Horfield Health 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?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Horfield Health Centre on 4 May 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.
- Risks to patients were assessed and well managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had trained both male and female reception staff and healthcare assistants to act as chaperones, supplementing the male and female clinical practice nursing team.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

We saw several areas of outstanding practice:

- The practice had jointly employed, with three other practices, a Care Coordinator from April 2015. The Care Coordinator contacted all patients post hospital discharge, not just those aged over 65 years, to see if they needed help to manage at home. For example, support such as instigating contact for changing of dressings, catheters or medicines.
- The practice led on providing a Community Resources Lead across the area with sourcing information about support and local groups for patients and both supporting and directing.
- The practice had a very long history of providing community support to patients, not just carers. A volunteer driving service enabled patients to attend the practice for appointments and treatment and a befriending service enabled volunteers to visit housebound patients once a week.
- There was a holistic approach to patients with multiple long term conditions who had their reviews of care carried out at the same time reducing the number of appointments patients were required to attend for their ongoing care.
- The GPs carried out one ante-natal check, and also saw their expectant mothers in the third trimester, to discuss post-natal contraception.
- The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 95% compared to the clinical commissioning group average of 86% and national average of 85%.

The areas where the provider should make improvement are:

- The practice should ensure the new audit check, policies and procedures for the security of prescription paper is sustained.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written 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 patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice should ensure that the new processes implemented for prescription paper security is maintained.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The practice had a detailed and thorough induction programme for all newly appointed staff so that staff were supported and enable to adjust to their new employment quickly. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had jointly employed a Care Coordinator since April 2015. The Care coordinator contacted all patients, not just those over aged over 65 years, to see if they needed help to manage at home.
- The practice led on providing a Community Resources Lead across the area with sourcing information about support and local groups for patients and directing patients to them.
- The practice had a very long history of providing community support to patients, not just carers. A volunteer driving service enabled patients to attend the practice for appointments and treatment and a befriending service enabled volunteers to visit housebound patients once a week.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had recognised that many of their vulnerable patients were temporarily homeless and although they may be living outside of their area kept them on their patient list until settled at a permanent address.
- The practice offered a range of online services including, repeat prescription requests, appointment bookings and email consultations.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a holistic approach for patients with multiple long term conditions who had their reviews of care carried out at the same time which also reduced the number of appointments they were required to attend.
- The GPs carry out one ante-natal check, and also see their expectant mothers in the third trimester, to discuss post-natal contraception.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

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

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided 'teen' checks to all 14 year olds that included immunisation, advice on general well-being, drugs and alcohol and mental health.

Summary of findings

- The GPs carried out one ante-natal check, and also saw their expectant mothers in the third trimester, to discuss post-natal contraception.

Working age people (including those recently retired and students)

Good

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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had been participating in a trial since May 2015 for Web GP e-consult which offered patients 24 hour access to health advice and the option to request an online consultation.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had recognised that many of their vulnerable patients were temporarily homeless and although they may be living outside of their catchment area, kept them on their patient list until settled at a permanent address.
- 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was involved with a project for a mental health nurse to be based and work in conjunction with the clinical staff at the practice to improve care at a local level.

Summary of findings

What people who use the service say

The national GP patient survey results were published January 2016. The results showed the practice was performing in line with local and national averages. 330 survey forms were distributed and 126 were returned. This represented a 38% response rate, comparable to the national response rate of 38%.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 77%.
- The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 95% compared to the clinical commissioning group of 86% and national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 81%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received Patients told us the staff and atmosphere at the practice was good particularly when they were feeling unwell, unsafe and anxious.

Comment cards also highlighted that staff responded compassionately when they needed help, exceeding expectations and providing the necessary support when required. Patients told us they found staff to be calm, responsive and empathic to their needs.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. This reflected information from the nation GP survey:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- The practice should ensure the new audit check, policies and procedures for the security of prescription paper is sustained.

Outstanding practice

- The practice had jointly employed, with three other practices, a Care Coordinator from April 2015. The Care Coordinator contacted all patients post hospital discharge, not just those aged over 65 years, to see if they needed help to manage at home. For example, support such as instigating contact for changing of dressings, catheters or medicines.

