

Hasland Medical Centre

Quality Report

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hasland Medical Centre on 25 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, and we saw evidence that learning was applied from events to enhance patient care and safety.
- There was a clear leadership structure and staff felt supported by management. The partners and practice manager worked collaboratively with other local GP practices and made an active contribution to Clinical Commissioning Group (CCG) workstreams.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment, and clinicians had lead areas of responsibility.
- Feedback from patients about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Most patients said they found it easy to make an appointment with a GP, and usually this was with a GP of their choice. Routine appointments could usually be booked within one week, and demand for appointments was actively monitored so that additional consultations could be made available in periods of high demand. Urgent appointments were available the same day.
- The practice used clinical audits to review patient care and took action to improve services as a result.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice worked effectively with the wider multi-disciplinary team to plan and deliver high quality and responsive care to keep vulnerable patients safe.
- The practice had an active Patient Participation Group (PPG) and worked with them to review and improve services for patients.

Summary of findings

- The practice made changes to the way it delivered services as a consequence of feedback from patients. For example, further to comments made on the NHS Choices website regarding telephone access, an additional phone line had been installed.
- Information about services and how to complain was available and easy to understand.

We saw three areas of outstanding practice:

- The practice reviewed all deaths to ensure care had been delivered appropriately and to consider any learning points. This included sharing learning with other providers including care homes. For example, if the patient had remained in their preferred place of care; if medicines had been prescribed to anticipate coping with pain at short notice; and checking if follow-up bereavement support been offered.

- The practice had adapted a computer template used for childhood vaccinations to ensure this could not be accessed until the child reached the required age for the immunisation. This prevented vaccinations being administered too early, and had been implemented as a learning point from a significant event.
- The practice had ensured the requirements of vulnerable patients had been fully assessed and adapted to meet their individual needs comprehensively. For example, all patients with a learning disability had received an annual health check, and had a personal care plan in place. The practice provided information in a format that patients with a learning disability would understand such as letters with picture prompts, and a DVD aimed to help them to understand the cervical screening process.

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?

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure actions were taken to improve safety in the practice. For example, adapting an electronic template for use when administering childhood immunisations so that it could only be accessed when a child was eight weeks old. This helped to prevent vaccinations being given too early.
- When there were unintended or unexpected safety incidents, people received support and were provided with an explanation and an apology. They were 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.
- The practice had effective recruitment procedures to ensure all staff had the skills and qualifications to perform their roles, and had received appropriate pre-employment checks.
- Risks to patients and the public were assessed and well-managed including procedures for infection control and other site-related health and safety matters. Risks to vulnerable patients with complex needs were monitored by multi-disciplinary team meetings to provide holistic care and regular review.
- Medicines, including vaccines and emergency drugs, were stored safely and appropriately with good systems to monitor and control stock levels.
- The practice had effective systems in place to deal with medical emergencies.
- The practice ensured staffing levels were sufficient at all times to respond effectively to patients' needs.

Good



Are services effective?

- Staff assessed needs and delivered care in line with current evidence based guidance.

Good



Summary of findings

- Data showed patient outcomes were at or above average for the locality. The practice had achieved an overall figure of 96.4% for the Quality and Outcomes Framework 2014-15. This was 1.7% below the CCG average and 2.9% above the national average.
- The partners monitored patient outcomes and proactively addressed any shortfalls. For example, outcomes achieved for foot screening in patients with diabetes had improved by approximately 8%, after this had been identified as an area for improvement.
- Clinical audits demonstrated quality improvement, and we saw examples of full cycle audits that had led to improvements in patient care and treatment.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. GPs had specific areas of interest including diabetes and chronic obstructive pulmonary disease, and acted as a resource for their colleagues.
- All staff had role specific inductions, and had received a performance review in the last 12 months which included an analysis of their training needs.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, in order to deliver care more effectively.

Are services caring?

- Data showed that patients generally rated the practice above the local and national averages in respect of care. For example, 98% said the GP was good at giving them enough time compared to the CCG average of 90% and the national average of 87%.
- Patients we spoke with during the inspection, and feedback received on our comments cards, indicated they were treated with compassion, dignity and respect and felt involved in decisions about their care and treatment.
- The practice adopted a flexible approach in dealing with vulnerable patients to ensure their individual needs were accounted for. This included reminding patients about their appointment, and ensuring the allocated appointment time was suitable.
- A member of the reception team had been assigned as the practice carer's lead.
- We observed that staff treated patients with kindness and respect, and maintained confidentiality. We were given

Good



Summary of findings

examples of where staff had undertaken additional duties to ensure patients were cared for including delivering prescriptions to the pharmacy to ensure patients received their medicines as soon as possible.

- Views of community based health staff and care home managers were extremely positive with regards the level of care provided by the practice team.

Are services responsive to people's needs?

