

# Kingswinford Medical Practice

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingswinford Medical Practice on 12 January 2017.

Overall the practice is rated as good.

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

- Patients said they were treated with care and respect. We saw that staff were friendly and helpful and treated patients with kindness and respect.
- Staff spoken with demonstrated a commitment to providing a high quality service to patients. Audits were used to monitor quality and to make improvements. The practice was proactive in identifying, managing and learning from significant events, incidents, complaints and patient survey responses.
- Patients could access appointments and services in a way and at a time that suited them.

There were longer appointments available for patients when needed. The practice offered urgent access appointments for children, as well as those with serious medical conditions.

- Clinical staff carried out home visits for older patients and patients who would benefit from these. The practice nurses also visited families from a local travelling community to ensure that children were up to date with their immunisations.
- Staff, teams and services were committed to working collaboratively. We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services including local health visitors and school nurses.
- Some of the practice protocols reflected best practice and were well embedded. For example, the practice utilised a comprehensive system to review their patients' attendances at the local Accident and

# Summary of findings

Emergency department, use of the ambulance service and emergency hospital admissions. The practice maximised use of this system to aid monitoring and recall systems and to reduce prescription wastage.

- However, during our inspection we noted that governance arrangements were not always effective across specific systems and processes when managing complaints. We also noted that in areas documentation was unclear with regards to patient specific directions (PSDs); for the health care assistant to administer specific vaccinations and to demonstrate that review and authorisation was made by the prescribing GP.
- Staff assured us that they would amend their PSD system to incorporate adequate record keeping and we received further assurance from the practice shortly after our inspection to demonstrate that a more effective system was being utilised.
- Members of the management team indicated that some coding work was required across specific areas to accurately reflect the care plans in place across their mental health and dementia registers. However during our inspection we saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews.
- We observed the premises to be visibly clean and tidy. Notices were displayed to advise patients that a

chaperone service was available if required however we noted that no male members of staff provided a chaperone service and the clinical team was mostly female, with one male GP registrar in post during our inspection.

The areas where the provider should make improvements are:

- Continue to identify carers in order to provide further support where needed.
- Ensure that policies associated with complaint management reflect guidelines and are embedded in practice.
- Continue to ensure that records and processes are well governed to reflect patient specific direction (PSD) requirements including review, specification and authorisation.
- Consider the need of a male chaperone so that male patients have the option of a male or female chaperone.
- Maximise the functionality of the computer system to consistently code all patient groups and produce accurate performance data.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There were effective systems in place for reporting incidents, near misses and positive events, as well as comments and complaints received from patients. Staff also reflected on significant events and incidents during practice meetings.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff we spoke with were aware of their responsibilities to raise and report concerns.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Notices were displayed to advise patients that a chaperone service was available if required. No male members of staff provided a chaperone service and the clinical team was mostly female, with one male GP registrar in post during our inspection. We discussed this during our inspection and members of the management team acknowledged that it was worth considering having a male chaperone available so that male patients had a choice of a female or a male chaperone.
- We observed the premises to be visibly clean and tidy. There were adequate arrangements in place to deal with emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff assessed needs and delivered care in line with current evidence based guidance. Staff, teams and services were committed to working collaboratively.
- The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. The practice also utilised a comprehensive system to review their patient's attendances at the local Accident and Emergency

Good



# Summary of findings

department, use of the ambulance service and emergency hospital admissions. The practice maximised use of this system to aid monitoring and recall systems and to reduce prescription wastage.

- The practice had a programme of continuous clinical audits. The audits demonstrated quality improvement and staff were actively engaged to monitor and improve patient outcomes.
- Clinical staff had received annual appraisals and regular supervision and training support was in place. Members of the management team explained that appraisals were overdue for members of the non-clinical team. In response to this, a new appraisal form was developed and we saw that all of the staff members who were due appraisals had been sent an appraisal form to complete as part of the appraisal process. We also saw that appraisal meetings had been scheduled with eight staff members and three staff members had been through a complete appraisal process at the point of our inspection.
- Medication reviews were documented in patient consultations but not always effectively coded; members of the management team assured us that they would focus on coding moving forward. However, during our inspection we saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews. We also noted that the CCG pharmacists supported the practice with medication reviews.

## Are services caring?

The practice is rated as good for providing caring services.

- Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also supported patients by referring them to voluntary counsellors who provided counselling services on a weekly basis in the practice.
- The practice had identified that 1% of their registered patients as carers. Staff we spoke with advised that they were continuously working on identifying cares to offer them support.
- The practice proactively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help provide social support to people who were living in vulnerable or isolated circumstances.

