Dr AMJ Bower and Partners

Quality Report

Bow Medical Practice
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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?	Good ●
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 Dr AMJ Bower and Partners known as 'Bow Medical Practice' on 3 November 2015. Overall Bow Medical 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. The practice had a low threshold for reporting so that all opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. The non clinical business partner chaired the pan Devon and Mid Devon practice manager's forums and was a practice manager representative on the local medical committee.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. The hospital based diabetic service was being extended to provide appointments at a local community hospital following feedback from the practice.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good accessible facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand

We saw several areas of outstanding practice including:

- The practice has a strong vision, which puts quality, effective care and treatment as its top priority. The partnership is structured with distinct roles and responsibilities, utilising the experience and skills of partners to the full. As a result, all business and clinical matters are delivered effectively at the practice.

Summary of findings

- The practice provides truly holistic patient centred care. Many examples were seen demonstrating that patients were treated with dignity and received compassionate care. Carers and patients verified that GPs went above and beyond what was expected of them, for example providing 24 hour/7 day telephone access and support for vulnerable patients receiving end of life care.
- The management of the quality and health outcomes for patients at the practice is based on a comprehensive and responsive approach to local need. A proactive approach towards self-management and health is delivered in partnership with the Patient Participation Group. For example, patient support groups have been set up for patients. These include a walk and talk group to improve fitness and reduce the risk of social isolation.
- The leadership at the practice inspired a shared purpose, which was aimed at providing patient services closer to home. A GP held qualifications enabling them to provide acupuncture to patients for pain relief. Another GP was supervising a community healthcare worker with a post graduate qualification so that they would be able to provide additional treatments, such as steroid injections, which would normally be carried out at the hospital.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Risks to patients were assessed and well managed.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

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. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. A high number of completed audits were carried out and had been repeated several times to maintain effective care and treatment of patients.

Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group.

The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. There was a proactive approach towards self-management and health. The PPG had taken this forward by creating support groups for patients, which included a walk and talk group to reduce the risk of social isolation. Data showed that patients experienced fewer (a third less) unplanned admissions to hospital compared to national levels.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

Data showed that patients rated the practice higher than others for almost all aspects of care. All 29 patients who gave verbal or written

Summary of findings

feedback about the practice were very positive about their experiences. The practice was above average for the majority of its satisfaction scores on consultations with doctors and nurses with responses ranging from 93.9 % to 100%.

We observed a strong patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. They recognised the importance of providing continuity for people and their carers during the end phase of their lives. GPs went beyond what was expected of them routinely visiting and staying with patients to care for them outside of the practice opening times.

We found many positive examples to demonstrate how patient choices and preferences were valued and acted on. GPs understood their patient's wishes and followed them. Audits covering end of life care showed that GPs did everything they could to fulfil the agreed end of life plan.

Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

Outstanding

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 people's needs. Role specific staff training was focussed on increasing skills and expertise so that services were brought closer to home for patients. This had been particularly successful for patients receiving acupuncture, cortico-steroid injections and complex diabetic care.

There were innovative and flexible approaches to providing integrated person-centred care and some consultations and treatment were carried out in the patient's home to better understand and meet both medical and social care needs.

The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. Staff and PPG members had attended farmer's markets to engage with the farming community and obtain feedback about their needs. Health promotion activity was not confined to the practice, an external event focusing on Health Living had resulted in local people having access to health checks they would otherwise have not had.

Summary of findings

Patients could access appointments and services at the practice in a way and at a time that suited them. Patients told us they were very satisfied with the sit and wait surgery which allowed them to be seen the same day.

The practice had good accessible facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

The patient participation group (PPG) had recently set up a 'Neighbourhood friends' resource for the community of Bow, supporting the work of the GPs. This included a medicines delivery service to housebound patients from the dispensary. Other initiatives to help patients stay well and improve their health such as the walking and talking and carers groups set up by the PPG.

Are services well-led?

Outstanding ☆

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

It 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. This included achieving consistently high levels of performance for outcomes for patients demonstrated by the data reviewed for this inspection.

Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The partnership promoted an integrated healthcare approach, strongly supported by the patient participation group. Several examples were seen including initiatives to strengthen health care access and reduce social isolation for housebound patients.