Good



- The partners and practice manager reviewed the needs of their local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had submitted a successful bid to refurbish its premises and provide an additional treatment room for patient care.
- The practice implemented improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, an additional telephone line had been installed further to comments regarding telephone access.
- Routine GP appointments were usually available within five working days, and urgent appointments were available on the day. The practice offered an extended hours surgery every Monday evening until 8pm. Patients could book a routine appointment up to four weeks in advance. Access was closely monitored and additional GP and nurse practitioner sessions would be organised when demand was high.
- Comment cards and patients we spoke to during the inspection were generally positive about their experience in obtaining a routine appointment. This was reinforced by the national GP survey in January 2016 which found 82% patients described their experience of making an appointment as good. This was in comparison to a CCG average of 77% and a national average of 73%
- The premises provided modern and clean facilities and were well-equipped to treat patients and meet their needs. The practice accommodated the needs of patients with disabilities, including access via automatic doors and the availability of a hearing loop.
- The practice hosted other services including a weekly Citizen's Advice session, a hearing assessment clinic, and a wellbeing worker to promote healthy lifestyles.

Summary of findings

- Information about how to complain was available and the practice responded quickly when issues were raised. Learning from complaints was shared with staff to improve the quality of service.
- If patients at reception wished to talk confidentially, or became distressed, they were offered a private room, or moved into a quiet corridor away from the waiting area.
- Clinicians spoke Hindi, Urdu, Punjabi, Welsh and French, and translation services were available to assist other patients whose first language was not English.

Are services well-led?

- The partners had a clear vision and strategy to deliver high quality care and promote good outcomes for patients, and this was supported by a comprehensive business plan. Staff were clear about the vision and their responsibilities in relation to this.
- 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 partners contributed to the wider CCG agenda, and both partners had a lead clinical role within their CCG. The partners had identified a gap in local provision for patients with lymphoedema. This resulted in a local service being re-commissioned by their CCG to enhance patient care and experience.
- The practice team worked collaboratively with other local practices to share resources and plan future developments.
- The partners reviewed comparative data and ensured actions were implemented to address any areas of outlying performance.
- There was a clear leadership structure and staff felt supported by management. The practice had a range of policies and procedures to govern activity and held regular staff meetings.
- The practice sought feedback from patients and staff, which it acted on to improve service delivery.
- The PPG was active and helped inform practice developments, for example, the installation of a rope barrier at the reception desk to improve patient confidentiality.

Good



Summary of findings

The six population groups and what we found

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

Older people

Good



- Patients over the age of 65 accounted for 12.6% of the total registered practice population. This was significantly lower than the average figure of 21.7% across the CCG. However, the practice ensured it still prioritised care for their older patients and offered proactive, personalised care to meet the needs of older people. Care plans were in place for older patients with complex needs. All patients had a named GP.
- It was responsive to the needs of older people, and offered home visits either from a GP or nurse practitioner. Urgent appointments were available for those with enhanced needs.
- Monthly meetings were held with the wider multi-disciplinary team to support patients to live in their own homes and ensure they were kept safe, and had their individual needs met.
- The practice accessed the Single Point of Access to organise additional support for patients, for example input from the community rehabilitation team, to meet their needs and avoid an admission into hospital. The practice ensured that patients in need of social support were referred into the voluntary single point of access (VSPA) to access a range of voluntary services to support them to live in their homes.
- The practice provided primary medical services to the majority of the 45 residents at a local nursing and residential care home. The GP or nurse practitioner undertook a weekly ward round at the home. All the patients received a full assessment at the first visit and care plans were formulated. We spoke to a manager from the home who was highly satisfied with the level of care provided by the GPs, and described the relationship with the practice as extremely positive. They told us the practice were responsive and caring, that they accommodated the individual needs of their patients, and the practice achieved good outcomes for their residents.
- The practice nurse provided a home INR service for housebound patients to monitor safety in those patients using warfarin to prevent their blood from clotting.
- An audiology service was provided at the practice each fortnight for patients aged over 55.
- Flu vaccination rates for the over 65s were 80.7% which was higher than the national figure of 73.2%. Saturday morning clinics were held to increase uptake.

Summary of findings

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.
- The practice did not perform annual reviews for all patients aged over 75. However, 81% of these patients were included on a long term condition register and 100% of these patients had received an annual review. The practice were reviewing their current approach and were considering providing health checks with the health care assistant for the remaining patients aged over 75.

People with long term conditions

- All patients with a long-term condition had a named GP and nursing staff had lead roles in chronic disease management. For those patients with the most complex needs and associated risk of hospital admission, the practice team worked with health and care professionals to deliver a multidisciplinary package of care.
- A recall system ranging from six to 12 months was in place to ensure patients received a regular review of their condition. This included reviews being done on home visits by the practice nurse.
- The practice had a low prevalence for long-term conditions due to the lower percentage of registered older people. The exception was asthma, which was slightly higher than local and national figures due to the higher proportion of younger patients at the practice.
- QOF indicators for asthma were higher than CCG and national averages. For example, 73.4% of patients with asthma received a review in the preceding 12 months, compared to the CCG average of 66.2% and the national average of 69.7%. This was achieved with a lower rate of exception reporting.
- The achievement for QOF indicators related to the management of diabetes at 93% was in-between local and national averages (96.7% and 89.2% respectively). The practice had established a pre-diabetes register, and routinely tested bloods for patients with a long-term condition to assess any risks of them developing the disease. This enabled patients to be directed to support to reduce the risk of them going on to develop diabetes.
- Patients with diabetes were referred into the 'Diabetes and You Programme' to provide patients with advice and education to help manage their condition.