Good



# Summary of findings

- Results from the national GP patient's survey published in July 2016 highlighted that patients were mostly happy with how they were treated. However, the practice was rated below average for some aspects of care. During our inspection we saw a comprehensive analysis carried out by the practice to address any areas for improvement. We found that some measures had been implemented to improve aspects of care and development areas were factored in to staff appraisals to help embed improvements whilst supporting staff.
- We saw that staff were friendly and helpful and treated patients with kindness and respect. Patients told us they were satisfied with the care provided by the practice and this was consistent with the feedback gathered on CQC comment cards.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients could access appointments and services in a way and at a time that suited them. There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.
- Clinical staff carried out home visits for older patients and patients who would benefit from these. Immunisations such as influenza and shingles vaccines were also offered to vulnerable patients at home, such as housebound patients who could not attend the practice. The practice also cared for a number of patients from local travelling communities and regularly carried out site visits to administer vaccinations such as child immunisations.
- There were disabled facilities, hearing loop and translation services available at the practice. Information was made available to patients in a variety of formats, online and also through easy to read paper formats.
- Results from the national GP patient survey published in July 2016 highlighted below average response rates with regards to telephone and appointment access. We found that measures had been implemented to improve patient access including increased opening hours, more appointments, due to a successful recruitment drive and encouraging patients to utilise online services to book appointments and ease pressure on the telephone lines.

Good



# Summary of findings

## Are services well-led?

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

- There was a documented practice vision, with aims and objectives in place. Staff we spoke with were familiar with the practice aims and objectives and conversations with staff demonstrated that they were committed to providing a high quality professional service.
- The practice operated a programme of regular staff meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes. Key topics such as audits and themes from significant events, incidents and complaints were also discussed in practice meetings.
- Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet. Some of these protocols reflected best practice and were well embedded. However, in some areas we noted that governance arrangements were ineffective and did not reflect best practice. For example, the practice's complaints policy did not clearly advise patients on what to do in the event that they were unhappy with the complaint response and did not signpost them to support organisations such as the Ombudsman.
- During our inspection we observed the practice's system to ensure that patient specific directions (PSDs) were in place to authorise the health care assistant to administer specific vaccinations. We noted that although there was a policy in place which was signed by the prescribing GP, there was no clear audit trail in place to demonstrate that patients had been reviewed by the prescribing GP prior to the health care assistant administering vaccinations.
- Staff assured us that they would amend the PSD system to incorporate adequate record keeping moving forward and we received further assurance from the practice shortly after our inspection to demonstrate that a more effective system was being utilised.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital.
- Immunisations such as influenza and shingles vaccines were also offered to patients at home, such as housebound patients who could not attend the practice.
- The practice was also supporting a local initiative to bring hospital specialists in to the community and therefore began inviting elderly care physicians to the monthly multi-disciplinary team (MDT) meetings.

Good



### People with long term conditions

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

- We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services.
- Performance for overall diabetes related indicators was 97%, compared to the CCG average of 86% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 86%, compared to the CCG average of 92% and national average of 96%.
- We saw that regular reviews and discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

Good



# Summary of findings

Patients with a long term condition were regularly seen in practice for care planning and medication reviews, the practice operated an effective recall system and care plans also formed part of the local quality framework.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice offered urgent access appointments for children, as well as those with serious medical conditions. The practice nurses also visited families from a local travelling community to help ensure that children were up to date with their immunisations.
- Childhood immunisation rates for under two year olds ranged from 71% to 100% compared to the CCG averages which ranged from 74% to 98%. Immunisation rates for five year olds were ranged from 83% to 98% compared to the CCG average of 72% to 98%.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 99%, compared to the CCG average of 72% and national averages of 73%.
- The local health visitors and school nurses also met with the practice on a monthly basis to discuss specific care needs for families and children. These meetings took place in addition to weekly visits from the health visitors and regular communication with both the school nurses and the health visitors.

Good



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

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

- Patients could access appointments and services in a way and at a time that suited them.

Appointments could be booked over the telephone, face to face and online.

Good



# Summary of findings

- The practice offered early appointments from 7:30am during weekdays and also offered extended hours on Mondays until 7pm to suit their working age population.
- To help with the winter pressures the practice also offered Saturday clinics for appointments with either one of two GPs on duty or the advanced nurse practitioner. These clinics started from 3 December 2016 and were due to run until 4 March 2017 as part of the winter pressures scheme.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group.
- Practice data highlighted that they identified and offered smoking cessation advice and support to 224 of their patients and 6% had successfully stopped smoking.

## People whose circumstances may make them vulnerable

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

- Vulnerable patients were regularly seen in practice for care planning and medication reviews, the practice operated an effective recall system and care plans also formed part of the local quality framework. For example, there were 18 patients registered at the practice with a learning disability and all of these patients had a care plan in place.
- The practice had 35 patients on their palliative care register. The data provided by the practice highlighted that all of these patients had a care plan in place and 86% received medication reviews where eligible within a 12 month period and there were further reviews planned.
- The practice utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances.
- Immunisations such as influenza and shingles vaccines were also offered to vulnerable patients at home, such as housebound patients who could not attend the practice.

