well-being service (Atlas) providing help for working age men registered at the practice to cope better with stress and distress. This was shortlisted for a BMJ Award. When the service was evaluated in 2014, 78% of patients said they felt better after their Atlas sessions. Charitable funding had recently been secured by the practice to recommence the service, albeit on a reduced scale, from June 2017. It was too early to fully evaluate the impact on the well-being of participating patients. However, early indications from an interim evaluation were positive from the seven surveys of participating patients completed to date. These showed reported reductions in stress levels in line with the original study and more outside funding was being sought so that more men can be helped.

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. All doctors were registered with Coordinate my Care (CMC). There was a lead clinician for Palliative Care who held regular MDT meetings.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. They were offered longer appointments and annual health checks.
- An alcohol treatment worker was available fortnightly and a 'care navigator' was part of the practice team able to sign post patients to local relevant services and set up appointments for those unable to help themselves.

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

- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%.
- 99% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 99% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is above the national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Regular MDT discussions were held with the local psychiatrist including review of significant events such as suicides.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. For example, a locality outpatient referral audit designed to review referrals to specialities from locality practices to identify if practices were outliers in any areas, in order to focus attention on learning gaps and areas for improvement.

The most recent published QOF results were 99.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 90.3% and national average of 95.6%. The overall exception reporting rate was 8.4% compared with a national average of 9.6%. (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.)

- The practice used information about care and treatment to make improvements. For example, the practice provided a regular talk for patients on insomnia and writes annually to patients who are on prescription sleeping pills offering help with withdrawal. The practice had audited the results of this approach. In the first year (January to December 2016) 11% of patients stopped using this medication. Due to the success of this, the approach and letter have been rolled out throughout the CCG, sharing best practice.
- The practice was actively involved in quality improvement activity. For example, the practice submitted evidence of nine clinical audits undertaken over the past two years including repeat audits such as practice repeat prescribing and anticoagulant safety indicators.

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. The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care.

- The practice 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 proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- Weekly practice meetings included an element of learning and guest speakers and healthcare specialists were invited to talk about their area of expertise. For example, on the day of the inspection an educational event was taking place regarding the 'Prevent' strategy.
- The practice 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 induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice 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. All doctors were registered with Coordinate my Care (CMC) an NHS service which allows healthcare professionals to electronically record patient's wishes and ensures their personalised urgent care plan is available 24/7 to all those who care for them. There was a lead clinician for palliative care who held regular MDT meetings.

Helping patients to live healthier lives

Staff were consistent in supporting people to live healthier lives, including identifying those who needed extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they used every contact with people to do so.

- The practice 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 encouraged and supported patients to be involved in monitoring and managing their health. For example, the practice hosted several health promotion services including: twice-monthly, charity-run, alcohol classes to reduce the harms caused by alcohol, other drugs and gambling, and promote recovery through integrated activities; a weekly, locally run physiotherapy and Pilates class for over 60s on a donation basis; a

Good

Are services effective?

(for example, treatment is effective)

twice-weekly pain clinic for aches, pains and problems with muscle joints, including back and neck; weekly healthy hearts sessions to helps reduce the risk of developing Cardiovascular Disease; twice-weekly classes from a specialist stop smoking advisor who provided tailored support to each individual (There had been a year on year improvement in the number of patients who have stopped smoking, rising since 2014 from 44 in 2014/15 to 82 in 2017/18.); and monthly memory café sessions providing group based support for people with dementia as well as their families and supporters.

- The Patient Participation Group (PPG) was also actively involved in patient health promotion. Information was contained in the PPG quarterly newsletter. We saw that the winter newsletter provided advice for patients on antibiotic awareness. PPG run events were advertised and reported on in the newsletter, for example hearing loss and brain disorders respectively. Patients were able to attend these sessions which were hosted at the practice with a guest speaker who was a specialist in this area. One of the missions of the practice was to educate patients about how to make life-style choices for themselves and their families in order to avoid ill health in later life. To support this, the PPG had initiated a self-help series of bulletins, for example, 'We are what we eat' which provided information and web-site links on diet and weight management.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity, bowel and breast cancer screening.

Consent to care and treatment

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

Good

Are services caring?