Good



Summary of findings

- The GP partners had lead clinical roles for the CCG for patients with diabetes and breathing problems. This facilitated collaborative working and being kept updated on local and national developments.

Families, children and young people

- The practice had a higher percentage of patients within this population group compared with local averages. For example, 23% of patients were under 18 (CCG average 18%).
- Urgent appointments were available on the day to accommodate ill children.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Monthly liaison meetings were in place between the practice and the midwife and health visitor to discuss any child safeguarding concerns.
- Immunisation rates were high for all standard childhood immunisations. For example, vaccination rates for children ranged from 96.9% to 100%, compared against a CCG average ranging from 95.2% to 99.1%. The practice achieved 100% vaccination rates in ten of the 15 immunisation categories for two and five year olds.
- The practice referred children and young people into an age-specific counselling service. This helped younger people manage traumatic experiences including bereavement.
- Contraceptive services and advice was available, and the female GPs provided a service to fit coils and contraceptive implants. Sexual health support was available for younger people, and the practice provided chlamydia self-testing kits.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments with the practice nursing team were available outside of school hours.
- The practice provided baby changing facilities, and could accommodate mothers who wished to breastfeed on site. A designated area was available for children to sit quietly with a drawing book and crayons.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



- The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included good access to appointments including telephone consultations. An extended hours surgery was available on a Monday evening until 8pm.
- The practice offered online access for patients to book GP appointments, request repeat prescriptions, and to view their summary care record (this record enables healthcare staff in emergency and out of hours services to access key clinical information, for example, medicines being prescribed)
- The practice's uptake for the cervical screening programme was 88.1% which was above the CCG average of 83.9% and the national average of 81.8%.
- NHS Health checks were available to patients and 64% of eligible patients had attended for a check since the service became available.
- The practice had a priority on women's health issues in recognition of the demographics of their registered patients. The nurse had undertaken additional training to support the provision of a well-women clinic on site.

People whose circumstances may make them vulnerable

Outstanding



- The practice had carried out annual health checks for people with a learning disability, and 100% had attended for an annual review during 2014-15. All these patients had supporting care plans. The practice offered longer appointments for people with a learning disability.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Homeless people could register with the practice. The partners informed us how they had instigated urgent action to provide support for a patient who had been made homeless.
- The practice also enabled other vulnerable groups to register at the practice without an address, including those who had been subject to domestic violence.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and informed patients how to access various support groups and voluntary organisations.
- The practice ensured that patients in need of support were referred into the voluntary single point of access (VSPA) to access a range of voluntary services to support them to live in their homes.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided good care and support for patients at end of life, and worked within nationally recognised standards of high quality end of life care. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team.
- The practice adopted a supportive approach to patients with a learning disability. This included reminding patients in the morning about their appointment; providing letters in a format which patients would understand; and providing an appointment at a time which best suited each individual.
- The practice had signed up to be a safe haven for vulnerable people. Any person in need could enter the practice as a point of refuge until they could be safely collected by relatives or carers.

People experiencing poor mental health (including people with dementia)

- The practice achieved 96.2% for mental health related indicators in QOF, which was 1.9% below the CCG and 3.4% above the national averages, although the rate of exception reporting was generally higher.
- 82% of patients with ongoing serious active mental health problems had received an annual health check during 2014-15 at the time of our inspection. The practice were trying to encourage the remaining patients to attend for their review before the QOF year-end date of 31 March 2016.
- 77.4% of people diagnosed with dementia had received a review of their care in a face-to-face consultation in the last 12 months. This compared CCG average and national average of 83%
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had a room available that could be booked by community based mental health services to offer counselling when patients found it difficult to attend other locations.
- It carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health and patients with dementia about how to access various support groups and voluntary organisations. Leaflets were available in the waiting area on a range of services available for patients and carers.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice was performing in line with, or above local and national averages. A total of 297 survey forms were distributed and 108 were returned, which was a 36% completion rate of those invited to participate.

- 69% of patients found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 99% of patients said the last appointment they got was convenient compared to a CCG average of 94% and a national average of 92%.
- 82% of patients described their experience of making an appointment as good compared to a CCG average of 77% and a national average of 73%.
- 85% of patients found the receptionists at this surgery helpful compared to a CCG average of 89% and a national average of 87%.
- 69% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 71% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were very positive about the standard of care received from the clinicians, and the high standards of cleanliness within the practice. However, ten cards included negative comments relating to a poor experience when dealing with reception staff, or in relation to appointments.

