

St Luke's Primary Care Centre

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Requires improvement	
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 St. Luke's Primary Care Centre on 26 October 2017. 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.
- All applicable staff had been checked for their immunisation status in relation to Hepatitis B. At the time of our inspection the practice was in the process of confirming the immunisation status of applicable clinical and non clinical staff in relation to other immunisations.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received an appraisal within the last 12 months.

- Results from the national GP patient survey published July 2017 showed patients rated the practice lower than others for several aspects of care and access to services.
- The practice was aware of the lower satisfaction recorded in the national GP patient survey and was taking improvement actions. However the impact of these actions were yet to be demonstrated.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had systems to support carers.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvement is:

Summary of findings

- Continue to seek feedback from patients using the service and ensure improvement to national GP patient survey results.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Staff we spoke with confirmed lessons were shared.
- When things went wrong patients were informed as soon as practicable, received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There was a process to manage and act on patient safety alerts including MHRA (Medicines and Healthcare Regulatory Agency) alerts.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Medicines were checked stored and managed appropriately. Blank prescription forms were tracked and stored securely.
- All applicable staff had been checked for their immunisation status in relation to Hepatitis B. At the time of our inspection the practice was in the process of confirming the immunisation status of applicable clinical and non clinical staff in relation to other immunisations.. Following our inspection we were sent evidence to show that systems to ensure immunisation status for all staff was in place.
- Health and safety related risk assessments including legionella and fire safety had been undertaken with appropriate controls including policies, training and monitoring in place.
- Staff acting as chaperones had received the appropriate training and Disclosure and Barring Service checks and demonstrated an understanding of their responsibilities when acting as chaperones. (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 had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Latest data from the Quality and Outcomes Framework 2016 – 2017 showed patient outcomes were comparable with or above average compared to the national average. For example the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 91%, compared to the CCG average of 92% and the national average of 90%.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the most recent national GP patient survey published July 2017 showed patients rated the practice lower than others for several aspects of care. Patients were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
 - 63% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
 - 69% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- The practice was aware of the lower satisfaction recorded in the national GP patient survey and was taking improvement actions. However at the time of the inspection the impact of these actions were yet to be demonstrated. Following our inspection the practice sent us the results of a practice commissioned patient survey which showed satisfaction levels had improved in some areas.
- The practice had a register of patients who were also carers. The practice had identified 468 patients as carers which equated to 2% of the practice list. A carer champion assisted by GPs and clinical staff helped ensure that the various services supporting carers were coordinated and effective.

Good



Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, as part of a Nene CCG project the practice was working with the local NHS 111 service to book patients directly into available clinician appointment slots to improve accessibility.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Results from the most recent national GP patient survey published July 2017 showed lower patient's satisfaction with how they could access care and treatment. For example, 47% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 73% and the national average of 75%.
- One comment card noted that the appointment telephone line could be busy resulting in longer waiting time to get through to obtain an appointment.
- Six of the 12 patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. The other six noted that they had experienced difficulty in obtaining an appointment.
- The practice was aware of the lower satisfaction recorded in the national GP patient survey and was taking improvement actions. However the impact of these actions were yet to be fully demonstrated. Following our inspection the practice sent us the results of a practice patient survey commissioned during November 2017 in which 126 patients had responded. This survey showed some improvement in relation to satisfaction levels for access to services but needed further improvement to ensure new initiatives were being sustained.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



Summary of findings

- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Are services well-led?

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

- The practice had aims, key objectives and plans to deliver high quality care and promote good outcomes for patients. Staff were knowledgeable about these plans and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice was aware of the lower satisfaction recorded in the national GP patient survey with regards to access and was taking improvement actions. However the impact of these actions were yet to be demonstrated.
- At the time of our inspection the practice was in the process of confirming the immunisation status of applicable clinical and non clinical staff in relation to immunisations (other than Hepatitis B) recommended by the Health and Safety at Work Act 1974.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group (PPG).
- There was a strong focus on continuous learning and improvement at all levels. GPs and nurses who were skilled in specialist areas used their expertise to offer additional services to patients.

