

Bevan House

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

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 Bevan House on 4 February 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- Feedback from patients about their care was consistently and strongly positive.
- Information about how to complain was available and easy to understand.
- The practice had introduced numerous ways to improve access to services including a walk-in triage service each morning for those without access to a telephone, or who due to language difficulties could not make a telephone appointment.
- An Arabic interpreter was available at the practice until 1pm each day to assist patients.

- Volunteers assisted patients with registration forms and accompanied people to appointments with other service providers for example housing agencies and multi-lingual volunteers were able to interpret for patients.
- The practice had trained Heath Champions who were or had been patients at the surgery, they offered help and advice to patients and organised healthy living and health promotion events.
- The practice had a clear pro-active vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed with them and the staff team.
- The Bevan House team were winners of the 2015 General Practice Awards for Innovators of the Year.

We observed numerous examples of outstanding practice.

- Dedicated teams within the practice worked closely with other organisations in ensuring bespoke services were provided to meet patients' needs. For example,

Summary of findings

the Bevan Pathway Team attended regular meetings at the local hospital to review its patient group and improve patient discharge and the provision of care and support.

- The Street Medicine Team held mobile outreach clinics in city centre locations to enhance access for vulnerable patients and also offered advice and healthcare to people who were not registered with the practice.
- The Bradford Respite and Intermediate Care Support Service (BRICCS) is a respite service that has been developed, where the Bevan team work with a social housing provider to offer respite accommodation for homeless patients who require medical care after they are discharged from hospital. These initiatives led to an increase in the number of homeless people registering with the practice, a reduction in the use of acute healthcare, A&E admissions and days spent in hospital. The intervention of these teams with homeless patients has shown significant cost savings in acute care of 62%.
- The practice had organised a Christmas celebration for vulnerable children who were registered with them. The staff team had donated presents for the children which were distributed by a member of the team dressed as Santa Claus.
- Feedback from the Patient Participation Group called the Experts by Experience (ExE), was integral to the running of the practice. Their views were actively sought and valued. The practice held numerous patient focus groups to find out their views on topics such as diabetes care. The group had been involved in the design, build and decoration of the new premises.
- A late evening clinic ran for three evenings per month from 8pm to 11pm for female sex workers and one

early morning clinic, in liaison with a local women's support team. Over 70% of the women who attended the late night sex workers' clinic had registered with the practice and were accessing extended services.

- The practice had recruited a mental health nurse and a vulnerable migrants nurse, to work alongside a practice nurse, to effectively support patients. This had enabled the practice to be prepared to meet the needs of new patients, conduct structured assessments and refer as necessary to relevant services, prior to the persons arrival in the country.
- The practice had moved to new premises that allowed it to host other services and provide a "one stop shop" for patients. The teams located in the practice included the homeless team, benefits services, refugee support workers, rape crisis, legal, housing, midwifery and health visiting teams.
- Staff were clearly motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Clothing, food, oral and personal hygiene packs and 'cold weather packs' (consisting of gloves, socks, a hat, scarf, water and a bar of chocolate) were offered to those patients who were in urgent need.
- All staff had been given the opportunity to participate in individual Life Coaching sessions, to provide guidance and support as needed.
- The practice patient liaison lead and the ExE group held a weekly Chat and Craft group where patients, refugees and homeless people could meet new people and learn about services. Participants also knitted small articles for the homeless.

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 outstanding for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses, in an environment where safeguarding concerns were described as a daily occurrence. There was a comprehensive safeguarding policy in place for both children and vulnerable adults which included a Prevent strategy (a duty introduced as part of the Counter-Terrorism and Security Act 2015 with regard to preventing people from being drawn into terrorism) and Multi Agency Risk Assessment Conference (MARAC) guidelines for those at the highest risk of domestic abuse and also details of other agencies where concerns could be raised and discussed.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on thorough analysis and investigation and widely discussed and disseminated within the staff team. We found that action was taken to improve safety and promote learning and improvement. For example, when it was identified that a patient had altered a hand written prescription following an outreach consultation, a mobile printer was organised for the outreach team to use and print electronic prescriptions.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- A proactive approach to anticipating and managing risks to people who use services was embedded and was recognised as the responsibility of all staff. For example the design of the new premises was such that distressed, anxious or volatile patients were able to be offered a choice of three waiting areas to reduce the risk of an untoward incident.
- The whole team was involved in reviewing and improving safety, a scenario based session was held for staff to demonstrate how they would respond to medical emergencies at the practice.
- We saw evidence of regular staff training sessions in areas such as female genital mutilation (FGM) and domestic violence. A FGM policy had been developed following an audit which incorporated local and national reporting requirements.