Summary of findings

- The practice led on providing a Community Resources Lead across the area with sourcing information about support and local groups for patients and both supporting and directing.
- The practice had a very long history of providing community support to patients, not just carers. A volunteer driving service enabled patients to attend the practice for appointments and treatment and a befriending service enabled volunteers to visit housebound patients once a week.
- There was a holistic approach to patients with multiple long term conditions who had their reviews of care carried out at the same time reducing the number of appointments patients were required to attend for their on-going care.
- The GPs carried out one ante-natal check, and also saw their expectant mothers in the third trimester, to discuss post-natal contraception.
- The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 95% compared to the clinical commissioning group average of 86% and national average of 85%.

Horfield Health 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 adviser and a practice nurse specialist adviser.

Background to Horfield Health Centre

Horfield Health Centre is located in a residential area of the city of Bristol. They have approximately 15,461 patients registered.

The practice operates from one location:

Horfield Health CentreLockleaze RoadBristolBS7 9RR

Horfield Health Centre is situated in an adapted building in a central area of Horfield in Bristol. It serves patients from Horfield, Lockleaze, Northville, Gloucester Road, Manor Farm and Ashley Down areas of Bristol. The main patient areas of the practice are situated on the ground floor of the main building and it hosts health visitors speech and language, midwifery, podiatry and counselling service on the first floor. There is a lift to the first floor. There is parking at the side and rear of the practice. There is an independent pharmacy on site in the adjacent building, which the partnership has recently purchased and developed to accommodate the local community nursing team and an independent optician.

The practice is made up of eight GP partners, one currently waiting to be registered with the CQC and six salaried GPs. Ten female and four male. They have one nurse prescriber, five practice nurses and three healthcare assistants. They are supported by a practice business manager, who also is a partner and shares the role of registered manager. There is a deputy practice manager, secretaries, reception and administration team. The practice employs staff for maintenance and managing the car park. The practice is a teaching practice for medical students. There were no medical students at the time of this inspection. The practice has been a training practice for over 30 years and there was an F2 doctor and ST3 doctor present on the day of inspection.

The practice opening hours are from 8am until 6.30pm, Monday to Friday. Saturdays 8.30am to 12noon. Doctor's surgeries are from 8.40am to 11.20am and then from 3:30pm to 6.30pm. The practice also offers some appointments in the early afternoon between 1:30pm and 3:00pm. Practice Nurse, Health Care Assistant and Phlebotomy (blood taking) appointments are available between 8.40am and 6.10pm, Monday to Friday.

The practice has a Personal Medical Services contract with NHS England. The practice is contracted for a number of enhanced services including extended hours access, patient participation, immunisations, supporting patient with a learning disability and unplanned admission avoidance.

The practice does not provide out of hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the practice website.

Patient Age Distribution

0-4 years old: 6.8% (the national average 5.9%)

5-14 years old: 11% (the national average 11.4%)

Under 18 years old: 21.3% (the national average 20.7%)

65-74 years old: 11% (the national average 17.1%)

75-84 years old: 4.6% (the national average 7.8%)

Detailed findings

85+ years old: 1.6% (the national average 2.3%)

Other Population Demographics

The percentage of Patients with a long standing health condition is 50.1% (the national average 54%).

The percentage of Patients in paid work or full time education is 71% (the national average 61.5%).

Practice List Demographics / Deprivation

Index of Multiple Deprivation 2015 (IMD): is 27.5% (the national average 21.8%)

Income Deprivation Affecting Children (IDACI): is 25% (the national average 19.9%)

Income Deprivation Affecting Older People (IDAOPI): is 23.6% (the national average 16.2%)

There is a black and minority ethnic group population of around 15.5%, including a large number of people of Somali origin. There is a changing population, including those whose first language is Polish.

Patient turnover 2015 13%.

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 visiting, 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 visit on 4 May 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing, management, maintenance and administration staff.