There was a high level of constructive engagement with staff and a high level of staff satisfaction. The practice did so across the two medical practices it was responsible for, which promoted shared support and role modelling of expected behaviours.

The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development, this included social networking sites such as Facebook, which were used to obtain feedback.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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. For example, information about patients' outcomes was used to make improvements such as earlier identification of frail older people at risk of falls; this had been the result of frequent reviews. This included regular reviews of the appropriateness and necessity of medication and continued close working with the re-ablement and complex care teams in the community to support these patients. Data showed that 100% of patients at risk of bone fractures were treated with an appropriate bone sparing medicine.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice regularly visited frail housebound patients without an acute medical need, carrying out comprehensive reviews of each patient in their own home to assess their needs. They used this time to assess their well-being to ensure that the right support was provided to avoid the risk of social isolation.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example 100% of older patients with the heart condition, atrial fibrillation, were treated with an appropriate anti blood clotting medicine

People with long term conditions

Outstanding ☆

The practice is rated as outstanding 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. We saw several examples of this. Patients with chronic obstructive pulmonary disease had an agreed treatment plan and a 'just in case' supply of steroid and antibiotic medicines to reduce the risk of a serious exacerbation resulting in hospital admission. Data showed that accident and emergency attendance and unplanned admissions were much lower compared with the national averages.
- Performance for diabetes related indicators were between 80.62% to 97.48% this was slightly above the CCG and national

Summary of findings

average range of 77.72% to 93.46%. The practice was raising awareness about this condition by producing patient information leaflets. People were offered a simple blood test during the health living event, which had helped identify anyone at risk who might need further screening to determine whether they were diabetic.

- Longer appointments and home visits were routinely available when needed. The practice chose not to limit consultations to 10 minutes, instead tailoring the time given to each patient according to their needs.
- All these patients had a named GP and a structured annual review to check that their health and medicines 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.
- The practice recognised that people with long term and chronic health diseases were at greater risk of being depressed and were proactive in screening patients for depression. Data showed that in 2014/15 the practice depression assessment rates were much higher at 96.7% compared with the national average of 88.88%.

Families, children and young people

Outstanding ☆

The practice is rated as outstanding 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. For example, babies to 2 year olds ranged from 94.3% to 100% and five year olds from 93.3% to 100%.
- 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 practice's uptake for the cervical screening programme was 82.92%, which was slightly higher than the CCG average of 77.7% and the national average of 76.9%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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Working age people (including those recently retired and students)

Outstanding ☆

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. Pre-bookable appointments were available in advance and at the end of the day.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example, patients over 40 years were offered checks which included advice about healthy living.
- Innovative access to healthcare was being promoted in conjunction with the patient participation groups at Bow and North Tawton Medical Practices. A Healthy Living event had taken place one weekend at which health screening such as blood pressure checks, was available.

People whose circumstances may make them vulnerable

Outstanding ☆

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The staff knew these patients well and understood how best to manage their needs with them. Longer appointments were provided earlier or later during normal opening hours. A member of staff was trained by a learning disability specialist and understood how to meet the communication needs of each patient using pictorial and easy read information.
- The practice had systems in place enabling homeless people or travellers to register, which did not discriminate them. However, no homeless people or travellers had attended the practice for care, possibly due to the isolated rural location.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

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People experiencing poor mental health (including people with dementia)

Outstanding

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

- 83.33% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. The practice used the local parish magazine every month to raise awareness about health issues, in which memory screening had been highlighted several times in the last 12 months, encouraging patients to make an appointment to discuss this. Patients were then screened using nationally recognised assessment tools and referred on to the memory clinic and/or other support agencies according to need.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Community mental health workers remarked that the practice was responsive and caring.
- It 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. A support group for patients who were carers had been set up at the practice by the PPG, to which people were signposted.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. We saw examples of this being followed up, which had safeguarded people's well-being.
- Staff had a good understanding of how to support people with mental health needs and dementia. The practice had a lead GP partner with extended skills and qualifications in mental health care. Staff were responsive and compassionate care to people with mental health needs. A whole family approach was taken to ensure that where children were involved, safeguarding arrangements had been put in place.
- The practice did not to limit consultations to 10 minutes and offered appointments at quieter periods of the day. The time given to each patient was tailored according to their needs.