Outstanding



Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



Summary of findings

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. “Top Tips” and relevant points were circulated weekly throughout the team which were based on new guidance and alerts.
- Formal in-house clinical education sessions were held every two months during which guidance in specialist areas, such as tuberculosis were reviewed and discussed. New guidance, for example asthma management guidelines were also reviewed in additional but less formal sessions held offsite every alternate month.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. For example, following an update from the British National Formulary, an audit was undertaken and an alert added to the notes of patients prescribed methadone (an opiate prescribed by doctors as a substitute for heroin) warning of possible interactions.
- Data showed that the practice was performing less well when compared to practices nationally and in the Clinical Commissioning Group. For example the number of patients with diabetes who had a foot examination within the last 12 months was 58% compared with the CCG average of 81% and national average of 82%. However due to the specific and complex needs of the patient population and the highly transient nature of their registration (28% of the previous year’s population had left) the practice had negotiated specific and relevant local QOF indicators to enable them to concentrate on specific issues.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local and national providers to share best practice. The practice participated in benchmarking with other homeless services and contributed to local and national policy where possible.
- The practice had recently implemented plans to improve the immunisation status of all the children under 18 who were registered with them. Many children registering with the practice were found to have an incomplete immunisation status and we observed that a plan was in place to rectify this.
- The practice was consistent in their approach to supporting people to live healthier lives and used every possible point of contact to promote and achieve this.

Summary of findings

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 90% of patients found the receptionist at the surgery helpful which is higher than CCG and national averages. During GP consultations 88% of people said the GP was good at explaining tests and treatment, CCG average 77% and national average 86%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were clearly motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We were shown “cold weather packs” consisting of gloves, socks, a hat and scarf, water and a bar of chocolate. Several staff told us on winter mornings they would take a pack to people they had noticed sleeping rough on their way to work and encourage them to come to the surgery. A similar and appropriate pack was available for the summer.
- We found many positive examples to demonstrate how patient’s choices and preferences were valued and acted on. The experts by experience (ExE) group told us that their experience of being a patient at Bevan House was so positive it had changed their lives and given them confidence to find jobs or undertake volunteer work.
- Views of external stakeholders we spoke with were very positive and aligned with our findings.
- We observed staff approach people in the waiting area to check on their wellbeing and offer support.
- Staff consistently referred to patients in caring, empathic and positive terms.
- The practice had developed a support worker template so that they could contact hard to reach patients via their support worker if necessary and encourage patients to attend for reviews and appointments.
- The practice had organised a Christmas celebration for vulnerable children who were registered with them. The staff team had donated presents for the children which were distributed by a member of staff who dressed as Santa Claus.
- The practice patient liaison lead and the ExE group held a weekly Chat and Craft group where patients, refugees and homeless people could meet new people and learn about services. Participants also knitted small articles for the homeless.

Outstanding



Summary of findings

- A drop in clinic was available on Thursdays for female sex workers to access health care and support. In order to promote the service and encourage attendance, patients were offered drinks, chocolate or nail manicures. This had proved successful in getting hard to reach sex workers to register with the practice and access services.
- The Bevan House team had been awarded a Certificate of recognition for a significant and outstanding contribution to the lives of refugees.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. This included housing, social, voluntary and government organisations and the vulnerable persons relocation scheme for refugees. (VPRS).
- There were innovative approaches to providing integrated person-centred care. The Street Medicine Team provided outreach services each week in up to nine different locations throughout the city. These locations are varied and included day shelters, churches, a food drop-in centre, a car park and a local mission. Following audit, it had been shown that engagement of people with primary care had increased since these services had commenced.
- The Bradford Bevan Pathway is a multidisciplinary, patient centred approach to improving care and discharge planning for homeless patients. The team worked with the local hospital and A&E department to prevent discharge back to inappropriate accommodation or onto the streets.
- Bradford Respite and Intermediate Care Support Service (BRICCS) is a respite service where the Bevan team work with a social housing provider to offer respite accommodation for homeless patients who required medical care after being discharged from hospital.
- The practice actively involved and sought suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the experts by experience group (ExE). Members of the practice staff consistently supported these groups as did a representative from a homeless charity and a local disability service. The ExE group had recently been involved in the review

Outstanding



Summary of findings

of long term conditions clinics and had suggested ways of improving attendance and engagement. This included asking a volunteer to ring vulnerable patients to ensure they had understood their invitation letter to attend a review clinic.

- Patients could access appointments and services in a way and at a time that suited them. The practice had introduced numerous ways to improve access to services including a walk-in triage service each morning for those without access to a telephone or who due to language difficulties could not make a telephone appointment. An Arabic interpreter was available until 1pm each day to assist patients. There was a late clinic three evenings per month from 8pm to 11pm for female sex workers and one early morning clinic, in liaison with a local women's support team.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was able to offer three separate waiting areas to reduce a risk of conflict or distress. Patients told us that the city centre location of the new premises made it easier to walk to the practice or use public transport.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was widely shared with staff and other stakeholders.
- The ExE group had decided how a bonus payment would be spent. At a patient meeting the decision was taken to arrange trips to the Yorkshire Dales for people who did not have access to the countryside and had faced trauma. It was felt this would have a positive impact on health and wellbeing. A member of practice staff was allocated 20 hours per week to support and liaise with patients.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