  We spoke with members of the volunteer service who support the patients using the practice and spoke with patients who used the service. We also spoke with health care professionals who came into contact with the service such as community midwives, mental health nurse, and substance misuse worker,
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of regular monthly meetings where these were discussed. We saw that a variety of issues were raised as significant events that were not just relating to the healthcare of patients. They had included minor near misses such as the potential of missing room keys to improvements made to ensure the patient records reflected the care provided to them, We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a pregnant patient had a delayed diagnosis of gestational diabetes. The practice reviewed the events that led up to the delay in supporting the patient appropriately and had implemented a number of changes to prevent reoccurrence. They had discussed the issues with other health care practitioners involved in the patients care and had put changes into how they flagged up planned dates for blood tests so that they were not missed. They also identified steps to be taken when significant blood test results were received by the practice and how these were shared, They introduced a system so that reception staff booked patients in for the correct blood tests after being seen by the Midwife. We saw there was an annual review of significant events where trends and themes were identified and compared with the findings of the previous year. We saw that actions taken were assessed as to their effectiveness and plans put in place to improve how the practice responded, reported and informed staff of how they managed significant events in the future.

Overview of safety systems and processes

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

- 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 clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Information was on display and readily to hand in treatment and consulting rooms. There was a lead member of clinical staff for safeguarding children and another for safeguarding adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Four of the six nursing staff and one healthcare assistant were also trained to level three in child protection the others were to level two. We saw that four of the GPs, two partners and two salaried GPs, all who recently joined in the last few months, the practice had recently received update training for adult safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. and healthcare assistants to act as chaperones, supplementing the male and female clinical practice nursing team.
- All 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).
- The practice maintained appropriate standards of cleanliness and hygiene. Monthly cleaning audits were carried out to support this. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection

prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We observed that the processes for blank prescription forms and pads meant they were securely stored and there were established systems in place to monitor their use when received into the practice and when they distributed the prescription printer paper to the various printers in the consulting and treatment rooms. We also observed that printer paper was not removed or locked away when the clinician had vacated the room. We were informed before the end of the day the procedure had been changed and all printer paper would be removed at the end of the day. Following the inspection we were provided with updated information that a new audit check, policy and procedure would be implemented. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed a sample of personnel files for staff most recently employed including clinical staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with posters on display in key staff areas which identified local health and safety representatives. The practice employed a member of staff to take the lead with maintenance and safety in the building and external areas. They ensured that key policies and procedures were implemented and appropriate checks were in place. For example, the practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. One member of administration staff maintained an overview of clinical staffing at the practice ensuring cover was effectively maintained with gaps identified and appropriate cover implemented.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services safe?

- 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results 2014/2015 were 97.3% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.4% and England average of 94.8%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 93%; the CCG average was 90%, the national average was 88%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records, in the preceding 12 months (01/04/2014 to 31/03/2015) was 90%; the CCG average was 91%, the national average was 88%.
- There had been 15 clinical audits completed in the last two years, at least three of these were completed audits where the improvements made to patient care and treatment were implemented and monitored. For example, the practice clinicians had identified that patients with chronic kidney disease had not, as part of the QOF framework, had regular creatinine checks (a check for a compound secreted in urine). Over the process of two audits they discovered that a proportion of patients with significant renal impairment had not had a recent check. A regular search report was implemented and a programme of checks put in place. Other examples included evidence that audits on coding in patients records made changes to ensure that patients with diabetes were flagged up appropriately; and that the preferred place of death for patients receiving end of life care was identified (through using the Gold Standards Framework) and followed through. A small number of audits were identified as to be repeated to ensure that actions taken from the initial audit were effective such as screening migrants for their Hepatitis B status and ensuring that children living in a care service were coded appropriately and offered a 'teen' health check and an appointment with their own GP. We saw evidence that individual clinicians carried out audits of their own performance, for example, in providing contraceptive care which led to instigating training updates and improved confidence in providing the appropriate care for patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the Diabetes Quality Improvement Project which looked at suboptimal glycaemic control (blood sugar levels) at the practice. The practice had found there had been an improvement in their QOF outcomes. The project had been a multiple education process for all staff in the practice and had included the implementation of improvements with recording of interventions, GP engagement in diabetes management and increased collaboration with the practice nurses.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire