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What people who use the service say

The national GP patient survey results published on 2 July 2015 The results showed the practice was above average when compared to local and national averages. Two hundred and thirty seven survey forms were distributed and 121 were returned.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 84.4% and a national average of 73.3%.
- 98.2% found the receptionists at this surgery helpful (CCG average 90.5%, national average 86.8%).
- 97.2% were able to get an appointment to see or speak to someone the last time they tried (CCG average 91%, national average 85.2%).
- 93.9% said the last appointment they got was convenient (CCG average 95.1%, national average 91.8%).
- 95.6% described their experience of making an appointment as good (CCG average 83.3%, national average 73.3%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. In their comments patients particularly highlighted that the practice was excellent and the staff were caring and went above and beyond what was expected of them.

We spoke with 13 patients, of which two were patient PPG members. All said that they were happy with the care they received and thought that staff were approachable, committed and caring. The sit and wait surgery was popular and patients reported how easy it was to get an appointment on the same day. They told us that the management of the practice, including the in-house dispensary was efficient and their prescription requests handled quickly.

Outstanding practice

- The practice has a strong vision, which puts quality, effective care and treatment as its top priority. The partnership is structured with distinct roles and responsibilities, utilising the experience and skills of partners to the full. As a result, all business and clinical matters are delivered effectively at the practice.
- The practice provides truly holistic patient centred care. Many examples were seen demonstrating that patients were treated with dignity and received compassionate care. Carers and patients verified that GPs went above and beyond what was expected of them, for example providing 24 hour/7 day telephone access and support for vulnerable patients receiving end of life care.
- The management of the quality and health outcomes for patients at the practice is based on a comprehensive and responsive approach to local need. A proactive approach towards self-management and health is delivered in partnership with the Patient Participation Group. For example, patient support groups have been set up for patients. These include a walk and talk group to improve fitness and reduce the risk of social isolation.
- The leadership at the practice inspired a shared purpose, which was aimed at providing patient services closer to home. A GP held qualifications enabling them to provide acupuncture to patients for pain relief. Another GP was supervising a community healthcare worker with a post graduate qualification so that they would be able to provide additional treatments, such as steroid injections, which would normally be carried out at the hospital.

Dr AMJ Bower and Partners

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, a second CQC inspector, a CQC pharmacist inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Dr AMJ Bower and Partners

Dr AMJ Bower and Partners practice has two registered locations – Bow Medical Practice and North Tawton Medical Practice. There is an onsite dispensary at Bow Medical Practice providing medicines for the vast majority of registered patients. The practice covers an area of 100 sq. miles, most of which is rural. There were 2696 patients on the practice list and the majority of patients are of white British background. All of the patients have a named GP and linked administrative staff. There is much a higher proportion of older adults on the patient list compared with other practices in the area. A third of the patient population are children and young people. The total patient population falls within the mid-range of social deprivation.

The practice is managed by two GP partners (male and female) and a non clinical business partner. They are supported by one salaried GP. The practice uses the same GP locums for continuity where ever possible. There are two female practice nurses and a female health care assistant. Both nurses specialise in certain areas of chronic disease and long term conditions management. The business partner/practice manager is responsible for day to day operations with reception and administration staff. The managing partner is supported by four qualified dispensers and a medicine management technician.

Bow Medical practice is a teaching practice, with one GP partner working as a part time lecturer at Peninsular Medical School. The practice normally provides placements for year 2 medical students. However, there were no medical students on placement at the time of the inspection.

The practice is open 8 am to 6.30 pm Monday to Friday. Patients are able to turn up between 8.30 am to 10am and guaranteed to be seen before 12.30 pm Monday to Friday each week. Pre bookable appointments with the GPs are available on Monday morning and every afternoon between 3.30pm to 6 pm Monday to Friday. Pre bookable appointments are available with the nursing team every morning and Monday, Tuesday and Wednesday afternoon. The dispensary is open 8.30-6.30 pm on weekdays, closing for lunch between 1-2pm. Telephone appointments are available every day for working people. Extended opening hours are currently under review in consultation with the Patient Participation Group (PPG).