Outstanding



Summary of findings

- The practice carried out proactive succession planning and had recently undertaken a skills audit with the current staff team to enable them to use staff skills, knowledge and experience in future roles.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. A staff survey had recently been undertaken in December 2015 which had resulted in improved communication within the practice. All staff had also been given the opportunity to participate in individual Life Coaching sessions over a period of several months in recognition of the particular stresses that the team face. This was noted to have had a good response.
- The practice gathered feedback from patients using paper forms and new technology including a web based tool for creating and publishing free surveys. A very active, integrated ExE group were encouraged to influence practice development and participate in service reviews.
- A review conducted by an external agency of BRICCS, Street Medicine and the Pathway Team found that for every £1 invested in these services the savings were between £1.50-£8.00. The Bevan Pathway team was noted to have reduced acute health care costs by 62% through supporting patients in primary care settings.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this and were inspired and motivated to achieve by the leadership of the team.
- 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 team and role specific governance meetings. A weekly update e-mail had been introduced to improve communication across the workforce. This was sent to all staff with actions of complaints or significant events, outcomes from surveys, updates, clinical information and staff birthdays.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The management encouraged a culture

Summary of findings

of openness and honesty throughout the whole team. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- There was a strong focus on continuous learning and improvement at all levels. We saw evidence of regular staff training sessions in areas such as asthma, female genital mutilation (FGM) and domestic violence.
- We observed a clear proactive approach to seeking out and embedding new ways of providing care and treatment, for example the team discussed with us work they were doing working with the local maxillofacial team to establish dental support for their patients.
- The managing director of the team had been shortlisted for the 2014 Social Enterprise Women's Champion award.

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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs whilst liaising with community matrons.
- There was a named GP who was aware of the individual needs of this group and reviews were offered.
- The issues and management of the vulnerable patients registered with this practice were also relevant to the older people registered.
- End of life care could be offered to individuals accessing the BRICCs service in liaison with the palliative care team.

Outstanding



People with long term conditions

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

- Systems had been developed to offer patients in this group support through nurse led chronic disease management. Patients at risk of hospital admission were identified as a priority. There had recently been an increase in nursing and GP hours and clinics to assist the practice to target those patients with long term conditions.
- The practice had a high prevalence of HIV and viral hepatitis. Audits had been carried out into both these conditions. As a result the accuracy of recording and knowledge of medication regimes in the HIV group had improved. All the patients in these groups were being offered support through a nurse led review programme and a referral to a local specialist if appropriate.
- Longer appointments and home visits were available when needed. Patients were offered a one stop shop for long term conditions.
- 814 homeless patients had registered and received care with the Bradford Bevan Pathway and the Street Medicine Team since 2013; improved outcomes for this group had been shown following audit.

Outstanding



Summary of findings

- All these patients had a named GP and were offered an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Wherever possible, face to face interpreters were used in long term condition reviews to increase engagement which was noted to be poor, due to low rates of engagement and literacy, poor self-management, homelessness, destitution and drug or alcohol dependence.
- Following a review of diabetic clinics with the ExE group, individual care plans could be hand written to meet needs if required and patients were reminded by telephone in their own language to attend their reviews following receipt of a letter.

Families, children and young people

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

- There were clear 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 and in line with the CCG in the under two age group. The rates were lower for children aged five years, however, 38% of the practice population had registered within the last year and many of the children had an incomplete immunisation status at that point. The practice had recently implemented plans to improve this and were reviewing individual children and commencing a tailored programme of immunisations.
- Following audit, 103 children at the practice were identified with chronic health conditions, 52 of which were noted to be significant. The practice was pro-actively offering these children individual care plans and reviews.
- The number of patients diagnosed with asthma who had an asthma review in the last 12 months patients was 63% compared with the CCG average of 75% and a national average of 69.7%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The number of women attending for cervical screening at the practice was 55%, compared to the CCG average of 63% and a national average of 74%. The practice had increased nursing

Outstanding



Summary of findings

capacity to encourage uptake and had trialled opportunistically speaking to female patients, who were waiting in the reception area, about the benefits of cervical screening. Cervical screening uptake for patients on the mental health register had increased by 6% in the last year and was comparable to the CCG average. Over 70% of the women who attended the late night sex workers clinic have now registered with the practice and were accessing extended services.

- Appointments were available outside of school hours and the premises were suitable for children and babies. We found evidence that children who required medical attention were seen on the same day.
- We saw positive examples of joint working with midwives, health visitors, safeguarding, support workers, voluntary groups and school nurses.
- The practice told us of an occasion where they had liaised directly with a refugee camp in Syria to arrange referrals to hospital services for a sick child prior to their arrival in the country.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 80% of the practice population was noted to be of working age but with very high unemployment. This group included the homeless, asylum seekers and sex workers.
- The practice was proactive in using the Street Medicine Team to engage with this age group. The team also supported people who were sleeping rough and were offered shelter in various churches throughout Bradford in the winter. The Street Medicine Team visited whichever church was hosting on the day and offered health care to individuals regardless of whether they were registered with the practice.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group. Volunteers were available to assist patients with forms, registration and queries about their health and social wellbeing.