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



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Patients over 75 had a named accountable GP and were offered the over 75 health check.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- For the housebound patient the practice monitored essential wellbeing, medicine compliance and current health needs including through home visits if needed.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example eligible older people were offered flu and shingles vaccines.
- Home visits were available for the housebound patient by a GP or an advanced nurse practitioner.
- The practice through a care home enhanced services contract supported patients that lived in two care homes and in a retirement village. A dedicated GP visited the care homes daily to provide care. There was dedicated telephone number by which the homes could contact the practice emergency care team to obtain urgent care and advice bypassing the normal practice telephone line.
- The practice held weekly proactive care meetings to assess and provide for the care needs of the terminally ill patient.
- The practice through the collaborative care team (hosted by the local Alliance Federation) was involved in the personal integrated care pilot which aimed to identify vulnerable older patients and provide support for social and ongoing medical issues.

Summary of findings

People with long term conditions

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

Good



- GPs supported by nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There was a recall system in place to coordinate long term condition management.
- There were nurse led clinics for patients with COPD, asthma and diabetes with flexible appointments to enable ease of access.
- Performance for diabetes related indicators was comparable to the local and national averages. The practice achieved 88% of available points compared to the CCG average of 94%, and the national average of 89%.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care including by utilising the single point of access to community health services.

Families, children and young people

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

Good



- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 92%, compared to the CCG and the national average of 81%.

Summary of findings

- The practice offered family planning including the management of intrauterine system and related screening such as chlamydia screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

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

- The needs of 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.
- The practice provided an automated telephone consultation service.
- The practice provided access with telephone and face to face consultations available on the day as well as pre bookable up to 10 days in advance.
- The practice offered a service to temporary students including those from the nearby university.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice offered a text confirmation and reminder service for booked appointments, for health promotion, and a text service for cancelling booked appointments.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice identified at an early stage patients who may need palliative care as they were approaching the end of life. It involved patients in planning and making decisions about their care, including their end of life care.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients including when they move out of area so an appropriate hand-over can be given to the new practice.
- The practice had information available for vulnerable patients about how to access support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 identified patients who were also carers and signposted them to appropriate support.

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 468 patients as carers (approximately 2% of the practice list). The practice had identified a carer's champion who provided information and directed carers to the various avenues of support available to them.
- The practice had a system to identify patients with significant hearing loss so they could be assisted when attending an appointment or when communicating by telephone.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 88% where the CCG average was 85% and the national average was 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Good



Summary of findings

- The percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% where the CCG average was 93% and the national average was 90%.
- The practice regularly worked with multi-disciplinary teams including the community mental health team, district nurses, collaborative care team and social services in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access a number of support groups and voluntary organisations.
- Patients could access on site services provided by the local community mental health trust such as the wellbeing talking therapy service, the IAPT team (improving access to psychological therapies) and the primary care liaison worker.
- The practice had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing below local and national averages. 233 survey forms were distributed and 116 were returned. This represented 50% return rate (approximately 0.5% of the practice's patient list).

The results showed:

- 53% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 38% of patients described their experience of making an appointment as good compared with the CCG average of 70 and national average of 73%.
- 39% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 75% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The five patient Care Quality Commission comment cards we received were positive about the care experienced. Patients noted that their care experience had been friendly and professional and that the practice staff had

looked after their needs in an accommodating and facilitative way. Staff had listened to them and had cared for them with dignity and respect. GPs had given them time and were supportive to their needs; explaining condition and treatment related issues. Comments in two cards noted that the reception staff were polite and helpful.

We spoke with 12 patients including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Six of the 12 patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. The other six noted that they had experienced difficulty in obtaining an appointment.

The practice had monitored the NHS Friends and Family test and had noted a progressive improvement in the percentage of patients very likely or likely to recommend the practice. The results for September 2017 indicated 84% of patients were either very likely or likely to recommend the practice (612 patients participated in NHS Friends and Family test in September).

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to seek feedback from patients using the service and ensure improvement to national GP patient survey results.