Opening hours of the practice are in line with local agreements with the clinical commissioning group. Patients requiring a GP outside of normal working hours are advised to contact the out of hours service provided by Devon Doctors. The practice closes 4 half days a year for staff training and information about this is posted on the website.

The practice has an Alternative Primary Medical Service (APMS) contract and provides additional services, some of which are enhanced services:

- Minor surgery (curettage & cautery)
- Child health surveillance

- Influenza, pneumococcal, rotavirus and shingles immunisations for children and adults
- Patient participation in development of services.
- Learning Disability health check scheme
- Pertussis vaccinations for pregnant women
- Women's health – maternity medical care, cervical screening and contraceptive services

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, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. Dr AMJ Bower and Partners had assumed responsibility for providing primary medical services at North Tawton Medical Practice on 1 April 2015. We inspected North Tawton Medical practice on 4 November 2015 and wrote a separate report about it.

We carried out an announced visit of Bow Medical Practice on 3 November 2015. During our visit we:

- Spoke with a range of staff including the practice manager, 2 GP partners, a practice nurse, health care assistant and 2 dispensary staff.
- We spoke with 13 patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 16 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 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)

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We saw that the practice had a low threshold for reporting incidents and there was a positive learning culture adopted by all staff. Lessons were shared to make sure action was taken to improve safety. For example, staff had reported a near miss when a needle was found in a bin, which could have led to a needle stick injury. A reminder was sent to all clinicians and discussed at the monthly practice meeting with all staff. No further incidents of this nature had been reported.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had invited the safeguarding lead for the area to review these policies and procedures to ensure they contained up to date information and references. A GP partner took the lead role for all safeguarding matters. The GPs 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. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A senior 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 protocol in place, which referenced the Health and Social Care Act 2008: Code of practice for health and adult social care on the prevention and control of infections and related guidance. All of the staff had received up to date training and demonstrated they understood the procedures to follow to reduce the risk of cross infection. For example, samples brought in by patients were handled and disposed of safely. Annual infection control audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result of audits or learning from recent training updates attended by the nursing team.
- The practice offered a full range of primary medical services and was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile from their nearest pharmacy premises. The PPG had arranged a service for some patients to have their dispensed prescriptions collected by a volunteer and delivered to their homes. The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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 system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. This included the Dispensing Services

Good

Are services safe?

Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service maintained. Annual vaccines audits were carried out to ensure these were managed safely and found no concerns in the arrangements at the practice.

- High risk medicines were being monitored in line with national guidance. For example, patients on warfarin were closely monitored through regular blood screening and liaison with specialists supporting them.
- We reviewed three personnel files and found that 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. Records held for locums used over the last six months were also checked and contained all the required documentation.

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 was a health and safety policy available with a poster in the reception office. 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 and clinical equipment was checked to ensure it was working properly. For example, we looked at PAT test records for electrical appliances and found these were all in date. 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 and legionella. Five health and safety risk assessments were reviewed, each one had a recorded risk score and mitigations documented demonstrating that safety was taken seriously.
- 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, which included cross cover for North Tawton Medical Practice run by the partnership.

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 received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice had carried out a search of all patients in a given period that had been diagnosed and treated for an uncomplicated urinary tract infection. Twenty patient records were reviewed and learning shared. This increased GP awareness about current guidelines regarding the appropriate screening, time periods and dosage of antibiotic treatments to use.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2013/14 were 98.8% of the total number of points available, with 4.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators were between 80.62% to 97.48% and similar to the CCG and national average range of 77.72% to 93.46%.
- The percentage of patients with hypertension having regular blood pressure tests was better at 92.56% when compared with the national average 83.11%.
- Performance for mental health related indicators were 63.64% to 96.44%, which was similar to the CCG and national average of 83.82% to 95.28%.
- The dementia diagnosis rate was 83.33% and comparable with the CCG and national average of 83.82%.