safety, health and safety and confidentiality. We saw the induction programme was very detailed and three members of staff, including a registrar we spoke with, told us the induction programme was very thorough. All were given mentors and 'buddy's' and expressed they had felt welcomed and included immediately in the staff team.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, a health care assistant (HCA) was undertaking an HCA Foundation course. One HCA and a member of the reception staff had recently taken a course to promote and provide smoking cessation with positive outcomes for patients with an increase of quit rates. To assist with understanding and supporting the population they supported GPs had undertaken Identification and Referral to Improve Safety (IRIS) training for domestic violence. The practice had also arranged Stand Against Racism and Inequality (SARI) training to help them support their more vulnerable and diverse patient groups, a session about substance misuse with Bristol Drugs Project and a session about mental health with the local MIND group. Also training for dermatology, sexual health, management and leadership. Training updates had been taken for those GPs responsible for providing training at the practice.
- 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 practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months this included the GPs who had an in-house appraisal as well as the external revalidation process. The practice also told us there was a GP to GP observation programme and 360 degree appraisal system for all staff.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We had feedback from health care professionals who regularly came in contact with the service including the community matron, substance misuse advisors, and community midwives. All told us the practice worked well with them, communication was good and there was a team approach to providing care and support to patients.

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.

Good

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were either provided with support within the practice or signposted to the relevant service.
- The practice's stop smoking service has had consistently high results for smoking cessation.
- The practice hosted a number of services including NHS services such as child healthcare (health visitors), dietician and podiatry. They also hosted counselling services from various different organisations. A local hearing service attended the practice once a month.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy for recall carried out by administration staff for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also supported its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- 43% of patients aged 60-69 years were screened for bowel cancer within six months of invitation which was below the clinical commissioning group (CCG) average of 48%, and the national average of 55%. However, we noted that 52% of patients aged 60-69 years were screened for bowel cancer in the last 30 months, which was similar to the CCG average of 53%, and the national average of 58%.
- 70% of females, aged 50-70 years were screened for breast cancer within six months of invitation, which is in line with the CCG average of 70%, and national average of 73%.

Childhood immunisation rates for the vaccines given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 98%, with the CCG from 81% to 97%. Childhood immunisations for five year olds ranged from 84% to 93%, which compared with the CCG range from 88% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, teen checks for 14 year olds, and NHS health checks for patients aged 40–74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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 that whenever patients wanted to discuss sensitive issues or appeared distressed they could be offered a private room to discuss their needs.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients told us the staff and atmosphere at the practice was good particularly when they were feeling unwell, unsafe and anxious.

We spoke with eight patients. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help, going beyond what would be expected and provided the necessary support when required. Patients told us they had found staff to be calm, responsive and empathic to their needs.

Results from the national GP patient survey (published January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was comparable or above for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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.

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85.5% national average of 85%)

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

Good

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting areas, a self-care room where they can access equipment such as to monitor their blood pressure and detail of support groups and organisations. Information about support groups was also available on the practice website. The practice had participated in local health and wellbeing events in the area to promote self-care, access to services and identify carers in the community.

The practice in conjunction with three other practices had employed a Care Coordinator from April 2015 to contact patients of all ages post hospital discharge to see if they needed any help to manage at home. We were provided with information to show the positive outcomes from this work including examples of assistance given such as instigating contact for changing of dressings, catheters and medicines. Referral back to the GP for pain relief for another patient and referral for carers support and a needs assessment for another family. This role worked in conjunction with the Community Resources Lead role which originated from Horfield Health Centre during January 2015 when a receptionist was allocated two hours per week to be a point of contact for local community organisations to build up relationships with them. This role had evolved and there was a comprehensive resource of information and there was a focus of working with the Care Coordinator role and members of staff from the other three GP practices to develop an effective and responsive service to patients across the area.

The practice had a focus on identifying carers in the different population groups. They checked when a patient registers, when patients' needs change, when terminally ill and if they attend health checks such as the 'teen' health check. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 541(265 in 2014) patients as carers (3.5% of the practice list). Carers were directed to the Carers Support Group the practice had developed. Volunteers from the group regularly attend the practice and spent time in the patient waiting area to help identify and signpost carers. The practice hosted monthly carer's surgeries, a cup of tea, cake and conversations where usually around 10 carers attended. Written information was available alongside information on the practice website to direct carers to the various avenues of support available to them.

The practice had a very long history of providing community support to patients, not just carers and had involved itself in the local community by originally setting up and working with volunteers to provide a resource in the community. This group of volunteers was now linked with the Retired and Senior Volunteer Programme where local volunteers offered some of their spare time to help patient's housebound, elderly or in need of support. Volunteer drivers enable patients to attend the practice for appointments and treatment. There was also a befriending service to visit housebound patients once a week. From speaking with the Care Coordinator and the volunteers present during the inspection we heard how this worked well and how there was good communication between them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the practice sent them a sympathy card. The card included details that reiterated they could contact the practice and speak to their GP and information about the local volunteer bereavement service

Likewise, new parents were sent a card congratulating them on their new arrivals. They were also provided with information about the first health checks and baby clinics they needed to attend and other available resources should it be required.