Our findings

We rated the practice, 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 practice 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.
- All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. We spoke with 21 patients during the inspection and they were also mostly positive about the care and treatment they received. This was in line with the results of the latest NHS Friends and Family Test which showed that 95% (1,399 surveys) would be extremely likely or likely to recommend the surgery.
- Two members of the patient participation group (PPG) we spoke with spoke very highly about the practice and the clinical care received. They told us they felt involved in their treatment and care and were treated with dignity and respect by all staff.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and eighty four surveys were sent out and 111 were returned. This represented about 0.7% of the practice population. The practice was broadly comparable although generally below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 73% of patients who responded said the GP was good at giving them enough time compared with the clinical commissioning group (CCG) average of 80% and the national average of 86%.
- 81% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 93%; national average - 96%.
- 82% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 80%; national average - 86%.
- 79% of patients who responded said the last nurse they spoke to was good at listening to them; (CCG) - 86%; national average - 91%.
- 78% of patients who responded said the last nurse they spoke to was good at giving them enough time compared with the clinical commissioning group (CCG) average of 87% and the national average of 92%.
- 74% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 85%; national average - 91%.

The practice conducted its own annual patient survey and the results for the 2017 survey had only recently been collected at the time of our inspection. The response rate was approximately four times higher than for the national GP survey. In areas where similar questions were asked about GP and nurses listening to them and treating them with care and concern, patient satisfaction scores were broadly in line with the national survey. At the time of the inspection the practice had not analysed the data from its own survey in full. However, it undertook to review the results with the PPG alongside those from the national survey in formulating an action plan to key issues highlighted and improve satisfaction scores in future surveys.

Involvement in decisions about care and treatment

Staff helped patients to 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Good

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 194 patients as carers (1.3% of the practice list). The practice hosted and supported a monthly Memory Café for patients with dementia and their carers and family members. Older patients and carers were referred to the practice link worker who visited them at home and signposted to other appropriate services and resources.

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 the practice was broadly comparable with , although generally below average for its satisfaction scores on to questions about their involvement in planning and making decisions about their care and treatment:

- 74% 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 83% and the national average of 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.
- 79% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 71% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 78%; national average - 85%.

In the practice's own patient survey in areas where similar questions were asked, patient satisfaction scores were broadly in line with the GP national survey. At the time of the inspection the practice had not analysed the data from its own survey in full. However, it undertook to review the results with the PPG alongside those from the national survey in formulating an action plan to improve satisfaction scores in future surveys.

Privacy and dignity

The practice respected respect patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and five of the population groups as good for providing responsive services. We rated the population group 'older people' as outstanding for responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient's individual needs and preferences which were central to the delivery of tailored services and provision of person-centred care that involved other service providers, particularly for people with multiple and complex needs. The services were flexible, provided informed choice and ensured continuity of care.

- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality. The practice tailored services in response to those needs. (For example, health promotion talks and services, extended opening hours, online services such as repeat prescription requests and advanced booking of appointments).
- In our report of our inspection of December 2014 we reported on exercise classes that had been introduced for patients over age 60. These classes had evolved into 'well being' classes rather than purely fitness sessions and incorporated advice about healthy living, including talks by a qualified nutritionist on healthy eating and a visit to a local restaurant with a cookery demonstration. Specific health concerns in the elderly targeted included:

- Preventing social isolation, a local problem in the elderly in particular; and
- Improving physical activity with the aim of maintaining mobility and therefore independence;
- Improving diet and weight management;
- Helping to educate patients and increase uptake of screening programmes and immunisations.

We were shown evidence of improved outcomes for all patients from a class of 20 patients sampled of reduced pain levels and fewer GP visits after attending the classes.

We were also shown a video made of one of the exercise classes by an interested charity, where several patients interviewed spoke of the significant benefits they had experienced from the classes.