Good



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

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

Good



# Summary of findings

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- Performance for mental health related indicators was 94%, compared to the CCG average of 74% and national average of 92%. The practice had 40 patients on their mental health register. The data provided by the practice highlighted that 45% of these patients had a care plan in place.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the national average of 84%.
- The practice also supported patients by referring them to voluntary counsellors who provided counselling services on a weekly basis in the practice.

# Summary of findings

## What people who use the service say

The practice received 107 responses from the national GP patient survey published in July 2016, 240 surveys were sent out; this was a response rate of 45%. The results showed the practice received mixed responses across areas of the survey. For example:

- 67% found it easy to get through to this surgery by telephone compared to the CCG average of 70% and national average of 73%.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 85%.
- 78% described the overall experience of the practice as good compared to the CCG and national average of 85%.

- 75% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with seven patients during our inspection including three members of the patient participation group (PPG). Service users completed 40 CQC comment cards. Patients and comment cards all gave positive feedback with regards the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, and helpful. Some patients and completed comment cards also highlighted that it was occasionally difficult to make an appointment over the telephone.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Continue to identify carers in order to provide further support where needed.
- Ensure that policies associated with complaint management reflect guidelines and are embedded in practice.
- Continue to ensure that records and processes are well governed to reflect patient specific direction (PSD) requirements including review, specification and authorisation.
- Consider the need of a male chaperone so that male patients have the option of a male or female chaperone.
- Maximise the functionality of the computer system to consistently code all patient groups and produce accurate performance data.

# Kingswinford Medical Practice

## 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 and a second CQC inspector.

## Background to Kingswinford Medical Practice

Kingswinford Medical Practice is a long established practice located in the Kingswinford area of Dudley, in the West Midlands. There are approximately 7,720 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes three female GP partners and a female salaried GP, an advanced nurse practitioner, four practice nurses including a nurse prescriber and a health care assistant. The GP partners, practice business manager and deputy practice manager form the management team and they are supported by a team of 11 support staff who cover reception, secretarial and administration roles. The practice is also an approved training practice and provides training to GP Registrars as part of their ongoing training

and education, second year student nurses from the University of Wolverhampton and placements for voluntary counsellors from Halesowen College. At the time of our inspection there was one GP Registrar (male) in post.

The practice is open between 7:30am and 7pm during weekdays and appointments are available from as early as 7:30am to 12pm and then from 3:30pm through to 6:30pm. The practice also offers extended hours on Mondays until 7pm. There is a GP on call each afternoon between 12pm and 3:30pm. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

To help with the winter pressures the practice also offers Saturday clinics for appointments with either one of two GPs on duty or the advanced nurse practitioner. These clinics run from 3 December 2016 and are due to run until 4 March 2017 as part of the winter pressures scheme.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 12 January 2017.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

# Are services safe?

## Our findings

### Safe track record and learning

Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. There were also processes in place for formally reporting incidents, patient safety alerts, comments and complaints received from patients. Significant event records were well organised, clearly documented and continually monitored.

The practice had recorded six significant events that had occurred during the previous 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. For example, a significant event was recorded in relation to a delay in the practice receiving consultation details for some of their registered patients who were previously seen as temporary residents at other practices. Records indicated that the GP reviewed each record to ensure patient safety; records confirmed that no harm or delay in care or treatment needs were identified. We noted that the practice also informed the CCG (Clinical Commissioning Group) of significant events, including those relating to information governance and instances where recurrence or themes had been identified. Staff also monitored themes and reflected on significant events and incidents during practice meetings. We saw minutes of meetings which supported this.

### Overview of safety systems and processes

- The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. For instance, safety alerts were disseminated by the practice business manager; we saw that flow charts had been developed to support this process so that staff were aware of how alerts were cascaded throughout the practice and what they needed to do to confirm that they had received and acted on any alerts. The deputy practice manager also deputised to ensure that alerts were always disseminated. We discussed examples of specific alerts that were appropriately disseminated and acted on in the practice. For example, we saw records to confirm that the practice had checked their emergency medicines in relation to a specific medicine recall.
- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare
- Two GPs were the lead members of staff for safeguarding, one of the GPs was the lead for adult safeguarding and another for child safeguarding. The GPs attended regular safeguarding meetings and provided reports where necessary for other agencies. The local health visitors and school nurses also met with the practice on a monthly basis to discuss specific care needs for families and children. These meetings took place in addition to weekly visits from the health visitors and regular communication with both the school nurses and the health visitors.
- Staff we spoke with demonstrated they understood their responsibilities and all had received the appropriate level of safeguarding training relevant to their role including level three training for clinicians.
- Notices were displayed to advise patients that a chaperone service was available if required. Members of the management team explained that clinical staff would usually act as chaperones and no members of the non-clinical team chaperoned. We saw that disclosure and barring checks were in place for members of staff who chaperoned and all of them had received chaperone training. We noted that no male members of staff provided a chaperone service and the clinical team was mostly female, with a male GP registrar in post during our inspection. Although staff commented that lack of a male chaperone had never been a problem, we discussed this during our inspection and members of the management team acknowledged that it was worth considering having a male chaperone available so that male patients had a choice of a female or a male chaperone.
- We viewed four staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.
- The practice had an infection control team which consisted of a practice nurse and a GP partner; these