The practice had a proactive approach towards managing patients with complex care needs. For example the GPs had focussed on reducing the risk of falls and other complications associated with multiple medicine use commonly seen for older people. In the past 12 months 99% of patients who took four repeat medications or more had received a medicines review. Wherever clinically possible the number of medicines prescribed for a patient had been reduced to minimise the risk of falls and/or other complications from occurring.

The practice detection rates for patients with suspected cancer was 57.14%, which was higher than the national average of 47.57%.

Clinical audits demonstrated quality improvement.

- There had been 14 clinical audits completed by 2 GP partners since 2010 by the 2 GP partners, 14 of these were completed audits where the improvements made were implemented and monitored. Several had completed audit cycles more than once, which demonstrated a high level of commitment to deliver evidence based practice. For example, in 2013 the practice had reviewed patients end of life plans to establish whether their choice of place of death had been achieved. This demonstrated that the vast majority of patients receiving end of life care died at home, which was their preferred documented choice.
- Practice nurses had carried out audits affecting patients with long term conditions or chronic diseases. For example in October 2015, an audit analysed why some patients on anti blood clotting medication were overdue for routine monitoring. For the vast majority there were legitimate reasons and later appointments had been booked at the request of the patient. A small number needed further follow up appointments. The practice had implemented changes as result of learning, which included booking the next appointment for a patient before they left the practice.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, antibiotic prescribing audits were carried out in 2013 and repeated in 2014. Improved antibiotic prescribing took place and current guidelines were followed.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

The practice learnt from patient outcomes and made improvements to their care and treatment. For example, there was early identification of frail older people at risk of falls resulting from frequent reviews. Regular reviews of the appropriateness and necessity of medication were done and GPs worked closely with the re-ablement and complex care teams in the community to support these patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff verified that their induction lasted 3 months during a probationary period and they had named mentors to support them.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. For example, one of the practice nurses specialised in diabetes care and through role specific training was able to initiate insulin treatment for patients with more complex needs. This avoided patients having to attend the secondary care diabetic clinic at the hospital some 17 miles away.
- 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. The practice nurses told us that they had been discussing the revalidation process being introduced by the Nursing and Midwifery Council (NMC) and showed us examples of evidence in preparation for this.
- 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. The business partner/practice manager kept a training matrix which provided an overview of core training completed and was risk rated

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. Community nursing staff verified that GPs were approachable and responsive if they had any concerns about patients. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Multi-disciplinary team meetings took place on a monthly basis and we looked at 7 care plans which demonstrated that these were reviewed and updated proactively and in response to the patient's changing needs.

GPs told us they took a proactive risk based approach to managing patients with long term and chronic conditions. Data showed that they were effective in managing patient need. For example, for 2014 the percentage of unplanned admissions of patients into secondary hospital care was lower at 9.8% when compared with the national average of 14.4%.

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.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. Community nursing staff told us that GPs were prompt in following up patients newly discharged from hospital. For example, a patient with impaired memory was reviewed by their GP within hours of discharge from hospital after community staff raised concerns about them. The GP made changes to the patient's medication to a safer alternative and ensured that the person had the right level of support. This had, we were told, ensured that the person's safety and well-being was maintained.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and anyone concerned about their mental health including memory problems. Patients were then signposted to the relevant service. The practice used the local parish magazine every month to raise awareness about health issues. Memory screening had been highlighted several times in the last 12 months in this magazine, which encouraged patients to make an appointment with their GP. Patients were then screened using nationally recognised assessment tools and referred on to the memory clinic and/or other support agencies according to their needs.
- Smoking cessation advice was available at the practice, with comprehensive one to one support provided by practice nurses. An audit carried out this year showed that so far in 2015, eight patients accepted this support and were prescribed medication to stop smoking. Of these seven had given up smoking and another person was recorded as having cut down significantly.
- The practice strongly promoted self-care for patients with long term conditions to help them retain their health and wellbeing. For example, patients with chronic obstructive pulmonary disease had an agreed treatment plan and just in case supply of steroid and antibiotic medicines to reduce the risk of a serious exacerbation resulting in hospital admission.
- Data showed that patients were well managed in the community by GPs. For example, accident and emergency attendance for patients registered at the practice was much lower at 56.09% compared with the national average of 79.44%.
- The GPs and nurses recognised that people with long term and chronic health diseases were at greater risk of being depressed and were proactive in screening patients for depression. Data showed that in 2014/15 the practice depression assessment rates were much higher at 96.7% compared with the national average of 88.88%.