St Luke's Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to St Luke's Primary Care Centre

St. Luke's Primary Care Centre situated at Timken Way South Duston Northampton Northamptonshire is a GP practice which provides primary medical care for approximately 22,005 patients living in Duston and the surrounding areas.

St. Luke's Primary Care Centre provide primary care services to local communities under a Personal Medical Services (PMS), which is a locally agreed contract used for providing medical services. The practice population is predominantly white British along with a small ethnic population of Asian and Eastern European origin.

The practice currently has five GPs partners and five salaried GPs (two males and eight females). There are four advanced nurse practitioners and six practice nurses who are supported by two health care assistants. There is a phlebotomist and a clinical pharmacist who is shared with another practice nearby. There is practice manager who is supported by a deputy, an operations manager, a site manager and a team of administrative and reception staff. The local NHS trust provides health visiting and community nursing services to patients at this practice.

The practice operates out of a two storey building. Patient care is provided on both floors with lift access available to the upper floor. There is a car park outside the surgery with adequate disabled parking available.

The practice is open between 8am until 6.30pm Monday to Friday.

When the practice is closed services are provided by Integrated Care 24 Limited via the 111.

Why we carried out this inspection

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 inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 26 October 2017. During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff
- Spoke with patients who used the service.
- Observed how patients were being assisted.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- The staff we spoke with told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed a sample of the 25 documented significant events for the past two years and found that when things went wrong with care and treatment, the patient was informed of the incident as soon as reasonably practicable, received support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again. For example we saw the practice had changed their clinical systems to ensure patients who persistently presented with non-specific symptoms were referred to appropriate specialist advice to exclude cancer.
- We saw that significant events were discussed, reviewed and action points noted at least every month. Learning points were shared through clinical and administrative forums as appropriate. Individual actions were taken forward by the practice manager with whole practice learning disseminated through monthly learning events. Staff we spoke with confirmed lessons were shared.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example following a clinical incident the practice had made sure affected clinical staff were aware of the correct procedure to label specimens before dispatch to the laboratory for analysis.
- Patient safety alerts and MHRA (Medicines and Healthcare Regulatory Agency) alerts were received into the practice by the practice manager and disseminated to the appropriate staff for action. We noted appropriate actions were taken following receipt of alerts. For example we reviewed a patient safety alert related to a medicine used to treat epilepsy and bipolar disorder

and occasionally used to treat migraine or chronic pain. We found that the practice had acted on the recommendations and ensured young adults and women of childbearing potential were prescribed this medicine with caution.

Overview of safety systems and processes

We reviewed the systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. A summary sheet about safeguarding with contact details was available in each consultation and clinical room. A designated GP was the lead for safeguarding. There were regular safeguarding meetings with the health visitor. The GPs provided reports, attended safeguarding meetings and shared information with other agencies where necessary. Safeguarding risks were discussed at the daily practice clinical meetings. The electronic patient record had a marker to alert staff to a patient with safeguarding needs.
- Staff demonstrated they understood their responsibilities. For example we saw that following a review of the care needs of a child whose guardian was being hospitalised the practice had liaised with social services and other relevant agencies to ensure the child's safety and wellbeing. Staff had received the appropriate level of safeguarding training for their role. GPs were trained to the appropriate level to manage child (level three) and adult safeguarding.
- A notice on the television screen in the waiting and in the clinical rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 reviewed the standards of cleanliness and hygiene.

Are services safe?