- The practice improved services where possible in response to unmet needs.
- All newly registered patients were offered a longer appointment with a practice nurse and/or doctor and provided with a fully comprehensive new patient folder containing information relevant to their circumstances. New patients were also invited to have a tour of the practice and a question and answer from one of the partners and a member of the PPG. These occurred on the first Saturday of every month.
- Facilities and premises were innovative and met the needs of a range of people who used the service. The practice had invested in the building design which incorporated features known to promote patient wellbeing. The reception area space was extensive and seating was placed at a distance from the reception desk to allow some privacy for patients when booking in. There was ample seating with access to magazines and health promotion material. There was also a children's play area. Art work which was on loan from Paintings in Hospitals could be seen throughout the practice. Staff informed us that the ambiance of patient areas was designed to provide a pleasant waiting experience and aid calm.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there was a hearing loop and disabled facilities available, including wheelchair access, a lift and a disabled toilet.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- Eight hundred and thirty six patients over the age of 75 were registered with the practice. Most lived alone or with carers. All had a named GP and a care plan. A 'link worker' for the elderly supported these patients.
- A Memory Café was held monthly providing group based support for people with dementia and their families and carers.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Exercise classes for the over sixties were offered twice a week on site to improve mobility and combat loneliness.
- Health promotion talks were held for patients on topics such as joint pain and dementia.
- The practice was responsive to the needs of older patients, and offered double appointments, home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition had a named GP and received an annual review to check their health and medicines needs were being appropriately met.
- Those with complex problems were offered longer appointments and provided with continuity of care. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- A lead nurse for COPD/Asthma provided specialist appointments for spirometry, patient education and inhaler technique checks. A doctor with expertise ran weekly, dedicated, multidisciplinary clinics for diabetic patients.
- Health promotion talks for patients, including those with long term conditions, were held in conjunction with the Patient Participation Group (PPG).
- Weekly pain management classes providing physical and psychological techniques were also offered.
- An audit was being undertaken at the time of the inspection to proactively help patients with Atrial Fibrillation to switch from current to new anticoagulation medicine if indicated, to provide a safer and more convenient treatment.

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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. This enabled children to be seen after school.
- A doctor led team provided a weekly maternity and child health clinic, held in a special designated child friendly area, linked with a health visitor 'drop-in' weighing service.
- An award winning leaflet designed by the practice was given to women to provide information about preparing for pregnancy. This had been adopted by other practices in the CCG and a local NHS Foundation Trust.
- A walk-in Women's Health Clinic took place weekly providing smear tests and all forms of contraception.
- A service for HIV testing had been set up to promote better screening in an area with a very high HIV prevalence. As a result of this campaign the number of patients screened had doubled from126 to 315 between 2015/16 and 2016/17, with two HIV positive detected in the second year. The practice found these results so encouraging they were expanding the screening to include syphilis testing.
- Health promotional talks had been given to local schools.
- Healthy nutrition videos and information on good eating focusing on preventing childhood obesity had been emailed to all patients on the PPG mailing list (about 1200).

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday morning appointments.
- Telephone consultations, urgent and routine, were available which supported patients who were unable to attend the practice during normal working hours.
- Online repeat prescribing and appointment booking were offered proactively and there was around 30% uptake of these facilities.
- The Atlas service for men had been designed to promote psychological wellbeing for male patients who presented with stress and anxiety type symptoms. Sessions took place at the Lees Place branch of the practice two evenings a week and Saturday mornings.
- The practice had recently issued new information packs specifically designed for each patient group and upgraded its website to make it easier for patients to navigate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Twitter announcements were made informing patients about events and services and text message reminders issued for appointments, due tests, and results.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Telephone translation services and booked interpreters were available with double appointments booked.
- The surgery premises were fully disability compliant and had a hearing loop fitted.

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 practice employed an experienced counsellor, and had 'in-house' access to Talking Therapies, child psychology and a mental health clinician linked to the local psychiatric hospital.
- The 'link-worker' for the elderly was able to monitor patients with dementia by visiting them in their own home.
- Monthly Memory Café sessions provided group based support for people with dementia as well as their families and supporters.

Timely access to care and treatment

Patients were able to access care and treatment from the practice 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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use, although several said they had to wait a long time to be seen when attending for appointments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in most cases statistically comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and eighty four surveys were sent out and 111 were returned. This represented about 0.7% of the practice population.

- 84% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 80%.
- 79% of patients who responded said they could get through easily to the practice by phone; CCG - 82%; national average - 71%.
- 73% 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 - 75%; national average - 75%.
- 74% of patients who responded said their last appointment was convenient; CCG - 76%; national average - 81%.
- 67% of patients who responded described their experience of making an appointment as good; CCG - 71%; national average - 73%.
- 46% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%.

The practice conducted its own annual patient survey and the results for the 2017 survey had only recently been collected at the time of our inspection. In areas where similar questions were asked about access to appointments, patient satisfaction scores were broadly in line with the national survey. At the time of the inspection the practice had not analysed the data from its own survey in full. However, it undertook to review the results with the PPG alongside those from the national survey in formulating an action plan to address key issues highlighted and improve satisfaction scores in future surveys.

