

Annfield Plain Surgery

Quality Report

Durham Road
Annfield Plain
Stanley
Co Durham
DH9 7TD

Tel: 01207 215005

Website: annfieldplainsurgery.co.uk/

Date of inspection visit: 15 December 2015

Date of publication: 28/01/2016

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8

Detailed findings from this inspection

Our inspection team	9
Background to Annfield Plain Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

We carried out an announced comprehensive inspection at Annfield Plain Surgery on 15 December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment. There were urgent appointments available the same day for GPs and Nurses. Routine appointments were available to book the next 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 the management team. The practice proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available and easy to understand.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- The practice was aware of and complied with the requirements of the Duty of Candour. The intention of this was to ensure that the practice was open, honest and transparent with patients in relation to care and treatment.

The area where the provider should make improvement is:

- The practice should implement the Recruitment policy for all future employees and ensure that all staff who act as a chaperone have had a disclosure and barring service check (DBS) or a risk assessment. (Disclosure and barring

Summary of findings

service checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were comparable for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans however not all staff had been appraised within the last year. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice comparable with 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they would always be seen if they needed an appointment. Urgent and routine appointments were 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. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. They had a clear vision and strategy. Staff knew about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. There was a virtual patient participation group (PPG) who were in regular contact with the practice. Staff had received inductions and attended staff meetings and events but not all staff had regular performance reviews.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example, in dementia and end of life care. The practice were proactive in identifying patients who were in need of palliative care and one of the GPs had completed extra training in this area. As part of the 'Improving outcomes scheme' in conjunction with the CCG, the practice held a register of patients who were at risk of unplanned emergency admission to hospital. The Practice Nurse contacted these patients to offer support and advice. They were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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 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. We saw good examples of joint working with midwives, health visitors and school nurses. Appointments for children were always available as needed.

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). The needs of this

Good



Summary of findings

group had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. 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. The Practice Nurse had completed further training in sexual health and was able to offer contraception and sexual health checks to patients who required this service.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. They had carried out annual health checks for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice offered an enhanced service for 'violent patients' who had been removed from the lists of other practices in the CCG.

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). 81.48% of people with dementia had received an annual physical health check which was slightly lower but comparable to national figures. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. They 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. They had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 108 responses from a survey of 293 forms which represented a response rate of 36.9%. This equates to just over 3% of the practice list size.

The practice scored higher than average in terms of patients being able to access appointments. For example:

- 98% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 75% and a national average of 73%.
- 94% of respondents describe their experience of making an appointment as good compared with a CCG average of 77% and a national average of 73%.
- 77% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 74% and a national average of 65%.

- 90% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 81% and a 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 received 49 comment cards and spoke with three patients. One of the patients was a member of the PPG. All of these were positive about the standard of care received. Patients stated they found it easy to get an appointment. Staff were consistently described as friendly, efficient and caring. Patients on the day stated they felt listened to by the GPs and that the practice strove to accommodate them. Patients consistently commented about the cleanliness and tidiness of the practice.

Annfield Plain Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Annfield Plain Surgery

Annfield Plain Surgery is a purpose built GP premises in Annfield Plain, a village in County Durham. They have a Personal Medical Services (PMS) contract and also offer enhanced services for example; extended hours and excluded patients. The practice covers the village of Annfield Plain. There are 3286 patients on the practice list and the majority of patients are of white British background. The practice is in an area of social deprivation.

The practice is a partnership with two partners, one of which is a clinical partner. There is a salaried GP. There is a Practice Nurse and a Health Care assistant. The practice currently employs a career start nurse and is responsible for her training. This post offers a two-year structured training programme for a nurse wishing to gain the skills and experience required to work as a Practice Nurse within primary care. There is a Practice Manager, Office Manager and reception and secretarial staff.

The practice is open between 8.30am and 6pm Mondays, Tuesdays, Thursdays and Fridays and 8.30am to 12.30pm on Wednesdays.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by North Durham CCG.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services user the Care Act 2014.

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)

Detailed findings

The inspector:-

Reviewed information available to us from other organisations e.g. NHS England.

Reviewed information from CQC intelligent monitoring systems.

Carried out an announced inspection visit on 15 December 2015.

Spoke to staff and patients.

Reviewed patient survey information.

Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety including infection control, medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and they had completed level 3 safeguarding training for children. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role but most had not received a disclosure and barring check (DBS) or had a risk assessment done. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice had plans in place to have DBS checks performed on all staff who chaperoned.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention

teams to keep up to date with best practice. There was an infection control policy in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. A recent infection control audit had highlighted the need for baby changing waste disposable bins and these had been arranged. The practice had carried out Legionella risk assessments and regular monitoring.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to help ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had a recruitment policy however the three files we sampled showed that they were not following this routinely. Recruitment checks in the policy included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice stated that they will follow the recruitment policy in the future.
- 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.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

Are services safe?

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients who had diabetes. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Patients' consent to care and treatment was always 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment. The practice monitored the process for seeking consent by auditing records. This helped to ensure the practice met its responsibility within legislation and followed national guidance.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol and smoking cessation. Patients were then signposted to the relevant service. A counsellor and physiotherapist were available on the premises and the practice made a room available for them.

The practice's uptake for the cervical screening programme was 90%, which was above the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 95.8% to 100% and five year olds 90.3% to 96.8%.

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. Opportunistic

screening was done in order to diagnose any long term conditions and provide early intervention. Flu vaccinations were also given opportunistically and the percentage of patients receiving a flu vaccination was higher than national averages. Appropriate follow-up consultations on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients with long term conditions such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes had individual care plans.