We spoke with seven patients during the inspection. All seven patients said that they were happy with the care they had received and said they were given time and received appropriate explanations on treatment options during consultations. One patient expressed some dissatisfaction with the availability of appointments for working people, and their interactions with the reception team.

Hasland Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hasland Medical Centre

Hasland Medical Centre is located in the south east of Chesterfield in North Derbyshire.

The practice is run by a partnership of two GPs (one male and one female). The practice employ a part-time salaried GP, a part-time nurse practitioner, two part-time practice nurses, two part-time health care assistants (HCAs) and a phlebotomist. The clinical team is supported by a practice manager and a team of five administrative and reception staff. The practice use winter pressure funding provided by the CCG to contract an additional part-time locum nurse practitioner to increase capacity to see patients during busy periods.

The registered practice population of 4,352 are predominantly of white British background, and the practice deprivation score is slightly higher than the CCG average. The practice age profile has higher percentages of patients under 18 at 23% of the total registered patients, compared to the CCG average of 18%. It has lower percentages of patients over the age of 55. This can be explained by its proximity to recent housing developments in the area. The list size has grown by an average of 5% each year over the last four years.

The practice opens from 8am until 6.30pm Monday to Friday. GP morning appointments times are available from 8.30am to 11.20am approximately, and afternoon surgeries run from 3pm to 6.30pm, apart from one Wednesday afternoon each month when the practice is closed for training. Extended hours opening is available on a Monday evening until 8pm

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Derbyshire Health United (DHU) via the 111 service.

The practice holds a Personal Medical Services (PMS) contract to provide GP services which is commissioned by NHS England. A PMS contract is one between GPs and NHS England to offer local flexibility compared to the nationally negotiated General Medical Services (GMS). The practice also offers a range of enhanced services including minor surgery commissioned by their local CCG.

Why we carried out this inspection

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

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

Detailed findings

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

How we carried out this inspection

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including NHS England, North Derbyshire CCG, and Healthwatch to share what they knew.

We carried out an announced inspection on 25 February 2016 and during our inspection:

- We spoke with staff including GPs, the practice manager, practice nurses, health care assistants, and a number of reception staff. In addition, we spoke with representatives of the district nursing team, a health visitor, a manager at a local care home, a community matron, a care co-ordinator and a CCG pharmacist regarding their experience of working with the practice team. We also spoke with patients who used the service, and three members of the practice patient participation group.
- We observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.

- We reviewed 47 comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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)

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 and reviewed these at staff meetings which were held each month.
- When there were unintended or unexpected safety incidents, people received support, truthful information, an apology, and were told about any actions taken to prevent the same thing happening again.

We reviewed incident forms for the nine significant events discussed by the team over the preceding 12 month period. This included the identification of any learning points required to improve safety in the practice and the actions that had been taken to achieve this. We heard how an incident occurred in 2014 in which an infant had received their eight weeks' immunisation schedule at five weeks old. This did not cause any harm to the child, however, the practice ensured it learnt from this event and adapted the template used on their computer system. The amended template could not be activated until the child reached eight weeks old, so that staff were prompted not to administer the vaccination until the correct time.

The practice had a process to review and cascade drug alerts received via the Medicines Health and Regulatory Authority (MHRA). When this raised concerns about specific medicines, searches were undertaken to check individual patients and ensure effective action were taken to ensure they were safe. For example, prescribing an alternative medicine if a concern had been raised about the safety of a particular drug.

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 staff. The policies outlined who to contact for guidance if staff had concerns about an individual. There were lead GPs for safeguarding both children and adults, who had received training at the appropriate level in support of these roles. Monthly child safeguarding meetings were held with the health visitor and midwife, and were documented. The practice actively followed up those who did not attend for their immunisations, and after three failed appointments, would arrange to visit the child at home. Practice staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice in the consulting rooms advised patients a chaperone was available for intimate examinations, if required. The health care assistants (HCAs) and two members of the reception team acted as chaperones. These staff 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).
- We observed that the practice was tidy and maintained to high standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead and had undertaken specific training to support this aspect of their role. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, most recently in July 2015, and we saw evidence that action was taken to address any improvements identified as a result. The practice employed their own cleaning staff who worked to specific cleaning schedules that were monitored within the practice.
- 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 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.

Are services safe?

- We reviewed five staff files and found that recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- The practice had a safe system to manage incoming correspondence to ensure that any actions, such as a change to a patient's medicines, were completed promptly.