In the past year the practice had already implemented a range of initiatives aimed at improving patient access following discussion with the PPG:

- Instructing a specialist company to help the practice change its access model which involved improved telephone triage and email consultations.
- Increased the number of GP and nurse appointments by over 100 a week.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Introduced a comprehensive same day telephone triage with two doctors working on the phones and seeing patients all day – acting as a 'safety net' as well as providing advice and consultations on the day.
- Allocated appointments daily for every doctor for seven day booking only and 24 hour booking only to ensure that patients are offered appointments sooner than routine appointments if required.
- Put in place a nurse minor ailment clinic which was widely publicised in the latest practice newsletter and has provided extra capacity for on the day requests.
- Continual monitoring by the practice manager of the availability of the next appointment and putting in extra resources should this get beyond two week.

Listening and learning from concerns and complaints

The practice 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. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Twelve complaints were received in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way.
- The practice 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, following a delay in a hospital referral appointment, the practice reviewed its referral processes clinicians were reminded of the need to complete a referral template and ensure they clearly communicated to patients the likely timescales in receiving a referral appointment.

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 practice, and all of the population groups as outstanding for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. There was compassionate, inclusive and effective leadership at all levels.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They had a deep understanding of issues, challenges and priorities relating to the quality and future of services. They were addressing the challenges to improve service delivery.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff were proud of the practice as a place to work and spoke highly of the culture. Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process. Staff we spoke with told us they had confidence that concerns they raised would be addressed.
- The continuing development of staff skills and knowledge was recognised as integral to ensure high quality care. 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, were considered valued members of the practice 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. To promote staff wellbeing two new initiatives had been introduced. A daily large fruit basket was provided for all staff and regular pilates/ strengthening exercise classes for all staff with protected time were in place. We were told that so far these new initiatives had been very popular.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- 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.

Are services well-led?

Outstanding ☆

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was a demonstrated commitment to best practice performance and risk management. There were systems and processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice 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. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice 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 practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- 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 practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust 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

There were consistently high levels of constructive engagement with patients, the public, staff and external partners. Rigorous and constructive challenge from them was welcomed and there was a demonstrated commitment to acting on feedback to support high-quality sustainable services.

- Services were developed with the participation of a full and diverse range of patients', staff and external partners. Their views and concerns were encouraged, heard and acted on to shape services and culture. The practice conducted an annual patient survey with the patient participation group (PPG). Results of the surveys were analysed and if identified, improvements were made to the service. For example, a more accessible telephone appointment system, telephone triaging and extended opening hours. In response to the 2016 survey the practice had taken the following action in 2017: introduced over 100 new doctor appointments a week; replaced a series of locum nurses with a senior practice nurse returning from maternity leave; and put in place a plan to improve continuity of the doctor for patients.
- The practice attributed improvements in other areas of patient feedback to the implementation the action plan from the 2016 survey. For example, an increase in positive comments on the NHS Choices website gaining an improvement in score from three to four stars overall; and an increase in the NHS Friends and Family Test satisfaction scores; of a total of 1,339 responses in 2017, 95.22% stated they were 'likely' or 'extremely likely' to recommend the practice to friends or family. This was an increase of 21.45% in satisfactory recommendations compared to 2016.
- The PPG was active and worked closely with the practice team to improve services to patients. It had a membership of around 1200 who were on the mailing list and participated by email, and an active group of

Are services well-led?

Outstanding ☆

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

eight PPG members who met quarterly. The PPG had its own website embedded within the practice website. The PPG produced a seasonal newsletter giving information on health updates and learning events. There was a practice twitter account for patients and followers were able to give feedback about the practice using this method.

- 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.

- The practice reviewed how it functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly. There was a focus on continuous learning and improvement at all levels within the practice. Staff were proactively supported to acquire knowledge and share best practice. Weekly practice meetings included a learning element. Guest speakers and healthcare specialists were invited to talk about their area of expertise.
- The practice hosted a number of services to encourage health promotion and prevention which were popular with patients including alcohol classes; physiotherapy and Pilates classes; healthy hearts sessions; and memory café sessions.
- The practice continued to support and actively sought continuing funding for innovative projects. For example, the Atlas programme for improving the well-being of men; and an award winning leaflet designed by the practice given to women to provide information about preparing for pregnancy.
- Staff knew about improvement methods and had the skills to use them.
- The practice 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.