## Are services safe?

were also joint infection control leads. Staff had received up to date infection control training and the training was also incorporated in to the induction programme for new staff members.

- There was an infection prevention control protocol in place and we saw records of completed infection control audits. We were also able to see evidence of action taken to improve, for example staff were ensuring that cleaning of medical equipment was recorded for all equipment. We saw that this was noted as an improvement on the infection control audits carried out in July 2016 and repeated in December 2016, initially cleaning of the nebuliser in particular was noted as taking place but not being recorded. A nebuliser is a device that allows you to breathe in medication through a mask or mouthpiece. The infection control team found that adequate records were being kept when they re-audited in December 2016. Furthermore, we saw evidence to support this during our inspection as there were records in place to reflect the cleaning of all medical equipment.
- We observed the premises to be visibly clean and tidy. We saw that practice cleaning specifications and completed cleaning records were in place. There were calibration records to ensure that clinical equipment was checked and working properly.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of a needle stick injury. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and during our inspection we saw that temperatures were logged in line with national guidance.
- The practice used an electronic prescribing system. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription stationery was securely stored and the practice followed an appropriate system to monitor and track their prescriptions. We also noted that the practice followed an effective process for monitoring and following up on any uncollected prescriptions. Staff checked these on a weekly basis to ensure that any prescriptions requiring collection were followed up in a timely manner.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was an effective system in place for the prescribing of high risk medicines.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. We saw evidence that the practice nurses had received appropriate training to administer vaccines. We saw evidence to support that the practice nurses administered vaccines using patient group directions (PGDs). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We saw evidence to support that the healthcare assistant was trained to administer vaccinations such as influenza vaccines. Members of the management team explained that the prescribing GP reviewed patients prior to booking them in for vaccinations with the health care assistant. This was supported by a policy to confirm that the health care assistant was authorised to administer specific vaccines for patients reviewed by the prescribing GP. Although the policy was signed by the prescribing GP and was very clear, authorisation by the prescribing GP was not patient specific and there was no clear audit trail in place to demonstrate that the patients had been reviewed by the prescribing GP prior to the health care assistant administering vaccinations. This is also known as patient specific direction (PSD), PSDs are a written instruction, from a qualified and registered prescriber for a medicine to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We discussed this with members of the management team during our inspection and we found that they had researched PSDs prior to our inspection visit and as a result implemented a policy with the GP prescriber and health care assistant. The practice was also considering using a specific code on the patient record system to record that the GP prescriber had authorised the health care assistant to administer specific vaccinations, staff showed us this code during our inspection. Overall although we found that audit trails were not clear, the

## Are services safe?

practice did follow an appropriate process for the authorisation of the health care assistant to administer specific vaccinations however record keeping needed to reflect this so that audit trails were clear and patient specific. Staff assured us that they would amend their system to incorporate adequate record keeping moving forward and we received further assurance from the practice shortly after our inspection to demonstrate that a more effective system was being utilised.

### Monitoring risks to patients

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with explained that the GPs often covered for each other if they were away from the practice, for instance during annual leave. Members of the management team explained that they very rarely used locum GPs to cover if ever the GPs were on leave and that they had only used one locum on one occasion during the last 12 months.

There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises, fire risk and risks associated with infection control such as

the control of substances hazardous to health and legionella. There were appointed fire and safety leads. We saw records to show that regular fire alarm tests and fire drills had taken place.

### Arrangements to deal with emergencies and major incidents

There was a system on the computers and in all the treatment rooms which alerted staff to any emergency in the practice. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan. We also noted that the practice had formal risk assessments in place to assess, monitor and manage potential risks associated with major incidents such as power failures.

The practice kept emergency medicines, a defibrillator and oxygen with adult and children's masks. The emergency equipment and emergency medicines were regularly checked to ensure they were in date and fit for use. We saw that records were kept to support these checks.

