Norfolk Street Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Norfolk Street Surgery on 5 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, by providing enhanced health assessments for patients aged 75 and over and minor surgery.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a statement of six values. Staff knew the essence of the practice values and demonstrated them in the delivery of services.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice provided additional support for older patients, as they had identified that this group of patients were at the highest risk of unplanned admission to hospital.
- The practice offered enhanced health assessments to all patients aged 75 and over. The assessments took place at a place convenient to the patients' needs and from April to June 2016 a total of 173 health assessments had taken place. A total of 30 patients had required additional follow up resulting from the assessment and this included referral to occupational therapists, falls prevention services and GPs.
- The number of patients who lived in care homes was nearly three times the local and national average. The practice provided proactive case reviews in patients who lived in care homes and we received highly positive feedback about the care provided.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 73% of patients with asthma had received a review of their condition within the last year compared with the CCG average and national averages of 75%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments with GPs and nurses were available until 7:30pm two evenings each week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had an arrangement with a number of local hostels to reach out and invite patients to register at the practice.
- The practice had recently commenced to offer all homeless patients an advanced health assessment.
- Shared care clinics were held twice a week to support patients with drug addiction.
- The practice offered longer appointments for patients with a learning disability. Annual health checks were offered and 90% of patients had received a recent health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in January 2016. The survey invited 334 patients to submit their views on the practice, a total of 101 forms were returned. This gave a return rate of 30%. The average national return rate in the survey was 38%.

The results from the GP national patient survey showed patients expressed mixed satisfaction levels in relation to the experience of their last GP appointment. For example:

- 82% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) and national averages of 87%.
- 97% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 83% said that the last GP they saw was good at listening to them compared with the CCG average of 88% and national average of 89%.
- 86% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 90% said the practice nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 92% found the receptionists helpful compared to the CCG and national averages of 87%.
- 81% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 89% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 80% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 72% of patients said they were able to get an appointment with the GP or nurse the last time they tried compared to the CCG average of 77% and national average of 76%.

The practice had completed their own patient satisfaction survey in collaboration with the PPG during winter 2015/16. In the survey 254 patients gave their opinion on the delivery of services at the practice. The question about dignity and respect gave a positive result:

- 69% of patients were very satisfied and 25% satisfied with contacting the practice by telephone.
- 94% of patients felt involved in the decisions that the doctor made in relation to their care. Five per cent of patients did not answer this question leaving 1% of patients giving a response of not feeling involved.
- 97% of patients felt they were treated with care, compassion and dignity when visiting the practice.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 36 completed cards, of which all but one were positive about the caring and compassionate nature of staff. Themes in the comment cards of praising individual clinicians were seen.

We also spoke with a member of the patient participation group (PPG) who said they were happy with the caring nature of services provided. A nurse manager of a local care home, where over 20 patients lived told us that the practice was highly responsive to the needs of the patients who lived there.

Norfolk Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) Lead Inspector**.** The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Norfolk Street Surgery

Norfolk Street Surgery is registered with CQC as a partnership provider operating out of modern purpose built premises in Shelton, Stoke on Trent.

The history of the practice can be traced back over 100 years. The most recent change was a move to the Shelton Primary Care Centre which houses two other GP practices and other NHS services.

The practice holds a General Medical Services contract with NHS England and has extended the provision of a number of additional services including:

- Minor Surgery
- A vasectomy service for practice and non-practice patients.
- Glucose Tolerance Testing for pregnant practice and non-practice female patients.
- Extended appointments.
- Health checks for patients with a learning disability.

At the time of our inspection the practice had 7,860 registered patients. The demographic of the practice does differ from average ranges in a number of areas that may increase the demand on a GP practice:

- The practice has 1.3% of patients who live in care homes compared to the clinical commissioning group (CCG) and national averages of 0.5%.
- The level of deprivation in the area affecting children is higher than both the CCG and national average. The practice has 7.3% of patients aged less than four years compared to the CCG average of 6.5% and national average of 5.9%.
- The level of deprivation in the area affecting older people is 30% compared to the CCG average of 20% and national average of 16%. The practice has 6% of patients aged 75 and over compared to the CCG and national averages of 8%.

The practice is open Monday to Friday from 8am to 6:30pm. During these times telephone lines and the reception desk is staffed and remained open. Extended hours appointments are offered on a Monday and Wednesday until 7:30pm. When the practice is closed patients can access help by telephoning the practice, after which their call is transferred to the NHS 111 service for assistance.