The practice used innovative ways to raise awareness about health promotion with the community. For example, the local parish magazine had a standing item with news from the practice. We inspected during the winter flu vaccination campaign and saw that information about this was in the magazine as well as posters in the waiting room and on the practice website. Patient participation group (PPG) members told us that they were also using their newsletter to raise awareness and had been involved in running a health promotion day, whereby people could get basic checks done including blood pressure, weight and height. The PPG supported by GPs had set up a walking group for better health, which any patient could join in with and were signposted to by GPs.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82.92%, which was slightly higher than the CCG average of 77.7% and the national average of 76.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from

Outstanding ☆

Are services effective?

(for example, treatment is effective)

94.3% to 100% and five year olds from 93.3% to 100%. Flu vaccination rates for the over 65s were 77.64% and at risk groups 57.84%. These were comparable with the CCG and national averages of 53.23%.

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. A healthcare assistant had been trained to carry out these checks and used nationally recognised tools to assess patients. For example, the AUDIT C tool was used to calculate associated alcohol related risks for patients, which was then used as a prompt to educate the person about life style changes they could make. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Outstanding ☆

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations so that 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.

Thirteen patients told us all of the staff were approachable and treated them with dignity and respect. Of these, two Patient Participation Group (PPG) members also explained that the numbers of registered patients at the practice increased each year. They told us that they consistently received positive feedback from patients about the quality of care and said that the compassion of staff was the driving force behind this.

All of the 16 patient CQC comment cards we received were 100% 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for the majority of its satisfaction scores on consultations with doctors and nurses. For example:

- 96.7% said the GP was good at listening to them compared to the CCG average of 92% and national average of 88.6%.
- 94%said the GP gave them enough time (CCG average 90.9% and national average 86.6 %.)
- 97.2% said they had confidence and trust in the last GP they saw (CCG average 97.2% and national average 95.2%)
- 95.4% said the last GP they spoke to was good at treating them with care and concern (CCG average 89.7% and national average 85.1%)
- 98.2% said they found the receptionists at the practice helpful (CCG average 90.5% and national average 86.8%).

Care planning and involvement in decisions about care and treatment

Patients (13) told us that 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 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 the local and national averages:

- 97.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.4% and national average of 86.0%.
- 96.7% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice worked closely with a carers co-ordinator to provide advice for carers needing support.

The practice's computer system alerted GPs if a patient was also a carer. Staff were actively checking whether patients were carers. For example, new patient's registering were asked whether they were carers and if so consented to being added to the list. The practice had identified 4% of the practice list as carers (95) by November 2015, which had increased from 2% earlier in the year. Written information was available to direct carers to the various avenues of support available to them. For example, a carers clinic was held every month at the practice facilitated by a community support worker where support and practical

advice was provided. In addition to this the PPG had set up a patient/carer group, which ran once a month, to increase social contact and provide networking opportunities for people needing support.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. A bereaved relative spoke about their experiences at the practice. They told us that the GPs were attentive and compassionate supporting both them and their relative throughout. This included being available when they needed them and being visited every other day, which would have been increased if they needed it. The said that the GP reassured their relative at a time when they were very anxious and not coping and had ensured that they were as comfortable as possible during the end phase of their life.

Other examples were shared with us demonstrating that GPs went beyond what was expected of them. GPs told us that they actively discussed end of life plans with their patients. This enabled patients to choose what treatments they wished to have and their preferred place of dying. We looked at two care records for patients receiving end of life care. These showed that GPs had regularly visited patients in the evening at times when the out of hours services would normally provide cover. GPs told us they did this to provide continuous care for patients and their carers and wanted to fulfil the agreed end of life plan as far as possible. For example, the GP stayed with a patient and their carer until 9pm, until it became necessary to offer the patient the choice of being admitted to hospital for specialised care and waited with them until emergency services arrived to take them into hospital.