There was a first aid kit and accident book available. Records showed that all staff had received training in basic life support and two members of staff were also booked in for first aid training scheduled for February 2017.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment 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 effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission.
- We noted that the practice also utilised a comprehensive system to review their patients' attendances at the local Accident and Emergency (A&E) department, emergency hospital admissions; including patients that had and had not been discharged. Furthermore, the practice was able to report on these areas and analyse data to determine if the patient arrived in hospital by ambulance, the patients period of stay at hospital (if attending as an in-patient) and the destination of patients who had been discharged; indicating if the patient had been sent home or referred for care at another service. A review of hospital attendances was carried out in practice each day and once reviewed; an appropriate clinical code was entered on to the patient's record. This gave a clear indication to clinicians and ensured that they were aware of patients who had recently been seen in hospital.
- Furthermore, the practice applied systematic alerts to notify staff of patients who frequently attended (A&E). These were followed up by contacting patients to determine if any follow up or appointments with a clinician were needed.
- This proactive approach also impacted positively on other systematic processes utilised in practice. For instance, practice secretaries were able to monitor discharge letters more closely and follow up on any not received. By conducting a daily check on the system, the practice was able to monitor patients in a timelier manner, including any patients who had passed away in hospital. The practice were able to reduce waste by preventing prescriptions being issued to patients whilst staying in hospital and receiving medication from the hospital service during their stay.

### Management, monitoring and improving outcomes for people

Up until April 2016, the practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results from 2015/16 were 94% of the total number of points available, with 7% exception reporting compared with a national exception rate of 10%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 86%, compared to the CCG average of 92% and national average of 96%.
- Performance for mental health related indicators was 94%, compared to the CCG average of 74% and national average of 92%.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the national average of 84%.
- Performance for overall diabetes related indicators was 97%, compared to the CCG average of 86% and national average of 89%.

Up until April 2016, the practice participated in the Quality and Outcomes Framework (QOF).

The practice was now using the Dudley clinical commissioning groups long term condition framework (known as the Dudley Outcomes for Health) which replaced QOF for Dudley practices that opted in to pilot the local quality framework from October 2015 and from April 2016; this practice began piloting the local framework in April 2016. The practice was monitoring use of the framework during monthly clinical meetings and we saw minutes of meetings that confirmed this.

The practice worked closely with two pharmacists from the Clinical Commissioning Group (CCG) who attended the practice on a regular basis. The pharmacists assisted the practice with medicines audits and monitored the use of

# Are services effective?

(for example, treatment is effective)

antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.

Audits were discussed during regular staff meetings and staff engaged in activities to monitor and improve quality and patient outcomes. The practice shared records of four clinical audits, two of the audits were prescribing audits which had been repeated to demonstrate improvement and one of the audits was a rolling audit which was carried out on a quarterly basis to review prescribing and monitoring requirements across various areas of prescribing, including high risk medication.

We noted that audit records demonstrated improvements, action plans were implemented and monitored in order to improve and audits were shared and discussed in practice. For example, results from a repeated antibiotic prescribing audit highlighted that initially, less than 50% of antibiotics were prescribed in line with the local guidelines across a sample of 40 cases reviewed. We saw that an action plan was developed and monitored to improve this. Actions included appointing one of the GP partners as an antibiotic guardian lead within the practice. The aim of this role was to champion the antibiotic stewardship programme and to reduce any inappropriate prescribing. Audit records also indicated that the CCG pharmacist supported the practice by applying specific prescribing alerts to the practice's patient record system to aid prescribers when prescribing and to ensure that prescribing was in line with local and national guidelines. Prescribers were also reminded to apply relevant read codes when managing patients with specific long term conditions. We also saw that the results from the first audit and the action plan were discussed during a GP partners meeting in January 2016. The second audit cycle indicated that appropriate prescribing had increased to 63% and a second action plan was developed in order to improve prescribing further. The practice also planned to repeat the audit for a third time during the first quarter of 2017 to assess improvements and identify any further areas to work on.

## Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills and were trained to lead on areas such as sexual health, diabetes, dementia and chronic disease care.

- The practice had supported staff members through various education avenues and training courses. For example, nurses were supported to attend updates on immunisations, cervical screening and diabetes care. Members of the non-clinical team had been supported to attend conflict resolution training and training on information governance. Staff made also use of e-learning training modules.
- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, infection control, fire safety, health and safety and confidentiality. Induction programmes were also tailored to reflect the individual roles to ensure that both clinical and non-clinical staff covered key processes suited to their job role, as well as mandatory and essential training modules.
- Clinical staff received annual appraisals and regular supervision. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses.
- Members of the management team explained that appraisals were overdue for members of the non-clinical team. On joining the practice in September 2016, the practice business manager focussed on improving the appraisal system for non-clinical staff members. Improvements included the development of a new appraisal form and we saw that all of the 11 staff members who were due appraisals had been sent an pre-appraisal form to complete as part of the appraisal process. We also saw that appraisal meetings had been scheduled with eight staff members and three staff members had been through a complete appraisal process at the point of our inspection. Staff we spoke with noted how the improved appraisal programme was supporting them through training and development needs and one staff member was able to attend conflict resolution training since requesting this as part of their appraisal.

## Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity

# Are services effective?

## (for example, treatment is effective)

of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence of multi-disciplinary team (MDT) meetings which took place on a monthly basis. There was regular representation from other health and social care services at these meetings. The practice was also supporting a local initiative to bring hospital specialists in to the community and therefore began inviting consultant psychiatrists and elderly care physicians to the monthly MDT meetings.

We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw that the practice's palliative care register was regularly reviewed and discussed as part of the MDT meetings to support the needs of patients and their families. Furthermore, vulnerable patients and patients with complex needs were regularly discussed during the MDT meetings.

As part of our inspection planning process we asked the practice to provide us with some data around care plans and medication reviews. The data we viewed at the point of our inspection indicated that care planning and medication reviews were not always taking place across some of the population groups. However, when we discussed the data in detail with members of the management team staff explained that the data request exercise had highlighted a potential coding issue in the practice.

- For example, there were 35 patients on the practice's register for dementia. Practice data highlighted that 5% of these patients had care plans in place and 78% received medication reviews where eligible within a 12 month period with further reviews planned.
- The practice had 40 patients on their mental health register. The data provided by the practice highlighted that 45% of these patients had a care plan in place.
- The practice had 35 patients on their palliative care register. The data provided by the practice highlighted

that all of these patients had a care plan in place and 86% received medication reviews where eligible within a 12 month period and there were further reviews planned.

- There were 18 patients registered at the practice with a learning disability. Practice data highlighted that all of these patients had a care plan in place.

Staff expressed that the data provided did not reflect an accurate representation of care plans and medication reviews and that patients were regularly seen in practice for care planning and medication reviews; as the practice operated an effective recall system and care plans also formed part of the local quality framework. During our inspection we saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needed medication and general health reviews. We also noted that the CCG pharmacists supported the practice with medication reviews; we spoke with one of the pharmacists during our inspection and noticed those recalling patients in for relevant reviews. Medication reviews were documented in patient consultations but not always effectively coded and therefore members of the management team assured us that they would focus on coding moving forward.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### Supporting patients to live healthier lives

- Patients who may be in need of extra support were identified and supported by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and

# Are services effective?

(for example, treatment is effective)

alcohol cessation. Practice data highlighted that they identified and offered smoking cessation advice and support to 224 of their patients and 6% had successfully stopped smoking.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients were also signposted to relevant services to provide additional support.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 99%, compared to the CCG average of 72% and national averages of 73%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast cancer screening rates for 2014/15 were at 69% compared to the CCG and national averages of 72% and bowel cancer screening rates were at 63% compared to the CCG and national averages of 57%.
- The practice had a register of patients from vulnerable groups, this included patients registered from travelling communities. The practice cared for 31 patients from this group and supported them by regularly carrying out site visits to complete health checks and administer vaccinations such as child immunisations.
- 2015/16 childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 71% to 100% compared to the CCG averages which ranged from 74% to 98%. Immunisation rates for five year olds were ranged from 83% to 98% compared to the CCG average of 72% to 98%.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

- During our inspection we saw that members of staff were friendly and helpful to patients both attending at the reception desk and on the telephone.
- We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Results from the national GP patient's survey (published in July 2016) highlighted that patients were mostly happy with how they were treated. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

However, the practice was rated below average for the following aspects of care:

- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 78% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.

During our inspection we saw a comprehensive analysis carried out by the practice to assess the results from the national GP patient survey and to address any areas for improvement. We found that some measures had been implemented to improve aspects of care, for example:

- Results from the survey were shared and discussed throughout the practice.
- Any areas for improvement were factored in to staff appraisals so that staff could contribute and make suggestions on how to improve across relevant areas of the survey, such as interacting with and caring for patients.
- Nurse meetings were also planned to improve communication and to support team work.

We spoke with seven patients on the day of our inspection including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, and helpful. We received 40 completed CQC comment cards, patients and carers commented positively with regards to the care and treatment provided and staff across the practice were described as helpful, caring and respectful.

### Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed positive responses with regards to questions about patient's involvement in planning and making decisions about their care and treatment, for example:

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

### Patient and carer support to cope emotionally with care and treatment

- We saw that the practice's new registration form asked new patients if they were a carer and the practice's computer system alerted staff if a patient was also a carer. There were 54 patients on the practice's register for carers; this was 1% of the practice list. Members of

## Are services caring?

the management team highlighted that identifying carers was an area to improve on in 2017. Staff we spoke with explained that they were planning to focus on identifying and capturing carers on the system to ensure they were offered the support they needed. The practice offered annual reviews and influenza vaccinations for anyone who was a carer.

- Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice also supported patients by referring them to volunteer counselling services provided on a weekly

basis in the practice. The practice proactively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances.

- Staff we spoke with told us that if families had suffered bereavement, their usual GP contacted them. Patients were also offered a consultation at a flexible time and at a location to meet their needs and by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Appointments could be booked over the telephone, face to face and online. The practice offered text messaging reminders for appointments.
- There were urgent access appointments available for children and those with serious medical conditions. There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health
- The practice offered early appointments from 7:30am during weekdays and also offered extended hours on Mondays until 7pm.
- Clinical staff carried out home visits for older patients and patients who would benefit from these.
- Immunisations such as influenza and shingles vaccines were also offered to vulnerable patients at home, such as housebound patients who could not attend the practice. The practice also cared for a number of patients from local travelling communities and regularly carried out visits to administer vaccinations such as child immunisations.
- There were disabled facilities, hearing loop and translation services available at the practice.
- Information was made available to patients in a variety of formats, online and also through easy to read paper formats. Members of the management team also highlighted that they chose to display service information on yellow paper on an information board located in the entrance to the practice. We saw this during our inspection, staff we spoke with explained that this was intentional and presented in an easy to read and accessible communication format.
- To help with the winter pressures the practice also offered Saturday clinics for appointments with either one of two GPs on duty or the advanced nurse practitioner. These clinics started from 3 December 2016 and were due to run until 4 March 2017 as part of the winter pressures scheme.

### Access to the service

The practice was open between 7:30am and 7pm during weekdays and general appointments were available from as early as 7:30am to 12pm and then from 3:30pm through to 6:30pm. The practice also offered extended hours on Mondays until 7pm. There was a GP on call each afternoon between 12pm and 3:30pm. Pre-bookable appointments could be booked up to six weeks in advance.

Results from the national GP patient survey published in July 2016 highlighted that some responses regarding access were below local and national averages, this was specific to telephone and appointment access:

- 67% found it easy to get through to this surgery by telephone compared to the CCG average of 70% and national average of 73%.
- 63% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.

During our inspection we saw a comprehensive analysis carried out by the practice to assess the results from the national GP patient survey and to address any areas for improvement. We found that some measures had been implemented to improve patient access, for example:

- To improve access the practice introduced early morning and evening appointments for patients.
- The practice recruited more clinicians and were therefore able to offer more appointments to patients. This included a salaried GP who was recruited in September 2016, an advance nurse practitioner and an additional practice nurse who both joined the team in November 2016.
- The practice proactively encouraged patients to register for online access; members of the management team highlighted how this helped to ease telephone access for those patients who preferred to telephone to make appointments. Data from the practice highlighted that 42% of their registered patients had registered for online access.

Additionally, results from the national GP patient survey indicated that appointments often ran to time, for example:

# Are services responsive to people's needs?

(for example, to feedback?)

- 78% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG and national averages of 65%.
- 65% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 59% and national average of 58%.

Patients we spoke with during our inspection commented that they were satisfied with the care provided by the practice, some patients highlighted that it was occasionally difficult to make an appointment over the telephone and there were some comment cards that reflected this feedback amongst the 40 completed CQC comment cards we received. Although all comments were positive about care and treatment, we fed this back to members of the management team during our inspection and staff assured us that they were continually monitoring areas for improvement and were confident that this would improve with the increased appointment availability and with the good uptake of online access.

## Listening and learning from concerns and complaints

Patients were informed to contact the practice business manager if they wished to make a complaint. We saw that the practice had a documented complaints policy which was in line with NHS requirements and that there was a designated responsible person who handled all complaints in the practice. Staff also monitored complaint themes and reflected on complaints during practice meetings.

The practice had records of 12 complaints that had been received during the last 12 months. However when we viewed a sample of complaint responses, although they were well investigated and responded to in a timely manner we noted that there was no reference or signpost information to direct patients further in the event that they were unhappy with the complaint response; in line with recognised guidance and contractual obligations for GPs in England. We discussed this with members of the management team during our inspection; staff assured us that they would ensure their complaints policy was better embedded by informing staff and patients that complainants can refer to external organisations such as the Ombudsman in the event that they were unhappy with their complaints response.

# 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 provide high quality, professional primary care services. There was a documented vision plan which was made up of 11 aims and objectives, these contributed towards the overall practice vision. Staff we spoke with were familiar with the practice aims and objectives and conversations with staff demonstrated that they were committed to providing a high quality professional service. The practice also discussed business plans for the future which included joining a new innovative hub with three neighbouring practices in order to provide a range of services to patients including community and hospital services, the practice was in the early stages of discussing these plans with the clinical commissioning group (CCG).

### Governance arrangements

There was a clearly defined staffing structure in place. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to for infection control guidance and how to report a whistleblowing concern.