Good

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.

- The practice offered access to pre bookable appointments on a Saturday morning for patients who could not attend during normal opening hours.
- The practice offered text reminders for appointments.
- The practice offered un-booked surgeries on every working day, including telephone consultations which was particularly helpful for patients who found a formal appointment system difficult such as members of the travellers community.
- The practice offered a 24 hour telephone appointment booking system including requests for telephone consultation.
- The practice had been participating in a trial since May 2015 for Web GP e-consult which offered patients 24 hour access to health advice with the ability to request and e- consultation.
- There were longer appointments available for patients with a learning disability and those with complex needs. For example, patients with multiple long term conditions had their reviews of care carried out at the same time reducing the number of appointments patients were required to attend for their on-going care.
- The practice had recognised that many of their vulnerable patients were temporarily homeless and although they may be living outside of their area keep them on their patient list until settled at a permanent address.
- The practice offered a range of online services including, repeat prescription requests, appointment bookings and email consultations.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Personal lists for all GPs which provided continuity of care for patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice hosted or facilitated other health services which enabled patients to receive care and treatment locally. This included the tissue viability nurse, continence nurse, dietician, substance misuse worker, and weight management support. They also provided free accommodation at the health centre to organisations supporting wider care including Tommorrow's People(help for long term unemployed) and Next Link(domestic violence support services).
- The practice facilitated counselling services at the health centre. Two GPs had been trained in regard to Cognitive Behaviour Therapy (CBT). The practice was involved in a one year pilot with One Care Consortium (an organisation to enable integrated care in the locality) to support a mental health nurse to work with GPs to provide additional support to patients at the practice.
- The practice refers to and hosted a Wellbeing Arts sessions for patients seeking to improve their wellbeing and social interaction.
- The practice enabled patients to access health screening at the practice such as aortic aneurysm screening and diabetic retinopathy.
- The practice had developed a Carer's Support Group to help identify and signpost carers to support and hosted monthly carers surgeries.
- Had a Community Resource Coordinator to develop and maintain links with the local community so that they could assist the practice to provide the appropriate care to meet patients needs.
- The practice support a volunteer driver and befriending service for their patients.
- The practice had implemented a Care Coordinator role jointly with three other practices to contact patients of all age groups post hospital discharge to check they were able to manage at home.
- The practice provided a contraception and sexual health service for young people (4YP) and has been accredited as a 'Young People Friendly' practice a Department of Health 'You're Welcome' quality criteria.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- The practice provided 'teen' checks to all 14 year olds that included immunisation, advice on general wellbeing, drugs and alcohol and mental health.
- The GPs carry out one ante-natal check, and also see their expectant mothers in the third trimester, to discuss contraception.

Access to the service

The practice opening hours were from 8am until 6.30pm, Monday to Friday. Saturdays 8.30am to 12noon. GP's appointments were from 8.40am to 11.20am and then from 3:30pm until 6.30pm. The practice also offered some appointments in the early afternoon 1:30pm until 3:00pm. Practice Nurse, Health Care Assistant & Phlebotomy (blood taking) appointments were available between 8.40am and 6.10pm, Monday to Friday. In addition to pre-bookable appointments that could be booked up to five to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had already recognised that telephone access for patients was below the national average and of a concern to them. We heard they had been working with the practice patient participation group (PPG) and external organisations to improve patient experience. The practice had made physical changes to improve access by introducing a phone management service. However, when it was apparent this was not flexible to the service they sought support and advice to improve. They had been engaged in a telephony project since 2015 with One Care Consortium to improve telephone contact at the practice and joint working with other GP services in the local area. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

Patients who were deemed at significant risk by the nature of their needs such as long term conditions or vulnerability were flagged up on the patient record system. GPs had a system of triage of requests and telephone contacts made by patients or relatives. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice in conjunction with a local nursing home carried out a quality improvement project to improve patient care and access to GP services. This project had commenced in January 2016 and looked at the areas to improve to ensure that patients living in the nursing home had appropriate and timely access to GP services. The project had resulted in improved communication and sharing of information across the home staff and GPs for example, greater explanation of the reason for a request for a GP visit, a telephone visit triage call was made. Regular visits were scheduled so that nursing staff at the home were available to assist with visits and any actions to take place following the visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters and leaflets on display in patient areas of the health centre and information on the public website.