Staffing at the practice includes:

- Four GPs in partnership (three male, one female).
- Two GP registrars (one male, one female)
- A senior nurse prescriber (female) leads the nursing team of two additional practice nurses (one female, one male) and a female healthcare assistant.
- The practice manager, assisted by an assistant practice manager, oversees the operational delivery of services with a team of 11 administrative staff.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager, assistant practice manager and administrative staff.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- A member of the patient participation group (PPG) and nurse manager of a local care home gave us their views on the practice.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place to record significant events. Significant events can be a positive or negative occurrence that are analysed in a detailed way to learn and improve practice.

- Staff were aware of the practice process for reporting significant events and could recall recent occurrences. We saw that six significant events had been recorded in the previous year.
- The practice carried out a thorough systematic investigation into occurrences. Learning was shared with all relevant staff in regular practice and clinical meetings.
- Where action was needed, it had been taken and all significant events had been reviewed over time to test that the plans put in place had worked.

One example of sharing learning and openness was an occurrence when a repeat test for a patient had been requested although it had not taken place. This was detected by a member of staff and the test was arranged. Staff investigated the occurrence and took steps to prevent a similar event occurring again. Changes implemented included that staff ensured any actions needed on receipt of hospital letters were individually highlighted and tasked to a relevant clinician.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

The practice had a number of systems to promote a safe culture of working:

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards, for GPs this was level three in safeguarding children. The lead GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice had a lead person identified for ensuring that the latest infection prevention and control (IPC) measures were applied. The lead had received appropriate training, knew their responsibility and had mitigated risks effectively. IPC audits of the whole service had been undertaken annually, with the most recent one completed in March 2016. Staff had their hand washing technique assessed regularly and feedback was given when appropriate. We saw the practice took action following audits and changes in IPC guidance and had appropriate levels of personal protective equipment available for staff.
- The practice had well organised procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nursing team consisted of a senior nurse, two practice nurses and a healthcare assistant. The senior nurse was an independent prescriber and had received appropriate training and was suitably experienced to fulfil this role effectively. Practice nurses used Patient Group Directions (PGDs) to administer immunisation and vaccines in line with legislative requirements. The healthcare assistant had extended

their scope of practice to include the administration of certain medicines, for which Patient Specific Directions were sought. Blank prescriptions were securely stored and there were systems in place to monitor their use.

- We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The practice had implemented an appropriate system to minimise the potential for a missed opportunity that a patient may receive the medicine without having received the necessary monitoring.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had medical indemnity insurance arrangements in place for all relevant staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The building landlord had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- Regular infection control audits were held and staff were immunised against appropriate vaccine preventable illnesses.
- The building landlord performed regular water temperature testing and flushing of water lines. (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date, stored securely and staff knew their location. The layout of the building had been considered when siting emergency medicines, for example where immunisations took place emergency allergy medicines were to hand.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Changes to guidelines were shared and discussed at practice meetings.
- Staff told us they subscribed to email alerts to highlight changes to guidance and guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed that within the practice:

- The practice achieved 86% of the total number of points available this was lower than the national and clinical commissioning group (CCG) averages of 95%.
- Clinical exception reporting was 8%, which was the lower than the CCG and national averages of 9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients had received the treatment or medicine.

Areas where the practice had performed in line or higher than local and national averages included:

- All patients with atrial fibrillation (irregular heart rhythm) were prescribed an appropriate medicine to decrease the risk of blood clots. This amounted to 33 patients and no clinical exceptions had been reported.
- 86% of patients with hypertension (high blood pressure) had a recent blood pressure reading within an acceptable range compared with the CCG average of 85% and national average of 83%.
- 73% of patients with asthma had received a review of their condition within the last year compared with the CCG average and national averages of 75%.
- 70% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was in the mid-range QOF indicator, compared with the CCG average of 75% and national average of 77%.

We reviewed areas where the 2014/15 published QOF performance was below expected levels:

- 51% of patients with enduring poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%. We spoke with the practice about this and established this was a data quality issue. Of 105 patients eligible for a care plan 94 had one in place giving a performance of 90%.
- 57% of patients with diabetes had a recorded foot examination in the last year compared to the CCG average of 86% and national average of 88%. The practice was aware of this and had changed the staff responsibility and oversight to ensure patients had received the check and also trained more staff in the procedure.