- We observed the premises to be clean and tidy. Hand wash facilities, including soap dispensers were available throughout the practice. There were cleaning schedules and monitoring systems in place.
- One of the GPs assisted by a practice nurse was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice
- Staff had received up to date IPC training. Annual infection control audits were undertaken and action was taken to address any improvements identified as a result.
- We saw that all applicable staff had been checked for their immunisation status in relation to Hepatitis B. At the time of our inspection the practice was in the process of confirming the immunisation status of applicable clinical and non clinical staff in relation to other immunisations. Following our inspection we were sent evidence to show that systems to ensure immunisation status for all staff was in place.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We ran searches and checked patients that received a range of high risk medicines and found that these patients were being appropriately monitored.
- The practice carried out regular medicines audits, independently and with the support of the NHS Nene CCG medicines management team to ensure prescribing was in line with best practice guidelines for safe prescribing. For example the practice had reviewed patients that received a certain oral medicine to control their diabetes and had ensured the use of this medicine was in accordance with best practice guidelines for safe prescribing.
- Blank prescription forms and 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 the practice nurse to administer

medicines in line with legislation. The health care assistants were trained to administer medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire wardens. There was a fire evacuation plan which identified how staff could support patients to vacate the premises.
- All electrical and clinical equipment had been checked and calibrated to ensure it was safe to use.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- The practice was aware of the current difficult climate with recruiting clinical staff including GPs and was actively seeking to recruit more clinical staff. In addition the practice was currently implementing a new model of care which aimed to ensure patients had access to the right healthcare professional when they needed care.

Are services safe?

- The practice occasionally used locum staff. Locum packs were available that contained information about the practice and the locality. The practice had a system to support locums including buddy arrangements so a locum could liaise with a GP should there be a need.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of the plan was held off site by the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of 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 patients' needs. These included the use of clinical tools available on the electronic patient records. Key points of the guidance and changes in practice were discussed during regular clinical meetings. For example following the review of the guideline related to sepsis (a life-threatening illness caused by the body's response to an infection) we saw that the practice had introduced templates to diagnose the condition so appropriate care could be accessed quickly.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice used templates available within the electronic patient records system to ensure patients with dementia and palliative care received appropriate monitoring and care.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available with 13% exception reporting compared with the clinical commissioning group (CCG) average of 97% with 12% exception reporting and national average of 96% with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2016/17 showed:

- Performance for diabetes related indicators was comparable to the local and national averages. The practice achieved 88% of available points compared to the CCG average of 94%, and the national average of 89%.

For example the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months was 75%, compared to the CCG average of 82% and the national average of 79%. Exception reporting for this indicator was 15% compared to a CCG average of 17% and the national average of 12%.

- Performance for mental health related indicators was comparable to the local and national averages. The practice achieved 100% of available points compared to the CCG average of 96% and the national average of 94%.

For example the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% where the CCG average was 93% and the national average was 90%. Exception reporting for this indicator was 31% compared to a CCG average of 13% and national average of 13%.

- Performance for dementia related indicators was comparable to the local and national averages. The practice achieved 100% of available points compared to the CCG average of 98% and the national average of 97%.

For example the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 88% where the CCG average was 85% and the national average was 84%. Exception reporting for this indicator was 8% compared to a CCG average of 8% and the national average of 7%.

We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate decision making including prompting patients to attend for the relevant monitoring and checks. Discussions with the lead GP showed that procedures were in place for exception reporting as per the QOF guidance and patients were reminded to attend three times and had been contacted by telephone before being subject of exception.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit:

- Ten clinical audits were undertaken in the past two years; two of these were completed audits where the improvements made were implemented and monitored. A system was in place to ensure re auditing took place on a rolling programme.
- The practice participated in local audits, national benchmarking, peer review and research.
- Findings were used by the practice to improve services. For example an audit of patients with a suspected cancer diagnosis had shown all these patients had been referred to a specialist facility within two weeks of the suspected diagnosis as required.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety information governance and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes asthma and COPD (chronic obstructive pulmonary disease).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at clinical and nurses meetings.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, and support for revalidating GPs and nurses. Staff had received an annual appraisal in the past 12 months and staff we spoke with confirmed that this was a positive productive experience.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.
- There were monthly protected learning time (PLT) meetings where all practice staff including GPs and other clinical staff shared their learning.

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 patients with palliative care needs to other services including with the out of hours service and community nursing services.
- There was a process to communicate with the district nurse and health visitor.
- The pathology service were able to share patient clinical information and results electronically.
- There was a system to review patients that had accessed the NHS 111 service and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending for Urgent Care provided by Integrated Care 24 Limited.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Regular meetings took place with other primary health care professionals when care plans were routinely reviewed and updated as needed.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Are services effective?