We looked at a sample of the 23 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Complainants were responded to and actions put in place to improve and ensure their concerns did not arise in the future. All minor comments were dealt with in the same way as formal written complaints. Patients concerns ranged from delays in telephone calls being responded to or transferred to the appropriate person, to aspects of clinical care. Key themes were identified such as communication and attitude of staff. Changes implemented from complaints included

Good

Are services responsive to people's needs?

(for example, to feedback?)

ensuring that reception staff when communicating with patients made it clear what the service could and could not provide. Another action taken was to improve how when referrals were made they were monitored, this was raised as a significant event and actions put in place to ensure that the concern did not arise again.

The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 95% compared to the clinical commissioning group of 86% and national average of 85%. Also 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 81%.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They stated they aimed to be the practice of choice for residents within the Horfield and Lockleaze area of Bristol and to offer a broad range of services to those patients.

- The practice had a mission statement which was displayed in the waiting areas, on their website and in documents, leaflets and information they provided to people. Staff knew and understood the values. Key words they used were, 'we listen, we care and we respond'.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. We saw from business plans and updates of business plans for 2015/2016 that they had identified their priorities in improving the service and ensuring it was a sustainable service. Key achievements were maintaining and increasing clinical hours, GP and nursing staff to meet the needs of the patient population and relieve the pressure from other staff.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There was lead role structure that was changed periodically so that members of staff were multi- skilled and knowledgeable so they could support their colleagues and the service.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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 training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. Daily lunchtime get-togethers for all GPs meant that there was a sharing of information and discussion.
- 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. We noted team home days were held every year
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service

Are services well-led?

Good

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

delivered by the practice. We observed there was a focused team approach to providing the service and that all aspects of the various team members worked well together.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), patient virtual group and through surveys and complaints received. The PPG of around 75 participants, with seven core members met regularly at least twice a year, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improved information in the reception and waiting areas to inform patients of the different options available to them in regard of booking appointments, requests for repeat prescriptions and seeking health information. The PPG had also added their support to the practice seeking alternative arrangements to improve the telephony service at the practice. In regard of patient comfort the PPG had instigated the installation of a water cooler and high seated chairs for patients with mobility problems in the waiting room areas.
- From patient feedback it was evident that patients were frustrated about car park access during school pick-up and drop-off times. The practice response was to employ a car park attendant that ensured that patients were able to park safely and attend their appointments and clinics in a timely way.
- The practice had gathered feedback from staff through annual staff surveys, home days(whole team training and development days held at the practice) and generally 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. Staff 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Through One Care Consortium the practice were working with a Mental Health Specialist on a one year project, a telephony improvement project and WebGP e-consulting service. A number of GP practices in Bristol, North Somerset and South Gloucestershire together form One Care Consortium which vision was to create an integrated and effective approach to the delivery of primary care across the area providing seamless seven-day a week care to patients and the sharing of standards, ideas, processes and resources, and the interface between general practices and Out of Hours through the sharing of records.

The practice had also engaged in improving access to patients records; with permission from patients they had instigated access by out of hours clinicians so that there was continuity of care. Within the practice they had identified areas to improve and carried out assessment of the diabetes care and the work they were doing with patients living in a nursing home. The practice had identified and made changes to improve their patient records and IT systems including protocols with clinical templates and triggers to aid clinicians to make informed choices for the care and treatment they wished to provide in partnership with patients. The practice were in mid-recruitment process to employ an IT lead to develop these improvements further.

The business partner was on the steering group and now director for One Care Consortium. One GP was newly elected onto the locality executive group, working for the clinical commissioning group. Various other members of staff had engaged with working groups within this organisation. The practice, one of only four practices in the UK to have achieved this award at that time, had been recognised by the Royal College of GPs and been awarded a Practice Award three times 2001, 2007 and 2013. The latter was linked for their registration with the Care Quality Commission. The practice was involved in carrying out research and engaged patients to participate where appropriate.