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 test results. Information such as NHS patient information leaflets was also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to help ensure that they understood, planned and met patient's complex needs. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (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. Current results were 98% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Practices can exclude patients from the QOF which is known as 'exception reporting'. This ensures that the practice are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication

Are services effective?

(for example, treatment is effective)

or side-effect. Lower exception reporting rates are more positive. The practice exception reporting rate was 4.7% which was lower than the local CCG and national averages. Data from 2014 – 2015 showed,

- Performance for diabetes related indicators was higher than the local CCG and national average. For example,

The percentage of patients with diabetes in whom the last HbA1c was 64 mmol/mol or less, was 83.1% which was 2.3% above the local CCG and 5.6% above the national average. The exception rate for these patients was below local CCG and national averages at 6.9% and clinical prevalence was higher than both local CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the local CCG and national average. For example,

The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less was 94.6% which was 9.1% above the local CCG average and 11% above the national average. The exception rate for these patients was below local CCG and national averages at 1.1% and the clinical prevalence was higher than both local CCG and national averages.
- Performance for mental health related indicators were higher than the local CCG and national average. For example,

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record was 95.5% which was 5.4% above the local CCG average and 7.2% above the national average. The exception rate for these patients was above local CCG and national averages at 26.7% and the clinical prevalence was comparable to both local CCG and national averages.
- Performance for patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was below the local CCG and national averages.

For example,

The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in

the preceding 12 months was 81.5% which was 2.3% below the local CCG average and 2.5% below the national average. The exception rate for these patients was 3.6% which was below local CCG and national averages and the clinical prevalence was comparable to both local CCG and national averages.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and patient's outcomes. There had been eight clinical audits completed in the last two years one of which was a second cycle audit. Findings were used by the practice to improve services. An example of this was that the practice had found that toxicity levels for a long acting xanthine used in patients with lung problems had not been checked every 12 months as recommended. They had rectified this by searching for all patients taking the medicine and identifying those in need of a blood test. These patients were then invited in for the test. The practice also participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality. The practice had plans to include infection control in future induction programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring and clinical supervision. There was facilitation and support for the revalidation of doctors. Not all staff had had an appraisal in the last 12 months but we were told that plans were in place to rectify this.

Staff received mandatory training; this included safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in- house training.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We were told that staff were aware of the patients who were visually and hearing impaired. There was disabled access in the building.

We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Chaperone information was available in the waiting room. Chaperones were offered to patients and all staff who acted as chaperones had received training. Breastfeeding facilities were available and this information was in the waiting room.

The practice had a private room away from the reception area to ensure confidentiality and this was available to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 49 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were friendly, efficient, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us that if they needed to be seen that day they would be. A member of the PPG told us that if they suggested improvements to the practice they were listened to, an example of this was changes made to the reception area which resulted in a lower desk for disabled access.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable or higher than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 96% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 98% said the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 94% and a national average of 92%.

Care planning and involvement in decisions about care and treatment

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

We reviewed results from the national GP patient survey. They showed that with regard to questions about patients' involvement in planning and making decisions about their care and treatment, results were higher than local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% 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 85% and national average of 82%
- 94% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 87% and a national average of 85%.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had a carers register and information to support carers was in the waiting room. Carers were offered health checks.

Bereavement support information was available in the waiting room and we were told that the practice sent a card to bereaved patients to offer sympathy and support. Information regarding support for patients experiencing mental health issues was available in the waiting room.

The practice was proactive in identifying patients in need of palliative care and the register held for these patients was 2% compared to a national target of 1%. We were told that patients receiving palliative care were treated with compassion, given clear rationale for investigations and given open access to the GPs. Staff told us that the practice was 'person centred' and greatly valued its relationships with patients and staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. The practice participated in the Quality Improvement Scheme. This was implemented by the CCG to enable practices in the area to develop and improve quality of care. This was an incentivised scheme. The practice had the services of a pharmacist as part of this scheme to assist with complex discharge medications and patients with complex drug regimes.

The practice had a virtual PPG group and they communicated via email, however we were told that plans were in place to try to encourage patients to meet more frequently with the practice. The most recent Friends and Family test (whereby patients indicate how likely they would be to recommend the practice to friends or family) was that 100% were extremely likely or likely to recommend the practice.

Services were planned and delivered to take into account the needs of different patient groups which gave flexibility, choice and continuity of care. For example;

- Longer appointments were available to patients who needed them.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children, vulnerable groups and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The Practice Nurse had completed extra training in sexual health and family planning and offered this service to patients in order to treat them closer to home.

Access to the service

The practice at Annfield Plain was open between 8.30am and 6pm on Mondays, Tuesdays, Thursdays and Fridays and 8.30am to 12.30pm on Wednesdays. Pre-bookable appointments were available. Same day and urgent appointments were also available each day. Telephone consultations were available each day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above average compared to local and national averages. For example:

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.3% and national average of 75.7%.
- 98% patients said they could get through easily to the surgery by phone compared to the CCG average of 75.1% and national average of 74.4%.
- 94% patients described their experience of making an appointment as good compared to the CCG average of 76.5% and national average of 73.8%.

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.

There were 2 formal complaints in the past 12 months and we found that they had been dealt with in an open and transparent way.

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, accessible care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas. Details of the vision and practice values were part of the practice's strategy and business plan.

Governance arrangements

The practice had an overarching governance policy. This outlined the structures and procedures in place and incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.

- A system of continuous audit cycles which demonstrated an improvement in patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GP was supported to address professional development needs for revalidation and all staff were supported by appraisal or had planned appraisals and continuing professional development. All staff had learnt from incidents and complaints.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

Staff told us that informal meetings were held daily as well as formal meetings monthly and any issues would be discussed. Staff told us that there was a supportive approach to staff development. Staff described the practice as having a friendly and open door culture.