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 and a Health and Safety Executive poster on display. The practice had up to date fire risk assessments and had carried out 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. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as lone working, the control of substances hazardous to health, and legionella.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. We were provided with examples of how the whole team worked flexibly to ensure adequate cover was available at all times. Demand for GP appointments was closely monitored and if more capacity was required, extra GP sessions or additional nurse practitioner sessions, were organised to address this.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- We saw evidence that all staff had received annual basic life support training
- 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 was reviewed most recently in January 2016. A copy was kept off site in case any emergency render the premises inaccessible.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- 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 people's needs.
- The practice monitored that these guidelines were followed through clinical discussions and audit. This was often done informally, although the GPs stated they would ensure that documented evidence of this was implemented.

The practice reviewed data provided by their CCG to monitor and improve patient care and safety. For example, the practice had been identified as having low prevalence for chronic kidney disease. This led them to work with a CCG nurse specialist to review the identification and management of patients with this condition. As a result, the practice increased its prevalence rate from 1.99% to 3.19% which is in line with local and national averages, and thereby ensured that more patients received the right care at the right time.

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 were 96.4% of the total number of points available, with 10.1% exception reporting (compared to the CCG average average of 11%). The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement. A lower figure demonstrates a proactive approach by the practice to engage their patients with regular monitoring to manage their conditions. QOF data from 2014-15 showed;

- Asthma related indicators achieved 100%, which was approximately 2.5% above both CCG and national averages. This was achieved with lower rates of exception reporting.

- Performance for diabetes related indicators was 93% and this was lower than the CCG average of 96.7% and the national average of 89.2%.
- The partners monitored outcomes and addressed any shortfalls proactively. For example, 2014-15 QOF figures had demonstrated that the practice achieved 76% for foot screening in patients with diabetes. The practice took action to improve this, including training for practice nurses to enable them to examine moderate risk patients at the surgery. The practice's own data for the current year (yet to be verified) showed this had increased to 83.1%, with a further month remaining before the total achievement is confirmed.
- The percentage of patients with hypertension having regular blood pressure tests was 87% which was slightly above the CCG average of 85.3% and above the national average of 83.6%
- Performance for mental health related indicators at 96.2% was slightly below the CCG average of 98.1%, but above the national average of 92.8%. However, exception reporting rates were generally higher than CCG and national averages.
- The number of patients diagnosed with dementia who had a face to face review in the preceding 12 months was 77.4%. This was below the CCG average of 83.6%, and also below the national average of 84%. Exception reporting rates for this indicator were considerably higher than both CCG and national averages.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits undertaken in the last two years, four of these were completed audit cycles where the improvements made were implemented and monitored. For example, the practice had completed a full cycle audit on antibiotic prescribing after they were identified as being high prescribers in relation to other CCG practices. This highlighted that as the practice had a higher proportion of younger patients, and therefore had high antibiotic prescribing related to skin conditions such as acne. All patients having repeat antibiotic prescriptions were reviewed and the prescribing was amended where this was indicated in line with local guidelines. Recommendations were then made to ensure three monthly reviews were in place for those prescribed antibiotics for skin conditions, and six monthly reviews

Are services effective?

(for example, treatment is effective)

for patients needing regular courses of antibiotics. The duration of courses of antibiotics for chest and urinary tract infections was also stipulated in accordance with guidance. The repeat audit undertaken 12 months later demonstrated a 16% reduction in repeat antibiotic prescribing.

- The practice participated in CCG medicines audits. For example, the pharmacist had undertaken an audit to identify patients at high risk of atrial fibrillation. These patients had been reviewed leading to some patients being prescribed appropriate anti-coagulation therapy to reduce the potential risk of stroke.
- The practice had undertaken audits to review their referral rates, as they were above average for the locality in a number of specialisms. This demonstrated that the practice was generally referring effectively and the higher rates were explained by the particular demographics – for example, higher paediatric and gynaecology referrals were explained by the higher percentage of younger patients on the practice list.
- Prescribing of medicines including specified broad spectrum antibiotics was lower than national averages in line with NICE guidance, and the practice worked with the CCG management technician to ensure cost effective prescribing.
- The practice reviewed all deaths to ensure care had been delivered appropriately and to consider any learning points. This included: if the patient had remained in their preferred place of care; if medicines had been prescribed to anticipate coping with pain at short notice; and checking if follow-up bereavement support been offered. This information was shared with other health professionals who had delivered the care package for each patient.

The practice was slightly higher than the CCG average for patients accessing support through the out-of-hours service. It also had the eighth highest attendance rates at Accident & Emergency (A&E) amongst the 37 practices in the CCG. The practice explained how they had tried to educate patients to improve this. This included inviting a paramedic to the flu clinic to raise awareness on when and why to access emergency services. In addition, the practice

spoke to patients who had attended emergency care when the surgery had been open to ascertain their reasons, and where possible to advise them how attending the practice would have been more appropriate.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had appointed a nurse practitioner, and this role was alternated with the GP to provide input to designated weekly session at a local nursing and residential home. Additionally, the practice had acquired monies for winter pressures to contract a locum nurse practitioner to deal with minor and acute ailments, thus releasing GP appointments to manage patients with chronic problems.
- The GP partners had lead areas of specialist clinical interest in the CCG for diabetes and chronic pulmonary obstructive disease, and acted as a resource for their colleagues within the practice. Clinical staff meetings took place each month.
- The practice had a role specific induction programme for newly appointed members of staff
- The practice demonstrated that relevant staff had received update training including administering vaccinations and taking samples for the cervical screening programme.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had recently been provided with access to e-learning 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.
- 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

Are services effective?