We noted that in most areas governance and performance management arrangements were proactively reviewed and reflected best practice, for example:

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.
- We saw that a range of comprehensive risk assessments were in place and risks to patients and staff were well monitored and mitigated.
- There was a programme of clinical audits which was used to monitor quality and to make improvements and results were circulated and discussed in the practice.

Policies and documented protocols were well organised and available as hard copies and also on the practice's intranet. Some of these protocols reflected best practice and were well embedded. We noted this across systems for

managing uncollected prescriptions and for reviewing patient attendance at the local Accident and Emergency department, use of the ambulance service and emergency hospital admissions.

However, in some areas we noted that governance arrangements were ineffective and did not reflect best practice, for example:

- The practice's complaints policy did not clearly advise patients on what to do in the event that they were unhappy with the complaint response and did not signpost them to support organisations such as the Ombudsman.
- During our inspection we observed the practice's system to ensure that patient specific directions (PSDs) were in place to authorise the health care assistant to administer specific vaccinations. We noted that although there was a policy in place which was signed by the prescribing GP, there was no clear audit trail in place to demonstrate that patients had been reviewed by the prescribing GP prior to the health care assistant administering vaccinations. Staff assured us that they would amend their system to incorporate adequate record keeping moving forward and we received further assurance from the practice shortly after our inspection to demonstrate that a more effective system was being utilised.

### Leadership and culture

The three GP partners, practice business manager and deputy practice manager formed the management team at the practice. They were supported by a clinical team of seven which included a salaried GP, an advanced nurse practitioner, four practice nurses including a nurse prescriber and a health care assistant. There was also a non-clinical team of 11 staff members who covered reception, administration and secretarial duties. At the point of our inspection there was also a GP registrar in post.

We spoke with nine members of staff during our inspection, all staff spoke positively about working at the practice. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team. During our inspection staff described a year of significant change during 2016. This included the retirement of some longstanding staff members, including two GP partners and

# Are services well-led?

Good 

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

the previous practice business manager. Despite these challenges, the practice had worked hard to secure a salaried GP in September 2016 and a new practice business manager was also appointed in September 2016. Furthermore, an advance nurse practitioner and an additional practice nurse joined the team in November 2016. Although there had been some recent changes to the management and clinical team, we noted that most of the team were longstanding members of staff. Members of the management team confirmed that the average length of staff service was 9.5 years and 35% of staff had worked at the practice for more than 15 years. We also noted that three of the GPs were previously GP registrars at the practice.

Members of the management team explained that previously formal practice team meetings were held every two to three months. We saw that minutes were clearly documented and actions were recorded and monitored at each meeting. Although staff communicated closely as a small team in-between meetings, members of the management team expressed that they had recognised the benefit of having meetings on a more frequent basis and had planned to move to a more frequent programme of meetings from 2017. We saw that a schedule had been developed to support this; this included fortnightly management meetings, six weekly clinical meetings for all practice clinicians, monthly nurse meetings and six weekly all staff meetings. We saw that some of these meetings had already taken place on 2, 10 and 11 January 2017 and that minutes had been hand written ready to type up and share across the practice. In addition to formal meetings the practice GPs also held a morning coffee break each day to discuss any issues, key incidents and to provide them with admin time to complete tasks or paperwork if needed.

The practice also engaged with other practices through attending external meetings and educational events. For example, GPs attended local education events, members of the management team attended monthly CCG locality meetings and the practice business manager and deputy

practice manager often engaged with local practices by attending monthly Dudley Practice Manager Alliance (DPMA) meetings. Practice nurses were able to network with local nurses by attending quarterly nurse education and training updates facilitated by the CCG.

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

The practice had an active patient participation group (PPG) which influenced practice development. The PPG consisted of 14 members who met every six weeks. Minutes of meetings demonstrated that members of the management team often attended the PPG meetings.

We spoke with three members of the PPG as part of our inspection. The PPG members described how they supported the practice to recruit an advanced nurse practitioner, after making a suggestion following feedback gathered from patients to improve appointment access and availability. The group had also developed a patient survey to gain patient thoughts and feedback on the practice and to identify any further areas where they could support the practice to improve. Records of the survey analysis highlighted how the practice had started to work through some of the improvement areas identified from the survey. The survey was cascaded in November 2016 and the group were in the process of analysing the results from the 94 surveys completed. We saw that the PPG had developed an action plan which included an action to present the survey findings to the practice towards the end of January 2017.

The practice reviewed and analysed their results from internal and external patient surveys such as the national GP patient survey and the NHS family and friends test. Results from the NHS family and friends survey indicated that 92% of the respondents were extremely likely or likely to recommend the service to family and friends. The practice also actively reviewed and responded to comments on the practices NHS Choices webpage.