We reviewed data from the CCG Quality Improvement Framework (QIF) which is a local framework run by NHS Stoke on Trent CCG to improve the health outcomes of local people. During 2014/15 QIF data showed that emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission were similar to the local average. The number of patients with cancer that were admitted to hospital in an emergency was lower than local and national levels

The practice used local and nationally recognised pathways for patients whose symptoms may have been suggestive of cancer. Data from 2014/15 from Public Health England showed that 64% of patients with a newly diagnosed cancer had been via a fast track referral method (commonly known as a two week wait). This was higher than the CCG average of 55% and national average of 48%. Earlier identification and appropriate referral is generally linked with better outcomes for patients in this group.

Good

Are services effective?

(for example, treatment is effective)

We looked at data from 2014/15 from the NHS Business Services Authority on the practice performance on prescribing medicines in four groups including hypnotics, antibiotics and anti-inflammatories. The practice performance placed them in line with others.

Ten audits had been completed in the last year. At least three had completed the full audit cycle, with others in progress or a repeat audit was not relevant. Audit topics included the correct identification of medical conditions, effective prescribing and a wellbeing audit on the health of carers.

Effective staffing

The practice had a well trained and motivated clinical, nursing and administrative team.

- GPs had extended special interests in conditions such as Ear Nose and Throat (ENT), diabetes and Ophthalmology. The practice had invested in additional equipment to support the GPs in their diagnosis in the specialist areas.
- Nursing staff were actively involved in the management of patients with long-term conditions and received appropriate training.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- There was a process for clinical staff to review blood test results and communications from hospitals and other care providers. The practice was to up to date with the management of reviewing communications about patients.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.
- The practice team met with other professionals to discuss the care of patients that involved other professionals. This included patients at increased risk of unplanned admission to hospital. These meetings took place on a quarterly basis.
- The care of patients approaching the end of their lives was reviewed at multi-disciplinary team meetings on a quarterly basis.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.
- Consent for the benefits and possible side-effects from procedures such as minor surgery was discussed and recorded appropriately.

Supporting patients to live healthier lives

The practice provided a range of services to improve health outcomes for patients.

- All patients aged 75 and over were offered an enhanced health assessment to check on health and social needs. The assessment took place at a place convenient to the patients' needs and up from April to June 2016 173 health assessments had taken place. A total of 30 patients needed additional follow up resulting from the

Good

Are services effective?

(for example, treatment is effective)

assessment and this included referral to occupational therapy, falls prevention services and GPs. Social needs were also considered and patients referred to outside agencies when needed. At the time of our inspection the practice had extended the provision of health assessments to patients who were homeless.

- The practice offered NHS Health Checks for patients aged 40 to 74 years of age to detect for emerging health issues such as diabetes and hypertension. All new patients were given a health check.
- Patients with long-term conditions were reviewed at appropriate intervals to ensure their condition was stable.
- The practice offered a comprehensive range of travel vaccinations.
- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- Childhood immunisation rates were mostly in line with the CCG average in all indicators.
- The practice's uptake for the cervical screening programme was 65% compared with the CCG average of 80% and national average of 82%. This was a known concern within by the practice and the wider geographical area affecting other practices. The practice had provided information directly to patients, to promote the importance of screening. The practice had a culturally diverse patient base, and some patients individually chose not to receive the screening.

The practice held a register of patients living in vulnerable circumstances including 98 with a learning disability. Eighty per cent of patients with a learning disability had received an annual health assessment which was at least a 30 minute appointment.

Data from 2014, published by Public Health England, showed that the number of patients who engaged with national screening programmes was lower than local and national averages:

- 70% of eligible females aged 50-70 had attended screening to detect breast cancer .This was lower than the CCG average of 74% and national average of 72%.
- 43% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 55% and national average of 58%.

The practice had held a educational event internally to promote the importance of health promotion issues including cancer screening. Information was also available on the practice website and within the waiting room.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 36 completed cards, of which all but one were positive about the caring and compassionate nature of staff. Themes in the comment cards of praising individual clinicians were seen. We also spoke with a member of the patient participation group (PPG) who said they were happy with the caring nature of services provided.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in January 2016. The survey invited 334 patients to submit their views on the practice, a total of 101 forms were returned. This gave a return rate of 30%. The average national return rate in the survey was 38%.