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- Late night clinics, three Thursdays per month, were available for female sex workers and an additional clinic was held in the early morning.
- Following an audit which identified high rates of non-attendance, there had been a greater focus on same day appointments being available. An additional clinic had been made available on a Wednesday afternoon.
- The practice e-mailed job opportunities to patients which they knew were looking for work.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, asylum seekers, refugees. They had identified 19 patients with a learning disability.
- The practice offered 15 minute appointments to all patients and longer appointments for patients with a learning disability or those who needed them.
- The practice worked consistently, pro-actively and sensitively with multi-disciplinary teams in the case management of vulnerable people.
- The Street Medicine Team consisted of GPs, nurses and a mental health nurse, who offered sessions in areas where homeless people were known to gather. This service provided health care and support for vulnerable groups beyond the registered list of the practice.
- The practice had moved to new premises which allowed it to host other services and provide a “one stop shop” for patients. These teams located within the practice included the homeless team, benefits services, refugee support workers, rape crisis, legal, housing, midwifery and health visiting teams. Patients told us they found the city centre location easy to access.
- A GP and mental health nurse supported the clinical needs of patients at BRICCS, which is a residential 14 bed temporary accommodation unit. The housing service reported that service users’ needs were being met and communication between the teams was very good.
- The Bevan Pathway team is a multi-disciplinary team which works with the local hospital and the temporary accommodation unit for the timely and safe discharge of patients with complex health and social needs. Reductions in A&E attendances and admissions and cost savings of up to 62% have been evidenced.

Outstanding



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- The practice had links to and worked with psychologists within the Vulnerable Persons Relocation Scheme (VPRS).
- 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. There was a comprehensive safeguarding policy in place for children and vulnerable adults which included a Prevent strategy (a duty introduced as part of the Counter-Terrorism and Security Act 2015 with regard to preventing people from being drawn into terrorism). Multi Agency Risk Assessment Conference (MARAC) guidelines for those at the highest risk of domestic abuse were included and also details of other agencies where concerns could be raised and discussed. Staff were also aware of and had attended education sessions which had been held regarding female genital mutilation (FGM), we saw that safeguarding referrals had been made when patients had experienced this or were at risk.
- Waiting areas and rooms were colour coded and numbered to assist patients who could not read English.

People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health

- The practice has exceptionally low numbers of patients diagnosed with dementia. Reviews were regularly undertaken and each patient had a named GP.
- Public Health England, national general practice profile figures, show that 30% of patients registered at the practice were diagnosed with a long term mental health condition. CCG and England average is 5%. Of these patients, 75% had a comprehensive care plan compared with an England average of 77%.
- The practice consistently worked closely with multi-disciplinary teams in the case management of people experiencing poor and complex mental health needs. They also worked closely with teams providing support in drug and alcohol services, counselling, rape crisis teams and psychological therapies including support for those with the vulnerable persons relocation scheme. Some of these teams were located within the practice.

Outstanding



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- The practice actively assisted and supported patients experiencing poor mental health to access various support groups and voluntary organisations including social and housing support.
- The practice had recruited a full time mental health nurse who had professional experience of working with patients with substance misuse issues. The practice had developed a mental health template which linked to local referral pathways, a physical health template and local safeguarding.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and facilitated regular education sessions on mental health issues including Post-traumatic stress disorder (PTSD).
- In the last year the Bevan team had hosted an evening to bring together support teams to network and discuss best referral mechanisms for those experiencing poor mental health. This included primary care mental health teams, the new arrivals team, counselling services, rape crisis teams and the drug and alcohol team.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Survey forms were distributed to 439 patients and 68 were returned. This represented a response rate of 15.5% or 2% of the practice's patient list.

- 78% of patients were satisfied with the practices opening hours compared to the CCG average of 71% and a national average of 75%.
- 52% found it easy to get through to this surgery by phone compared to a CCG average of 53% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 70%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 72%, national average 85%).

- 70% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 60%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards of which 27 were positive about the standard of care received. Bevan House was described as safe, welcoming, caring and friendly. Patients described receiving the best of health care at Bevan and were very satisfied with their care. One comment card included a negative comment regarding a GP.

We spoke with three patients on the day of the inspection. All three patients said they were more than happy with the care they received and thought staff were patient, committed and caring. Patients told us it was easy to get through to the practice by telephone and they could get an appointment when they needed one. They also described how they were helped to choose and book hospital appointments.

Outstanding practice

- Dedicated teams within the practice worked closely with other organisations in ensuring bespoke services were provided to meet patients' needs. For example, the Bevan Pathway Team attended regular meetings at the local hospital to review its patient group and improve patient discharge and the provision of care and support.
- The Street Medicine Team held mobile outreach clinics in city centre locations to enhance access for vulnerable patients and also offered advice and healthcare to people who were not registered with the practice.
- The Bradford Respite and Intermediate Care Support Service (BRICCS) is a respite service that has been developed, where the Bevan team work with a social housing provider to offer respite accommodation for homeless patients who require medical care after they are discharged from hospital. These initiatives led to an increase in the number of homeless people

registering with the practice, a reduction in the use of acute healthcare, A&E admissions and days spent in hospital. The intervention of these teams with homeless patients has shown significant cost savings in acute care of 62%.