(for example, treatment is effective)

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Signed consent forms were used for minor surgery and scanned into the electronic patient record.
- Verbal consent was obtained prior to insertion of an intrauterine device (IUD or coil) which was recorded on the patient's records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers and those at risk of developing a long-term condition, those patients with mental health problems and patients with learning difficulties were offered regular health reviews and signposted to relevant support services.
- There were on site health promotion programmes such as smoking, coronary heart disease, blood pressure and hypertension, and family planning.
- Patients could access the wellbeing service hosted by the local CCG on site.
- We saw a variety of health promotion information and resources both on a television screen in the practice and on their website. For example, on family health, long term conditions and minor illness.

- The practice had a system to recall patients for further monitoring or treatments, for example diabetic patients and patients with long term conditions. The practice operated this recall system based on patient's birth year.
- The practice's uptake for the cervical screening programme was 92%, compared to the CCG and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a consequence of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Results showed:

- 78% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 77% and the national average of 73%.
- 61% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 60% and the national average of 58%.

For childhood immunisations the practice exceeded the national target of 90% in four out of the four indicators for childhood immunisations given to under two year olds.

For five year olds, the practice achieved an average of between 88% and 100% (national averages ranged between 88% and 94%) for MMR vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. In the year 2016/17, the practice undertook 1044 health checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The five patient Care Quality Commission comment cards we received were positive about the care experienced. Patients noted that their care experience had been friendly and professional and that the practice staff had looked after their needs in an accommodating and facilitative way. Staff had listened to them and had cared for them with dignity and respect. GPs had given them time and were supportive to their needs; explaining condition and treatment related issues. Comments in two cards noted that the reception staff were polite and helpful.

We spoke with 12 patients including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the most recent national GP patient survey showed patients satisfaction was below average for the scores on consultations with GPs and nurses. For example:

- 69% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 63% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.

- 63% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 86%.
- 74% of patients said the nurse was good at listening to them compared to the CCG average of 90% and the national average of 91%.
- 77% of patients said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and the national average of 97%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 56% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

Most recent results from the national GP patient survey published July 2017 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 68% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 62% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.

Are services caring?

- 71% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 85%.

The practice was aware of the lower satisfaction levels and had undertaken several initiatives to improve satisfaction. For example the practice had devoted an entire learning day on customer care. They had also increased the number of reception staff available at peak times.

After our inspection, the practice sent us the results of a practice patient survey commissioned during November 2017 in which 126 patients had responded. This survey showed satisfaction levels had improved in some areas. For example,

- the percentage of patients who said the last GP they spoke to was good at treating them with care and concern had improved from 63% in the most recent GP survey published in July 2017 to 93% in the practice commissioned patient survey.
- the nurse treating them with care and concern up from 77% (GP survey) to 100% (practice survey)
- the receptionists at the practice being helpful up from 56% (GP survey) to 93% (practice survey).

The practice provided facilities to help patients be involved in decisions about their care:

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

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information was available in the patient waiting area as well as on the practice website which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 468 patients as carers which equated to 2% of the practice list. The practice had identified a carer's champion who provided information and directed carers to the various avenues of support available to them. The practice had a carers board and new carers were invited to complete a carer registration form and were provided with written information about support available to them. Carers were offered flu and other vaccinations as appropriate. After our inspection the practice wrote to us and confirmed that they had achieved the bronze level investors in carers standard (awarded by county council, the NHS and Northamptonshire Carers) which recognised efforts made by GP practices in the identification of and support available to carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice was open Monday to Friday from 8am until 6.30pm.
- The practice provided an automated telephone consultation service.
- The practice provided access with telephone and face to face consultations available on the day as well as pre bookable up to 10 days in advance for people of working age.
- The practice offered a text confirmation and reminder service for booked appointments, for health promotion, and a text service for cancelling booked appointments.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available by a GP for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice supported patients that lived in two care homes and a retirement village.
- Patients over 75 had a named accountable GP and were offered the over 75 health check.
- The practice offered flu and shingles vaccines for older people and other people at risk who needed these vaccinations.
- The practice provided specialist clinics for diabetes, chronic obstructive pulmonary disease (COPD), asthma, and anticoagulation.
- Patients had access to onsite counselling sessions provided by the local mental health trust.
- The practice offered a service to temporary students including those from the nearby university.
- Patients could access on site services provided by the local community mental health trust such as the well being talking therapy service, the IAPT team (improving access to psychological therapies) and the primary care liaison worker.

- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered family planning including the management of intrauterine system and related screening such as chlamydia screening.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- The practice had a system to identify patients with significant hearing loss so they could be assisted when attending an appointment or when communicating by telephone.
- Online services were available for booking appointments and request repeat prescriptions.
- Through the Electronic Prescribing System (EPS) patients could order repeat medicines online and collect the medicines from a pharmacy near their workplace or any other convenient location.

Access to the service

The practice was open Monday to Friday from 8am until 6.30pm. The practice did not offer extended openings.

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

- 51% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 17% of patients said they could get through easily to the practice by phone compared with the CCG average of 67% and the national average of 71%.
- 60% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.

Are services responsive to people's needs?

(for example, to feedback?)

- 52% of patients said their last appointment was convenient compared with the CCG and the national average of 81%.
- 38% of patients described their experience of making an appointment as good compared with the CCG average of 70% and national average of 73%.
- 56% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

The practice was aware of the lower satisfaction levels with access to services. The practice manager told us that decreased satisfaction could be attributed to heavy demands on clinicians due to a previous appointment system. The practice had now changed the appointment system so patients could have a better experience with clinical staff. As a result they had changed the way patients accessed services which included three main objectives:

1. Improve patient access for same day medical issues
2. Improve routine access for ongoing care
3. Improve quality of service

The above objectives were being implemented through the "Pre-triage" model, which was led from within reception by a senior clinician. By operating this model patients who requested on the day appointment were triaged by a duty clinician at the time of the request and referred to various appointment options based on the triage. Options included an on the day appointment with a GP, advanced nurse practitioner or a practice nurse, asked to make a routine appointment with a GP or a referral to A&E. Further by participating in the CCG care navigation project the practice aimed to navigate patients to other services available within the CCG area, for example services offered by social care as well as by the local community health NHS trust.

The practice manager told us that the pilot project had already realised some benefits such as:

- 40% increase in same day appointments available with a clinician.
- Effective use of available clinical staff by referring the patient to the most appropriate clinician available on the day and

- Increased and improved access to routine appointments and to other health care professionals such as the advanced nurse practitioner through effective triage.

However the impact of the new system had yet to be demonstrated. The practice manager told us that they planned to evaluate the pre-triage model over the next few months in order to demonstrate impact.

Following our inspection the practice sent us the results of a practice patient survey commissioned during November 2017 in which 126 patients had responded. This survey showed some improvement to satisfaction levels in relation to access but needed further improvement to ensure improvements were being sustained.

Of the 12 patients we spoke with six agreed that their experience had improved more recently since the introduction of the new appointment system. The other six noted that they had experienced difficulty in obtaining an appointment.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would speak to a member of the clinical duty team or a GP. Home visit requests were referred to a GP who assessed and managed them as per clinical needs.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- One of the GPs was the designated responsible person who handled all complaints in the practice with support from the practice manager.
- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available at the reception desk and there was information on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at a sample of the 96 complaints (a mixture of written and verbal) received in the last 11 months and found these had been handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints. Action was taken to as a result to improve the quality of care. For

example, following a complaint about dissatisfaction at not being able to get their test results, we saw that the practice had responded to the complainant giving an explanation for the delay. We also saw that the practice had offered an apology for the inconvenience caused.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice was committed to delivering high quality patient centred care to all its patients. They aimed to provide high quality safe and professional primary healthcare to the practice population with a focus on disease prevention, promotion of health and wellbeing and partnership working with patients their families and carers.