The results from the GP national patient survey showed patients expressed mixed satisfaction levels in relation to the experience of their last GP appointment. For example:

- 82% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) and national averages of 87%.
- 97% had confidence in the last GP they saw or spoke with compared to the CCG and national averages of 95%.
- 83% said that the last GP they saw was good at listening to them compared with the CCG average of 88% and national average of 89%.
- 86% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national average of 92%.
- 90% said the practice nurse was good at listening to them with compared to the CCG average of 92% and national average of 91%.
- 92% found the receptionists helpful compared to the CCG and national averages of 87%.

The practice had completed their own patient satisfaction survey in collaboration with the PPG during winter 2015/16. In the survey 254 patients gave their opinion on the delivery of services at the practice. The question about dignity and respect gave a positive result:

- 97% of patients felt they were treated with care, compassion and dignity when visiting the practice.

Care planning and involvement in decisions about care and treatment

The feedback we received from patients about them feeling involved in their own care and treatment were all positive.

The GP patient survey information we reviewed showed a mixed patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in January 2016 showed;

- 79% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 81% and national average of 82%.
- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 89% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 87% and national average of 85%.
- 83% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

The practice's own patient satisfaction survey gave a positive result to the question related to involvement in care planning and involvement:

- 94% of patients felt involved in the decisions that the doctor made in relation to their care. Five per cent of patients did not answer this question leaving 1% of patients giving a response of not feeling involved.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

The practice provided additional social support for patients who had been identified as needing additional support. The issues had been identified during the provision of an enhanced health assessment for patients aged 75 and over. Examples included:

- The provision of an Age UK support worker to those who needed assistance. This service was paid for by the practice. The support worker had provided help to patients with increased social needs. One example of the support provided was assisting a patient to complete the necessary documentation to obtain a blue badge permit to assist them with parking.
- The practice had recently extended the provision of their health checks and social support to include patients who were homeless or living in temporary accommodation. Although this provision was still evolving it was a strong example of reaching out to those with increased emotional needs.

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. For example, one patient credited their current good quality of live to the care they had received at the practice.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 33 patients as carers (0.4% of the practice list). Due to the high number of patients that lived in a care home (over twice the national and local average), this would not be considered to be a low number. All registered carers had all been contacted and offered an annual health check and seasonal flu vaccination. The practice had also undertaken a recent audit to establish the wellbeing of carers.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- Two per cent of patients had been identified as being at increased risk of unplanned admission to hospital. Patients had a comprehensive care plan in place which was reviewed on a regular basis. If patients in this group were admitted to hospital, a GP reviewed their care on discharge from hospital.
- The practice provided weekly planned visits to a local care home. This was not part of a commissioned service, although staff felt it was beneficial to ensuring that the patients who lived there were met. Many of the patients were older and with complex care needs. We spoke with the nurse manager of the care home; they told us that the practice was highly responsive to the needs of the patients who lived there.
- Access to the practice was via operated doors, a lift was available, corridors and doorways were wide to promote access for those with mobility issues.
- Longer appointments were available to those who needed them including those with a learning disability.
- Appointments were available until 7:30pm two evenings each week.
- Online services for booking appointments and ordering repeat prescriptions were available.
- Same day appointments were available for children and those with serious medical conditions.

We reviewed the practice performance from 2014/15 in The Quality Improvement Framework (QIF) which is a local framework run by NHS Stoke on Trent CCG to improve the health outcomes of local people. The data related to patient attendance at A&E departments showed:

- The number of patients attending A&E during GP opening hours was lower than the CCG average. For example, 102 patients per 1,000 attended A&E during GP opening hours compared to the CCG average of 104 patients per 1,000.
- The number of patients attending A&E at any time was higher than the CCG average. For example, 299 patients per 1,000 attended A&E at any time compared to the CCG average of 257 patients per 1,000.

The practice had taken a number of proactive measures in relation to patients attending A&E out of core opening hours. These included:

- Proactive case management of patients who regularly attended A&E.
- Involvement in peer review with other local practices.

Access to the service

The practice was open Monday to Friday from 8am to 6:30pm. During these times telephone lines and the reception desk were staffed and remained open. Extended hours appointments were offered on a Monday and Wednesday until 7:30pm. When the practice was closed patients could access help by telephoning the practice, after which their call was transferred to the NHS 111 service for assistance.

Patients could book appointments in person, by telephone or online for those who had registered for this service. The availability of appointments was a mix of book on the day or routine book ahead. We saw that the practice had availability of routine appointments with nurses the next working day and GPs within four working days.