- The practice had organised a Christmas celebration for vulnerable children who were registered with them. The staff team had donated presents for the children which were distributed by a member of the team dressed as Santa Claus.
- Feedback from the Patient Participation Group called the Experts by Experience (ExE), was integral to the running of the practice. Their views were actively sought and valued. The practice held numerous patient focus groups to find out their views on topics such as diabetes care. The group had been involved in the design, build and decoration of the new premises.

Summary of findings

- A late evening clinic ran for three evenings per month from 8pm to 11pm for female sex workers and one early morning clinic, in liaison with a local women's support team. Over 70% of the women who attended the late night sex workers' clinic had registered with the practice and were accessing extended services.
- The practice had recruited a mental health nurse and a vulnerable migrants nurse, to work alongside a practice nurse, to effectively support patients. This has enabled the practice to be prepared to meet the needs of new patients, conduct structured assessments and refer to necessary relevant services prior to the persons arrival in the country.
- The practice had moved to new premises that allowed it to host other services and provide a "one stop shop" for patients. The teams located in the practice included the homeless team, benefits services, refugee support workers, rape crisis, legal, housing, midwifery and health visiting teams.
- Staff were clearly motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Clothing, food, oral and personal hygiene packs and 'cold weather packs' (consisting of gloves, socks, a hat, scarf, water and a bar of chocolate) were offered to those patients who were in urgent need.
- All staff had been given the opportunity to participate in individual Life Coaching sessions, to provide guidance and support as needed.
- The practice patient liaison lead and the ExE group held a weekly Chat and Craft group where patients, refugees and homeless people could meet new people and learn about services. Participants also knitted small articles for the homeless.

Bevan House

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Bevan House

Bevan House provides services for homeless people, people in temporary or unstable accommodation, refugees or those seeking asylum and others who find it hard to access the health care and support they need. The practice works closely with other organisations and with the local community in ensuring bespoke services are provided to meet patients' needs. Additional services that the practice provides are, the Bevan Pathway Team who attend regular meetings at the local hospital to review the patient group and any discharge plans. The Street Medicine Team hold outreach clinics in city centre locations to enhance access for vulnerable patients; this team also offers advice and healthcare to people who were not registered with the practice. Another service is the BRICCs team, a respite service developed with a social housing provider to offer accommodation for homeless patients who require medical care after they are discharged from hospital. The team also offer late night clinics for female sex workers.

Bevan Healthcare, which is responsible for running Bevan House, is a Community Interest Company. As a social enterprise, any financial surplus is spent on improving services for patients.

In 2015 there were 3,003 patients registered at Bevan House, the practice now has over 3,500 registered patients.

Bevan House is situated within the Bradford City Clinical Commissioning group and is registered with CQC to provide primary medical services under the terms of an alternative provider medical services contract, (APMS). This is a locally negotiated contract which allows NHS England to contract for services from non NHS bodies.

Bevan House is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services. They offer a range of enhanced services such as childhood immunisations. The practice offers drop in clinics for emergency cases and babies plus a range of advice, counselling and support services.

The practice offers services to almost twice as many male patients as female patients, with a higher than average number of patients aged between 20 to 49 years of age. Only 0.1% of registered patients are over the age of 75.

Bevan House has recently moved to a converted older building within a city centre location. It has disabled access and facilities. Baby changing facilities are also available.

There are eight part time GPs, two of whom are male and six are female. The practice is staffed by two practice nurses, a vulnerable migrants nurse and a mental health nurse. It also has one full time health care assistant (HCA) and a part time patient engagement lead. The practice also engages the services of a pharmacist one day per week. The clinical team is supported by a managing director, a practice manager and a team of administrative staff.

The practice is open between 9am and 6pm Monday, Tuesday and Friday with appointments available between these times.

On a Wednesday the surgery is open between 9am and 1.30pm when appointments are available and also between 3.30pm and 6pm for appointments. On a Thursday the practice is open between 9am and 8pm for

Detailed findings

reception assistance and extended hours appointments. In addition the practice also offers late night clinics for sex workers, 3 evenings per month and many services offered by the Street Medicine Team commence at 7am.

When the surgery is closed patients can use the local walk-in centre at Hillside Bridge, Bradford. Patients are also advised of the NHS 111 service.

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.

How we carried out this inspection

Before visiting Bevan House, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew including Bradford City CCG and the local NHS team. We carried out an announced visit on 4 February 2016. During our visit we:

- Spoke with a range of staff including doctors, nurses, administration staff, the managing director, patient

engagement lead and the practice manager. We also met with volunteers, Health Champions, members of the Expert by Experience group and spoke with patients who used the service.

- Observed how staff interacted with patients.
- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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



Are services safe?