(for example, treatment is effective)

of people's needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. This meeting reviewed the needs of complex patients including those at risk of hospital admission, end of life patients, vulnerable patients and care home patients, to provide optimal care for them. The practice ensured that patients in need of support were referred into the voluntary single point of access (VSPA) to access a range of voluntary services to support them to live in their homes.

The practice provided primary care medical services a local nursing and residential care home. We spoke to the manager at the home who informed us that the practice were responsive to requests for visits. The manager stated the service received from the practice was excellent and that their staff were consulted about patients, and relatives were also invited to attend when appropriate to contribute to discussions about ongoing care.

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 (MCA) 2005, and we saw evidence of completed MCA and Deprivation of Liberty (DoLS) training by clinicians.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. For example, the practice informed us how they had agreed plans for patients with learning disabilities requiring cervical and breast screening, but had refused to have these done. An assessment was undertaken involving care home staff and relatives to consider all the available options and to ensure that the team acted in the best interests of the patient.

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, and smoking cessation. Patients had access to a Well Being Worker who attended the practice weekly to advise patients and to signpost them to treatment and support services.
- 79% patients aged 15 and over who smoked had been offered support or treatment to stop smoking in the last two years. This was however, 10% lower than the local average and 7.5% lower than national averages.

The practice's uptake for the cervical screening programme was 88.1% and this was above the CCG average of 84% national average of 81.8%. The practice had a slightly lower uptake for patients attending bowel and breast cancer national screening programmes. For example, uptake for breast cancer screening was in line with the national average, but approximately 4% below the CCG average. The practice were aware of this issue and had developed a plan to try and address this which included sending letters to patients to reinforce the benefits of their attendance.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.9% to 100% compared against a CCG average ranging from 95.2 to 98.9%, and five year olds from 98.4% to 100%. Flu vaccination rates for the over 65s were 80.7%, (nationally this figure is 73.2%) and at risk groups 62.1% (above the national average of 57.3%).

The practice had a proactive approach to the management of diabetes and had established a pre-diabetes register, and routinely tested bloods for patients with a long-term condition to assess any risks of them developing the disease. This enabled patients to be supported to manage the risk, primarily by diet and exercise.

Patients had access to appropriate health assessments and checks. A total of 64% patients eligible for this service had received a NHS health check since its introduction. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.
- We noted that consultation and treatment room doors were closed during consultations and 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 by the reception to discuss their needs.

As a small practice, the team knew their patients very well. We were given examples of where reception staff had undertaken additional tasks to help patients to keep them safe. This included, taking prescriptions to the patients' preferred pharmacy so that medicines could be delivered to them; telephoning patients who had not been well to check if they required any help; calling patients with memory difficulties to remind them of a forthcoming appointment; and informing the GP when they noticed that a patient was acting in a way they knew to be out of character, and thus indicated a need for a consultation.

All of the 47 patient CQC comment cards we received were positive about the levels of care experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring and treated them with dignity and respect. This was reinforced by patients we spoke with on the day of the inspection.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally in line or above local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 96% of patients said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.

- 98% of patients said the GP gave them enough time compared to a CCG average of 90% and a national average of 87%
- 99% of patients said they had confidence and trust in the last GP they saw compared to a CCG average of 97%, and a national average of 95%
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to a CCG average of 91% and a national average of 85%
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 93% and a national average of 91%
- 85% of patients said they found the receptionists at the practice helpful compared to a CCG average of 89% and a national average of 87%

Care planning and involvement in decisions about care and treatment

Patients 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 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 in line with local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to a CCG average of 87% and a national average of 82%

A manager of a local care home covered by the practice told us the GPs treated their residents with care and respect, and were also happy to meet with relatives or carers to discuss the treatment being provided to individuals. The GP or nurse practitioner visited weekly and

Are services caring?

would respond on the day to any identified urgent medical needs. Every patient had a quarterly review to check they were well and to check that their prescribed medicines were still indicated.

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.

A member of the reception staff had been identified as the practice lead for carers, and was in the process of establishing links with a local carers' charity. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.2% of its patients as carers. Written information was available to direct carers to support services available to them.

The practice were able to refer children and young people to a local counselling service specific to their needs. For example, for those who had experienced trauma or bereavement.

The practice worked within the Gold Standards Framework (GSF) standards to manage end of life care in conjunction with the wider multi-disciplinary team. Although the practice were not signed up to the GSF formally, they followed the standards to support high quality and co-ordinated end of life care. We spoke to community based health staff and a care home manager who were highly complementary with regards their views on the level of care provided to end of life patients by the GPs. For example, the GPs ensured that they responded to patients' needs promptly and made arrangements to plan for systems to be in place, for example, if additional means of pain control were required.