We saw their mission statement and vision was clearly set out with identified aims and objectives for patient outcomes and staff satisfaction.

The practice had a forward plan to ensure it remained accessible and cost effective. The plan included:

- Full implementation and evaluation of the pre-triage model to improve accessibility to GP and clinical staff appointments.
- Implementation of the care navigation project which aimed to navigate patients to other care services available within the CCG area, for example services offered by social care as well as by the local community health trust.
- Developing templates to facilitate better triaging through the pre-triage model.
- Improving data quality and consistency.
- Continue to implement the NHS England productive general practice quick start scheme which aimed to spread awareness of innovative practice that released time for care including up to ten per cent of GP time.
- Upskilling of the healthcare assistants (HCA) to provide diabetes care.
- Upskilling the HCAs so the practice nurse time could be better utilised.
- Piloting a project to encourage patients to attend for their asthma reviews with a view to minimising non-attenders.
- Piloting electronic test results service to patients using text messages system.
- Improving communications including by the appointment of an operation manager to improve patient communication and complaint investigations.

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 and ensured that:

- There was a staffing structure and staff were aware of their own roles and responsibilities. GPs nurses and the practice manager had lead roles in key areas. For example a GP led on prescribing and palliative care and the practice manager led on health and safety.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice was aware of the issues relating to access and there was a phased implementation of the pre-triage model to improve access. However the impact of this model on improved access was yet to be demonstrated.
- At the time of our inspection the practice was in the process of confirming the immunisation status of applicable clinical and non clinical staff in relation to immunisations (other than Hepatitis B) recommended by the Health and Safety at Work Act 1974.
- The practice was also aware that it needed to increase the availability clinical staff. However owing to the national issues concerning the recruitment of GPs and practice nurses the practice had initiated interim measures such as upskilling the HCAs and employing a pharmacist so the availability of current clinical staff was maximised.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The practice prioritised safe, high quality and compassionate care. Staff told us the GPs and the practice manager were approachable and always took the time to listen to all members of staff.

Are services well-led?

Good 

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

We saw two documented examples from the past 12 months that we reviewed and found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and explanation.
- They kept written records of verbal interactions as well as written correspondence.

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

- The practice held a range of meetings including multi-disciplinary meetings with primary care staff to monitor vulnerable patients. GPs communicated regularly with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings usually every month.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and management 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. We noted protected learning time meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice as well as learning on specific topics.
- Two GPs from the practice were on the governing body of the NHS Nene CCG and had lead roles. One GP led on Children Services and another led on Learning Disabilities and Dementia.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The patient participation group (PPG). We spoke with the chair of the PPG. They told us the PPG had been instrumental in helping the practice to make several improvements. For example the PPG had worked with the practice to make improvements to the appointment system. The previous appointment system had not been user friendly and had resulted in longer waits for the telephone to be answered and securing appointment with a GP. The new system implemented a few months prior to our inspection appeared to be working with positive feedback received from patients. Other initiatives had included working with the practice to improve internal signage and developing a newsletter which gave important information about services available at the practice. More recently the PPG was involved in health talks for example in healthy eating and arthritis care. The PPG had links with local magazine 'Out and About' in Duston and had made use of this link to include useful practice information such as Christmas opening times, health talks. The PPG had also helped in developing a leaflet about the forthcoming care navigation project so patients were informed of the objectives and to ensure effective participation.
- The NHS Friends and Family test, complaints and compliments received.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

We saw the practice:

- Encouraged staff to upskill so they could take emerging opportunities within the practice.
- Implemented innovative schemes to benefit patient care, for example the pre-triage model and the care navigation project.

Are services well-led?

Good 

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

- Co-employed a clinical pharmacist with another local practice to improve medicine optimisation.

The practice was part of the NHS England productive general practice quick start scheme which aimed to spread awareness of innovative practice that released time for

care. Through this scheme it was estimated that most practices could expect to release about ten per cent of GP time. The scheme started in January 2017 and had been continued in-house since then.