Our findings

Safe track record and learning

There was a comprehensive and effective system in place for reporting, recording and acting upon significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. There was a focus on openness, transparency and learning when things went wrong.
- The practice gave clear evidence of a systematic and comprehensive approach to the analysis of significant events and changes were made as a result of these. The whole team were engaged in reviewing and improving safety and safeguarding systems. All events were discussed at the monthly quality meeting, learning and actions identified, a review date set and the lessons communicated through the weekly staff news e mail.
- Innovation is encourage to achieve sustained improvements in safety and continual reductions in harm.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when a clinician was unable to see child safeguarding information on the system due to an information technology error, this was reviewed and action taken so that all staff were able to view safeguarding information.

When there were unintended or unexpected safety incidents, patients received appropriate support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. An addition had been made to the practices' significant event form to ensure that this happened.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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. There was a comprehensive safeguarding policy in place for children and vulnerable adults which included a Prevent strategy (a duty introduced as part of the Counter-Terrorism and Security Act 2015 with regard to preventing people from being drawn into terrorism). Multi Agency Risk Assessment Conference (MARAC) guidelines for those at the highest risk of domestic abuse and also details of other agencies where concerns could be raised and discussed. Staff were also aware of and had attended education sessions regarding female genital mutilation (FGM), we saw that safeguarding referrals had been made when patients had experienced this or were at risk. A FGM policy had been developed following an audit which incorporated local and national reporting requirements. We saw evidence of regular staff training sessions in areas such as female genital mutilation (FGM) and domestic violence. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. GPs and most nursing staff were trained to Safeguarding level three. A proactive approach to anticipating and managing risks to people who use services is embedded and is recognised as the responsibility of all staff for example a scenario based session was held for staff to demonstrate how they would respond to medical emergencies at the practice.

- A notice in the waiting room advised patients that chaperones were available if required. The notice gave this information in nine different languages. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Bi-lingual volunteers were available to advise people of their rights and they had also undergone DBS checks.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.



Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). All medications were checked weekly by a nurse.
- The practice carried out regular and thorough medicines audits, to ensure prescribing was in line with current best practice guidelines for safe prescribing. We observed that action had been taken to place alerts on patient notes regarding the risk of interactions following an audit and patients were invited for medication reviews.
- 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.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety risk assessments available with a poster in the staff area which identified local health and safety representatives. The practice had recently contracted with a local trust for them to renew the health and safety policy but we did not see a copy at the time of our inspection, however this was subsequently forwarded to CQC. We were also informed that following the inspection the practice manager had enrolled on a health and safety course. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly with the exception of two items which we observed. We discussed this with the practice who assured us they had already arranged for all items to be checked during the month of our inspection. The practice 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 and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. The practice was aware of the need for a functioning rota system as in the past it had struggled to find external cover willing to work with the patient group. The practice had recently undertaken a staff skills audit to assist with future planning.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training and there were emergency medicines available in the treatment room. The practice had developed specific emergency packs, (including medications) for particular emergencies to facilitate rapid treatment if necessary.
- The practice had a defibrillator available on the premises and oxygen with adult masks. The practice stated that they would ensure that childrens' masks were available. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive and proactive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and arrangements to use neighbouring practice facilities if necessary.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. "Top Tips" and relevant points were circulated weekly throughout the team which were based on new guidance and alerts.
- The practice monitored that these guidelines were followed through risk assessments, a substantial audit programme and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 61% of the total number of points available, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice were aware of the challenges it faced in relation to attaining QOF points and encouraging patients to access the surgery for appointments and reviews. The high turnover rate of patients (28% in the last year) and the challenging nature of the patients they served, including large numbers of homeless people, sex workers and asylum seekers, made the achievement of comparable QOF scores difficult. The practice had therefore developed locally agreed QOF indicators with the CCG specific to the complex needs of its patient group. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 59%, which was 25% below the CCG average and 28% below the England average.

- The percentage of patients with hypertension having regular blood pressure tests was 65% of patients, an average of 31% lower than CCG and national averages.
- Performance for mental health related indicators was better in cases which were relevant to the practice. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 83% of patients; 7% below the CCG average and 5% below England average.
- Locally agreed QOF targets included, in January 2016, 94% of new patients had undergone a new patient check since registration, this was an increase of approximately 6% from February 2015.
- 100% of relevant patients had undergone a self-harm review in January 2016, which had increased from 77% the previous year.

Clinical audits demonstrated quality improvement.

- There had been in excess of 15 relevant clinical audits completed in the last two years and we saw a comprehensive audit plan for the coming year, of these three were completed 2 cycle audits where the improvements made were implemented, shared and monitored.
- The practice participated in many local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the introduction of an oral health programme working with a member of the maxillofacial and oral team. A HIV audit resulted in a more accurate recording of prescriptions for patients on the computer systems. Alerts were also placed on patient notes where methadone was prescribed, alerting doctors to a potential interaction with other drugs.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New starters had an appraisal with the lead GP at three and six months to review their progress and provide support as needed.



Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, peer review groups and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and life skills coaching sessions to promote a better work life balance due to the particular stressors the team faced. Other support included mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services and voluntary groups and services to understand and meet the range and complexity of patients' needs and to assess and proactively plan ongoing care and treatment. This included when patients moved between services, including when they were referred. Staff would choose and

book appointments at the hospital for patients who did not have the resources to do this for themselves. Before homeless or vulnerable patients were discharged from hospital, the Bevan Pathway Team would review their needs with hospital staff and ensure appropriate personalised discharge plans were in place. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff demonstrated an understanding of the Fraser guidelines (a term used to describe a child under 16 who is considered to be of sufficient age and understanding to be competent to receive contraceptive advice without parental knowledge or consent).
- 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients with complex mental health needs, sex workers, people who found it difficult to meet their own physical health needs, homeless people, asylum seekers and refugees. The practice had also identified those in the last 12 months of their lives, carers and support workers for individuals and those at risk of developing a long-term condition. Patients were then signposted and supported to the relevant service, health, social or voluntary organisation.



Are services effective? (for example, treatment is effective)

- Health and social advice was available on the premises, including a contraception and sexual health clinic which had drop in sessions. Patients could also access homeless and benefits advice. Podiatry services were also available.
- The practice had a group of Health Champions who were able to advise patients and assist where necessary. The health champions had attended a two day training course for this role and told us they held regular health promotion events, for example advice and information about chlamydia.
- For families and young children there was a baby immunisations clinic a midwifery session and a health visitor drop in clinic.

The practice's uptake for the cervical screening programme was 55%, which was low when compared to the CCG average of 63% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice had increased nursing capacity to encourage uptake. They had trailed opportunistically speaking to female patients, who were waiting in the reception area, about the benefits of cervical screening. Cervical screening uptake for patients on the mental health register had increased by 6% in the last year and is comparable to the CCG average. A clear QOF improvement plan was in place and recent practice figures

showed uptake had improved to 64%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Over 70% of the women who attended the late night sex workers' clinic had registered with the practice and were accessing extended services.

Immunisation rates were relatively high for all standard childhood immunisations and in line with the CCG in the under two age group. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 54% to 92%. At five years of age rates were lower, however, 38% of the practice population had registered within the last year and many of the children had an incomplete immunisation status at that point. The practice had recently implemented plans to improve this and were reviewing individual children and commencing a tailored programme of immunisations.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Three separate waiting rooms could be utilised to diffuse potentially distressing situations. Waiting areas and rooms were colour coded and numbered to assist patients who could not read English.

We received 28 Care Quality Commission comment cards, the majority of which were overwhelmingly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Bevan House was described as safe, welcoming, caring and friendly.

We spoke with four members of the ExE group. They also told us they were more than satisfied with the care provided by the practice and said their rights, dignity and privacy were respected. Comment cards highlighted that staff responded compassionately to patients when they needed help and provided support when required. The ExE group told us that Bevan House offers a five star service that was not just about medicine.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Practice satisfaction scores were significantly above average for the CCG and mostly above national averages for consultations with GPs and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 76%, national average 87%).

- 97% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 74%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 79%, national average 90%).
- 90% said they found the receptionists at the practice helpful (CCG average 76%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us 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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 77% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 68%, national average 81%)
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%)

Staff told us that interpretation and translation services were available for patients who did not have English as a first language. The practice had arranged an Arabic interpreter to be present until 1pm daily, and whilst volunteers would help with forms and translation in reception, patient confidentiality was maintained and professional interpreters were used for consultations. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment



Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The Bevan House new patient information pack also told patients where they could access food, shelter and legal advice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as being carers. Written information was available to direct carers to the various avenues of support available to them. We observed that because of the transient nature of the patient population, there were few patients who said they had a carer but they would identify their support

worker as having the key role that carers would have. To address this need the practice had introduced a template that enabled quick identification of support workers for vulnerable people including those who were homeless. This meant the practice could contact support workers when the person was due to attend the surgery or a review was required and work with those patients to improve their health and attend hospital appointments.

A patient we spoke with gave an example where they felt they had been extremely well supported by the practice during an emotional and distressing time.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team, Clinical Commissioning Group (CCG) and local council to secure improvements to services where these were identified.

- The practice offered a late evening clinic on a Thursday until 8pm for those patients who could not attend during normal opening hours.
- Fifteen minute appointments were offered to all patients, with longer appointments available on request and for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these. Although these were rare, the practice had outreach clinics and staff worked in the community to support patients as needed.
- Same day appointments were available for children and those with serious medical conditions. Patients we spoke to told us they could often get an appointment the same day.
- There were disabled facilities, a hearing loop, and translation services available including an Arabic interpreter identified by the practice as necessary due to the high number of Arabic speaking asylum seekers and refugees. The practice website could be translated to six different languages relevant to the population groups served including Somali, Polish and Arabic.
- The practice facilitated a well-functioning ExE group. Members of the practice staff consistently attended these meetings, as did a representative from a homeless charity and a local disability service. The views and experiences of members were valued and acted upon. For example the ExE group decided how a bonus payment would be spent. At a patient meeting the decision was taken to arrange trips to the Yorkshire Dales for people who did not have access to the countryside and had faced trauma. It was felt this would have a positive impact on health and wellbeing. A member of practice staff was allocated 20 hours per week to support and liaise with patients.
- The Bevan Pathway team held regular meetings at a local hospital and within the surgery to discuss the needs of high risk vulnerable patients and to review care

and discharge plans. The BRICCs team then supported these individuals within temporary supported housing to ensure that complex medical needs continue to be met.