Practice staff told us that the practice sent a card to families who had suffered a bereavement, and a member of the team would contact relatives to offer condolences and offer support should it be required.

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. For example, the practice had highlighted the need for a local service for lymphoedema with their CCG, and this had been acknowledged and supported.
- Routine GP appointments were usually available within five working days, and urgent appointments were available on the day. The practice offered an extended hours surgery every Monday evening until 8pm. Patients could book a routine appointment up to four weeks in advance. Access was closely monitored and additional GP and nurse practitioner sessions would be organised when demand was high. On the day of our inspection, we observed that appointments were available on the day until 2pm, and after this the next available appointment was in three working days.
- The practice had a flexible approach for appointments with vulnerable patients, and tried their best to accommodate them at the most suitable time for each individual.
- The practice offered five telephone consultation appointments per GP each day, to aid access for those patients who could not easily attend during the working day.
- The practice provided a range of nurse-led services including INR monitoring (to monitor the use of warfarin for the management of blood clotting), travel vaccinations, and contraception and sexual health clinics.
- The practice also hosted other services for their patients on site. This included:
 - A health trainer provided advice on issues including weight management and smoking cessation on two days each week
 - A Citizen's Advice worker provided a session at the practice each week to advise on welfare rights
 - A fortnightly audiology clinic was held on site. Patients over 55 were able to book an appointment for a hearing test directly.
- Home visits were available for patients who would benefit from these. There were longer appointments available for people who might require them, for example, patients with a learning disability
- Homeless people could register with the practice and we were told how a GP had accessed a local charitable organisation to obtain help in finding urgently accommodation for a patient who had attended for a consultation. The practice also registered patients who had re-located due to issues such as domestic violence, and therefore used a PO Box address for ongoing communications.
- We spoke to managers at a local care home who informed us that the GP or nurse practitioner visited routinely on a weekly basis, and also would attend on the same day for any urgent needs including patients at the end of life. All patients were reviewed at least every quarter to check they were well, and to rationalise their prescribed medicines.
- There were disabled facilities including automatic entrance doors and disabled toilets. A portable loop was available for patients with hearing difficulties. The path from the car park required a review to facilitate better access for people with reduced mobility.
- Translation services could be accessed if required for patients whose first language was not English. Clinicians also spoke a variety of languages including French, Welsh, Punjabi Hindi and Urdu.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, carers, mental health services and dementia. There were displays providing information on cancer warning signs.
- The practice provided information to patients with a learning disability in a format that they could understand. This included sending appointment letters with pictures to aid understanding. The practice also had a DVD it could provide for learning disability patients to help their understanding of the cervical screening programme.
- The practice was having refurbishments completed at the time of our inspection, including the provision of an additional treatment room. This would create better facilities for patients and also provide the practice with the opportunity to provide expanded or additional services.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice website contained some general details for patients but did not provide a full range of information including health advice specifically developed by the practice, local services, cares information. Details about complaints required an update.
- All staff wore name badges, and a staff photograph board was also being organised for the waiting area in response to feedback received from the PPG.
- We spoke with clinicians who worked with the practice, but were employed by different organisations, and they described the practice as being highly receptive to any suggestions they made, and that their interactions with the practice were consistently positive.

Access to the service

The practice opened between 8am and 6.30pm from Monday to Friday. GP appointments could be booked from 8.30am until 11.20am every morning, and from approximately 3pm until 6.20pm each afternoon apart from one Wednesday afternoon each month when the practice closed for training. Appointments were available through the on-line booking system as well as by telephone or in person. In addition, pre-bookable appointments could be booked up to four weeks in advance for a GP, and appointments were available on the day for people that needed them.

The practice provided extended hours opening on a Monday evening until 8pm to accommodate the needs of working patients.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 69% of patients said they could get through easily to the surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 85% of patients said they usually got to see or speak to their preferred GP compared to a CCG average of 61% and a national average of 59%.
- 82% of patients described their experience of making an appointment as good compared to a CCG average of 77% and a national average of 73%.

- 69% of patients said they usually waited 15 minutes or less after their appointment time compared to a CCG average of 71% and a national average of 65%.

People told us on the day of the inspection that they were able to get appointments when they needed them, and the majority of feedback received on comments cards mentioned that access to a GP appointment was good.

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, although some of the information needed to be updated. The information relating to complaints on the practice website required a review to ensure it reflected current arrangements.
- There was a designated responsible person who handled complaints in the practice.
- We saw that information was available to help patients understand the complaints system within the reception area.
- Patients were also invited to provide compliments when they had received good care. The practice also reviewed these to ensure if any wider learning could be applied.