The practice had a system in place to assess:

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

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

Results from the national GP patient survey published in January 2016 showed mixed rates of patient satisfaction when compared to local and national averages:

- 81% of patients found it easy to contact the practice by telephone compared to the CCG average of 77% and national average of 73%.
- 89% of patients said the last appointment they made was convenient compared to the CCG average of 94% and national average of 92%.
- 80% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 72% of patients said they were able to get an appointment with the GP or nurse the last time they tried compared to the CCG average of 77% and national average of 76%.

The feedback we received from patients about access to the service was mainly positive. Most patients told us that they were able to access appointments when they needed them. Two patients made less positive comments although no theme was identified.

The practice had completed their own patient satisfaction survey in collaboration with the PPG during winter 2015/16. In the survey 254 patients gave their opinion on the delivery of services at the practice. The question about contacting the practice by telephone gave a positive result:

- 69% of patients were very satisfied and 25% satisfied with contacting the practice by telephone.

Listening and learning from concerns and complaints

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

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and within a practice leaflet.

The practice had received four written complaints in the last 12 months. We tracked two complaints and saw that the practice had acknowledged, investigated and responded to the complaints in an appropriate timeframe. All complaints were shared, discussed and analysed for themes to which none had been identified.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a statement of six values. Staff knew the essence of the practice values and demonstrated them in the delivery of services.

A development plan set out a three year developmental journey that was currently approaching the end of year one. The plan gave a thorough overview of the financial, staffing and patient care requirements. Importantly, the practice was looking ahead to embrace additional services and clinical staffing including the recruitment of a practice pharmacist and had just started to provide a vasectomy service for both their patients and patients from other practices. The plan was reviewed at regular intervals with reasonability assigned to key individuals.

Governance arrangements

Governance within the practice was well managed, with staff assigned areas of key responsibility.

- The senior nurse led on a number of operational clinical areas such as infection control and leadership within the nursing team. They demonstrated that they had the skills, experience and knowledge and experience to fulfil the role effectively.
- Staff had access to a staff data bank through any computer in the practice. The staff data bank had been created to provide staff with current and relevant information including policies and procedures, meeting minutes, regulatory requirements and patient feedback.
- The practice reviewed performance regularly and adapted the delivery of services to address areas of performance that was not as expected. For example, the practice had analysed unplanned admissions to hospital and identified that many were from older patients. Action had been taken by reviewing the care of all patients aged 75 and over and providing wider social support.

Leadership and culture

The management and leadership structure within the practice was well known. Staff told us that there was an open and supportive culture and that they felt able to make suggestions to how services were delivered.

Staff gave us examples of when they had received support to develop professionally:

- The senior nurse had been supported to undertake training in independent prescribing and additional clinical practice.
- The practice healthcare assistant had been supported to undertake further training to become an assistant practitioner.
- All staff had received a recent appraisal and had a personal development plan.

The practice manager had an organised approach and was fully aware of the practice's performance and strategy. Staff told us the practice manager was approachable and supportive.

The GPs were visible within the practice and staff told us they were approachable. They demonstrated they had the skills and experience to ensure effective delivery of services and compassionate care.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- We spoke with a member of the PPG who told us they were happy with the services provided at the practice. The PPG had worked on both internal practice issues and those outside. For example. With local authority and highways departments to secure improvements to traffic concerns around the practice.
- Feedback from patients was considered via comments and suggestions, regular patient satisfaction surveys, the national GP national survey and NHS Friends and Family Test.

Continuous improvement

The practice had a culture of continuous improvement:

Are services well-led?

Good

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

- The practice had taken the opportunities available to secure improvements for patients. For example, the provision of health assessments for patients aged 75 and over. It was planned to enhance the heath assessments to include patients who were homeless.
- Medical education was integral to the practice. The practice was both a teaching practice for medical students and training practice for GP registrars training to become qualified GPs.
- The practice invested in equipment including an Ear, Nose and Throat (ENT) microscope and specialist lamp to assist GPs with diagnosis. The practice referred less patients for specialist opinion than local averages. For example, the practice referred 122 patients per 1,000 to hospital specialists compared to the CCG average of 170 patients per 1,000.
- Services such as a newly commissioned vasectomy service and a more established provision of Glucose Tolerance Testing for pregnant patients were provided in house.