- The practice had recently recruited a full time mental health nurse; following an audit that demonstrated there was a high number of patients who had serious mental health needs.
- A template had been developed to enable rapid recording of support worker details which could demonstrate had improved the follow up of patients that often had chaotic lives.

Access to the service

The practice was open between 9am and 6pm Monday, Tuesday and Friday with appointments available between these times.

On a Wednesday the surgery is open for appointments between 9am and 1.30pm and between 3.30pm and 6pm. On a Thursday the practice is open between 9am and 8pm.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 52% patients said they could get through easily to the surgery by phone (CCG average 53%, national average 73%).
- 49% patients said they always or almost always see or speak to the GP they prefer (CCG average 47%, national average 60%). It is noted that this is difficult for the practice to achieve as none of the GPs at the practice work full time.

Due to these issues and following an audit of patients who did not attend for appointments, the practice had recently introduced a walk-in triage service each morning for patients with no access to a telephone or who were unable to communicate effectively over the telephone due to language difficulties. There was an Arabic interpreter



Are services responsive to people's needs? (for example, to feedback?)

available daily until 1pm to translate for patients. People told us on the day of the inspection that they were able to get appointments when they needed them, usually on the same day.

The practice had also recently introduced 12 telephone triage appointments per day and had recently changed their opening hours to offer appointments on a Wednesday afternoon.

The practice operated a late clinic three evenings per month from 8pm to 11pm for female sex workers and one early morning clinic in liaison with a local women's support team. The team were trialling a mobile clinic for sex workers on a Monday morning. The Street Medicines Team also visited up to nine locations per week where vulnerable and homeless people were known to congregate.

Listening and learning from concerns and complaints

The practice had an effective 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 in a positive and proactive manner.
- We saw that information was available to help patients understand the complaints system with posters and leaflets visible.

We looked at one complaint received in the last 12 months and found that this was satisfactorily handled and discussed in the management and quality meetings. Learning from complaints was also discussed in the weekly news e mail.

Are services well-led?

Outstanding



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

Our findings

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this and told us they were inspired and motivated to achieve by the leadership of the team.

- The practice had clear values and mission statement which was visible and staff and patients knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were proactively monitored, reviewed and discussed with the team.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing and support structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained, QOF data was displayed for staff to review and there was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. An audit plan for the coming year was in place with regular reviews.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The management in the practice had the experience, capacity, compassion and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The management team were visible in the practice and staff told us they were approachable, supportive and always took the time to listen to all members of staff. This was also reflected in the staff survey. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

A staff survey had recently been undertaken in December 2015 which had resulted in improved communication within the practice. All staff had also been given the opportunity to participate in individual Life Coaching sessions over a period of several months in recognition of the particular stresses that the team face. This was noted to have a good response.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us, and we saw evidence, of a number of regular team meetings held at the practice including clinical, nursing and management meetings.
- A weekly update e mail had recently been introduced to improve communication across the workforce. This was sent to all staff with outcomes from surveys, updates and staff birthdays. This e mail also included notes from meetings, education and learning points and information as to how the practice was supporting patients. Actions of complaints or significant events were also disseminated. This had been implemented following the results of the staff survey.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Outstanding



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

The practice strongly encouraged and valued feedback from patients, the public and staff and other agencies that it worked closely with. Patients' feedback was viewed as being integral to the running, improvement and development of the practice and they were engaged in the delivery of the service at all levels.

- The practice had gathered feedback from patients through the ExE group and through patient surveys and complaints received. There was an active ExE group which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team, these proposals were considered valuable and integral to the continued improvement of the service. For example, changes to clinics and to the waiting area had been made following suggestions by the ExE group.
- The practice had gathered feedback from staff through a recent staff survey, through staff pizza evenings and generally through staff meetings, appraisals, e mail and honest and open discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The weekly staff e mail had been implemented to improve communication between all members of staff. Staff told us they felt pro-actively involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had contributed to government consultations on behalf of vulnerable patients and had also attended and presented at national, regional and local conferences. They worked closely with other health and social care providers, charities and food banks to promote high quality outcomes for patients. They had also hosted a visit from the Minister with the portfolio for VPRS.

The practice is awaiting the outcome of a recent application for a grant. They told us that they would like to further expand the practice and develop two spare rooms into a wellbeing centre, where patients could meet and learn new life skills, for example participate in healthy cooking sessions.

Working with the CCG and safeguarding, Bevan House had recently been funded to start a pilot programme to offer counselling, play therapy, family therapy and psychology to the most traumatised patients on their list. This could be as a result of FGM, safeguarding concerns or torture which were described as being common within the patient group.

The practice offered three week 'taster' placements to student nurses.

The practice worked with a local university consortium to offer three day placements to sixth form students who have expressed an interest in the study of medicine at university. DBS and consent forms were completed.