Thank you cards from families were displayed in a staff only area, all of which described positive experiences of support and compassion received from the team at the practice.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Bow as a community had a higher proportion of older people, with no nearby adult social care residential homes in the area. GP partners told us that this was a major challenge and had developed a proactive approach to care of vulnerable older people in particular.

- All 2696 patients had a named GP but could choose who they wanted to be seen by when attending the practice.
- The practice had listened to patient feedback and had reserved slots for same day appointments to enable a patient to see their named GP.
- A dedicated mobile phone number was given to all vulnerable palliative care patients and their carers, which enabled them to have direct access to a GP at any time of the day or night during the week and at weekends.
- Liaison between the practice and community health and social care staff supporting vulnerable older patients was responsive and timely.
- There were longer appointments available for people with a learning disability and/or mental health needs.
- Home visits were available for older patients / patients who would benefit from these.
- GP's were proactive in visiting older people without an acute medical need, carrying out comprehensive reviews of each patient in their own home to assess their needs. They used this time to assess their well-being ensuring that the right support was provided to avoid the risk of social isolation.
- During the winter months, the flu vaccination scheme was extended so that housebound patients were offered the choice and vaccinated whilst GPs were visiting them.
- The patient participation group (PPG) had recently set up a 'Neighbourhood friends' resource for the community of Bow, supporting the work of the GPs. This included a medicines delivery service to housebound patients from the dispensary. Other initiatives to help patients stay well and improve their health such as the walking and talking and carers groups set up by the PPG.
- Being in a rural area, a number of patients registered rarely attended the practice. Innovative access to healthcare was being promoted in conjunction with the patient participation groups at Bow and North Tawton Medical Practices. For example, a Healthy Living Day was organised by the PPG in October 2015 and well attended by practice staff who offered mini health checks to people in the community. This resulted in some people being advised to make appointments at either practice for further health screening.
- Other events in the local community were being used to engage with patients to raise awareness about improving their health and accessing services at the practice. For example staff and PPG members had attended farmer's markets to engage with the farming community and obtain feedback about their needs.
- Children and those with serious medical conditions were seen the same day by either a nurse or GP depending on their needs.
- There were disabled facilities, hearing loop and translation services available.
- The practice was purpose built with wide corridors, brightly lit and accessible facilities appropriate for the age range and needs of patients registered at Bow Medical practice. For example, there was a range of seating at different heights for people with limited mobility. There was plenty of space for people using wheelchairs and parents with babies in prams. The waiting room was child friendly with a selection of toys available.

Access to the service

Twenty nine patients gave feedback in writing and in person at this inspection, with 100% of them satisfied with the arrangements for surgeries held at the practice. The 'sit and wait' surgery was said to be very popular and had been the preferred option when they were asked for feedback.

The 'sit and wait' surgery ran each day between 8.30 am to 10am. Patients attending were guaranteed to be seen before 12.30 pm (Monday to Friday each week). Anyone who arrived after 10am was triaged and offered an appointment the same day with a GP or nurse where appropriate. Pre bookable appointments with the GPs were available every Monday morning and every afternoon between 3.30pm to 6 pm on Monday to Fridays. Pre bookable appointments were available with the nursing team every morning and Monday, Tuesday and Wednesday afternoon.These were available up to six weeks in advance.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Urgent appointments were offered to patients needing them enabling them to be seen on the same day. The dispensary opening hours were 8.30-6.30 pm on weekdays, closing for lunch between 1-2pm. Telephone appointments were available every day for working people. Extended opening hours were currently under review and the PPG members told us that there was a consultation process underway.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local or national averages. People told us on the day that they were able to get appointments when they needed them.

- 93.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.4% and national average of 73.8%
- 100% patients said they could get through easily to the surgery by phone (CCG average 84.4% and national average 73.3%)
- 95.6% patients described their experience of making an appointment as good (CCG average 83.3% and national average 73.3%)
- 65.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71.2% and national average 64.8%).

A common theme from the twenty nine patients we received feedback from was that they preferred the sit and wait surgery, which they said meant waiting longer

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.
- All of the staff told us that patient feedback was valued and we observed they were all skilled in delivering positive customer care. For example, there was a visitor book in the waiting room with comments dating from 2012 to November 2015 where there are 33 recorded entries complimenting the practice staff.
- We saw that information was available to help patients understand the complaints system For example, posters were displayed and there was a patient leaflet available that summarised the complaint system in the waiting room.