We looked at the one complaint received by the practice in the last 12 months and found this was dealt with in a satisfactory and timely way, and handled with an open and transparent approach. Lessons were learnt from complaints and action was taken to as a result to improve the quality of the service. For example, in response to a comment posted on the NHS Choices website about the perceived lack of GP appointments from early morning, the practice audited their last available appointment and found that there was good availability every day except for the day the practice closed at lunchtime once a month for protected learning time. This led to the practice releasing more book on the day appointments on this morning each month, and promoting this to patients to make them aware of the issue.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The partners had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a strategy and a supporting three year business plan which reflected their values and aspirations. The plan included a proactive approach to workforce development and succession planning, and included action plans to monitor progress.

The partners had joined the practice in 2010 and took over ownership of the building in 2015. They have worked on a modernisation programme to ensure the practice was able to respond effectively to meet the changing demands of general practice. The partners had reviewed the skill mix of the staff team to make best use of resources, and had supported staff development including a leadership course for the practice manager.

The practice had collaborated with neighbouring practices in terms of cover arrangements to reduce reliance on locums and providing continuity with nursing care. Practice representatives attended meetings that facilitated joined up working, for example, a monthly locality practice managers meeting. The practices shared and adapted policies to ensure better use of time and resources. The partners had engaged with other local GP practices to consider the potential for a more federated way of working in the future.

The GPs attended and actively contributed to wider meetings with their CCG, with both partners having lead clinical roles for the CCG.

The partners had demonstrated their ability and resilience to respond to unplanned local needs and demand. Further to concerns with a local primary care provider in May 2015, the practice received a significant influx of new patients, at one point this was 100 patients within a two week period. However, the practice was able to cope with this demand with the planning and oversight provided by the partners and practice manager.

The partners had identified an issue to their CCG when a significant event review had identified the absence of a local service for lymphoedema (localised fluid retention causing swelling) patients. This resulted in the patient

involved in the significant event being provided with the necessary specialist treatment and the CCG re-commissioning the service for patients locally to the benefit of other patients outside the practice.

Governance arrangements

- The practice had an overarching governance framework which supported the delivery of the business plan and good quality care. This outlined the structures and procedures in place and ensured that:
- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- A range of practice policies were implemented and readily available to all staff
- A comprehensive understanding of the performance of the practice, and the utilisation of comparative data across the CCG to review outcomes whenever this was indicated. For example, we observed that an audit had been undertaken to review a high rate of dermatology referrals. This identified that this was due to a particular locum GP who had worked at the practice, and corrective action was taken by implementing a policy that all dermatology referrals from either a locum GP or nurse practitioner would be reviewed by the GPs first. This has reduced the dermatology referral rate.
- A programme of clinical audit was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions.

Leadership, openness and transparency

- The partners and practice manager had the experience, capability and enthusiasm to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Management were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff.
- The practice held clinical meetings monthly, and full staff meetings every month. We saw evidence of well-documented minutes from these meetings.
- Staff told us that there was a blame free and open culture within the practice and that they had the

Are services well-led?

Good 

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

opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. There was low staff turnover and staff told us that it was good place to work.

- Staff said they felt respected, valued and supported by the practice management. The team felt included in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The partners and practice manager had organised a team building event in May 2016 at an external venue.

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

- The practice encouraged and valued feedback from staff. The partners and practice manager had undertaken 360 degree appraisals to invite anonymous feedback on their performance from the practice team. This led to a daily interaction between the practice manager and all of the practice team being implemented to enhance communications.
- It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had undertaken their own patient surveys. This was last undertaken in 2014 and the design of the survey was influenced by PPG members.
- There was an active PPG which met on a bi-monthly basis and submitted proposals for improvements to the practice management team. For example, a rope barrier had been purchased to improve patient confidentiality at the reception desk. A suggestion box was available in reception and the PPG reviewed any comments received by patients.
- In response to a comment on the NHS Choices website regarding that no appointments were available within five minutes of opening, the practice produced an audit

to review this. This demonstrated that on average, appointments could be booked up until 2pm, although there was a clear issue on the one day each month when the practice closed in the afternoon for training. This resulted in the practice decreasing the number of pre-bookable appointments on that day and to promote this information to patients.

- The practice actively promoted feedback through the Family and Friends Test (FFT). Feedback from the FFT was reviewed and actions taken where indicated. 95% patients said they would recommend the practice. In response to some negative feedback received, the practice had reviewed and implemented changes to its appointment system. It also undertook training with reception staff in dealing with difficult patient interactions to enable staff to handle these situations better.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, early morning and late afternoon clinics were implemented for the HCAs, following their views on how to best accommodate patients.

Continuous improvement

The practice team were forward thinking and were in the process of refurbishing their site to enhance patient facilities. This contributed to local premises' development as part of the CCG's 21st Century model to create more joined-up working with the delivery of services closer to the patient's home. The partners were mindful of the potential ways that primary care services may need to adapt to meet future demand and the availability of resources. They were considering how this might impact on their practice and were working with local practices and their CCG to prepare for this, to ensure they could address challenges and grasp opportunities to develop.