We looked at six written complaints received in the last 12 months and found these were dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, GPs had reviewed a patient's experience that lead to their admission to hospital for an acute condition. They identified what could have been handled better and what went well for the patient and put changes in place to improve this for other patients in the future. Records showed that a meeting had been held with the patient to discuss the outcome and received an apology.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The stated aims were to improve the health and well-being of the people and communities they served, being compassionate and treating everyone with dignity and respect.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We met the chair person and secretary of the patient participation group, as well as receiving feedback from 29 patients in person or writing at the inspection. They shared many positive examples of their experiences demonstrating that the mission statement was being delivered. A common theme of the feedback received was that patients were treated with compassion by a caring team of staff.

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:

- Strong commitment to patient centred care and effective evidence based treatment. The practice used the Quality and Outcomes Framework (QOF) to measure its performance and had achieved 98.8% QOF funding for the year 2013-14.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example, a GP Partner was the lead for clinical governance and the Managing Partner responsible for integrated governance covering all aspects of risk including joint responsibility for dissemination of learning from complaints and serious events analysis.
- Practice specific policies were implemented and accessible to all staff. The whole team took ownership of these and we saw several examples of their active contribution to initiating reviews when needed. For example, nursing staff produced a reflective document after attending infection control training providing an analysis of the current policies and procedures. This outlined areas that needed updating and was acted upon.
- A comprehensive understanding of the performance of the practice. The practice had distinct leadership roles across the partnership, which facilitated strong business leadership by a non clinical business partner, whilst the two GP partners led on all clinical matters.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

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. The partnership promoted a low reporting threshold so that all learning was captured and acted upon. Minutes of team meetings showed that there was a standing item to discuss complaints, significant events and any other business staff wished to discuss. All of the staff reported that there was a positive learning culture and felt proud about the improvements made for the benefit of patients.

When there were unexpected or unintended safety incidents:

- the practice gives 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 that the practice held regular monthly team meetings, which included all of the staff from the other

Are services well-led?

Outstanding ☆

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

practice run by the partnership. This promoted cross working and additional support for staff at North Tawton Medical Practice during a period when the practice was tendering for the permanent contract to deliver medical services there.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Whole team training days were held every three months, where the practice closed for half a day.
- Staff said they felt respected, valued and supported, particularly by the partners 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.
- Community health professionals told us that the partners provided good support to them and also helped them develop new skills. For example, a physiotherapist who ran a weekly clinic at the practice to treat patients with non urgent musculo-skeletal injuries was receiving supervisory clinical support from one of the GP partners enabling them to extend their clinical skills as part of a post graduate diploma course. They told us this would enable them to be able to treat patients with cortico-steroid medicines to reduce inflammation.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, strategies for supporting carers and people at risk of social isolation were put into effect. Extended opening hours were under review following patient feedback, which had suspended the underused Saturday morning clinic.
- The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had highlighted that the document completed for new patients could be improved to directly ask them if they were carers and consented to being included on the practice list. Staff told us they felt 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 partnership was forward thinking and provided leadership to their peers across Devon. For example, the business partner/practice manager chaired the Pan Devon and Mid Devon practice managers forums and represented practice managers on the Northern and Eastern Devon Local Medical Committee Sub-Committee.

The leadership of the practice demonstrated innovation in the way information was communicated with both patients and staff. For example, in staff newsletters we saw strong leadership and involvement of staff in events, education and development of the practice. The vision to promote healthier living was being borne out through the work led by the PPG, which the partnership were actively involved in and encouraged. For example, accessible educational information for patients had been developed by the PPG to raise awareness about the appropriate use of the out of hours and minor injuries services. PPG members said that they would continue to produce further information aimed at signposting patients to other resources at times of need.

Bow Medical Practice had close links with the universities as a teaching practice. One of the GP partners is an academic tutor at Exeter Medical School. There had been a regular intake of medical students working at the practice. Educational meetings were held which any member of staff could attend. These drew learning from practice data, national guidance and research papers which were then discussed and led to projects at the practice.