

# Northgate Surgery

## Quality Report

Northgate  
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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.

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# Summary of findings

## Overall summary

Northgate Surgery is a training practice providing primary medical services to approximately 11,400 patients living in the Pontefract area. Services are provided under the terms of the nationally agreed Standard General Medical Services contract. The practice registered with the Care Quality Commission as a partnership on 1 April 2013 to provide the following regulated activities:-

- Diagnostic and screening procedures.
- Surgical procedures.
- Treatment of disease, disorder or injury.
- Family planning.
- Maternity and midwifery services.

The practice building is clean and well-maintained. Car parking is limited but a space is reserved for patients with limited mobility. The practice entrance is accessed via a ramp and entry to the main reception desk and patient waiting area is via automatic doors. Patients wishing to talk to the staff in private can ask to use a small room adjacent to the main waiting area.

Patients are cared for by trained and experienced staff and receive treatment appropriate to their needs. The staff are proactive in assessing the risks to patients and ensuring their safety is maintained. The staff seek the views of patients and take action to improve the service. The practice meets national regulatory standards and provides services that are safe, effective, caring, responsive and well-led.

# 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 service was safe. Effective systems were in place to monitor the safety of the service. Medicines and vaccines were stored and administered appropriately. The practice premises were clean and well-maintained. Effective safeguarding procedures were in place and staff knew how to report concerns. Emergency equipment and medicines were kept ready for use and there were arrangements to ensure the continuity of the service in the event of a major incident.

### **Are services effective?**

The service was effective. Care and treatment was delivered in line with current best practice guidance. Patient's needs were met and referrals to secondary (hospital) care were made in a timely manner. Procedures were in place to obtain and record consent to treatment. The staff made appropriate use of benchmarking and audit tools to assess performance.

### **Are services caring?**

The service was caring. Patients were complimentary about the service. They said the staff were respectful and caring. The practice has a well-established patient participation group (PPG). Patients involved with the PPG said they were welcomed and fully involved in discussions about the running of the practice and ways to improve the service.

### **Are services responsive to people's needs?**

The practice was responsive to the needs and views of patients. There was an open culture of learning. Staff were proactive in seeking the views of patients and responding to suggestions that could improve the service. Information about the practice complaints procedure was included in the practice leaflet and displayed in the reception area. Complaints were treated seriously and responded to appropriately.

### **Are services well-led?**

The service was well-led. The leadership team were effective and had a clear vision for the future of the practice. Staff were supported to carry out their roles. Effective governance arrangements were in place and there was an effective system to identify and respond to risks.

# Summary of findings

## The six population groups and what we found

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

### Older people

The service had appropriate provision to ensure care for older people was safe, caring, responsive and effective. The practice was exceeding local targets for the proportion of patients over 75 years who had a Care Plan. All patients aged 75 and over had a named GP. Staff from the practice carried out regular visits to patients living in local care homes.

### People with long-term conditions

The service had adequate provision to ensure care for people with long term conditions was safe, caring, effective, responsive and effective. Patients with long term conditions had care plans and procedures were in place to ensure they were recalled for medication reviews. A sit and wait phlebotomy clinic was available for patients needing blood tests.

### Mothers, babies, children and young people

The service had adequate provision to ensure care for mothers, babies and young people was safe, caring, responsive and effective. Expectant mothers had access to care, treatment and support from midwives and health visitors. Babies received a six week check with one of the doctors at the practice and those who became unwell were seen by a doctor on the same day. New parents were given information describing common childhood conditions. The practice web site had advice on healthy living and a self-help guide to common childhood ailments and minor accidents.

### The working-age population and those recently retired

The service had adequate provision to ensure care for working age people and those recently retired was safe, caring, responsive and effective. On Wednesdays and Thursdays early morning and late evening appointments were available to improve access for working age adults. Repeat prescriptions and appointments could be arranged by telephone or on-line via the practice website.

### People in vulnerable circumstances who may have poor access to primary care

There was adequate provision to ensure care for people who may have poor access to primary care was safe, caring, responsive and effective. All staff had received safeguarding training and the

# Summary of findings

practice had effective procedures in place to safeguard vulnerable adults and children. Temporary residents, travellers or other patients without a pre-booked appointment were able to sit and wait if they wished to be seen on that day.

## **People experiencing poor mental health**

The service had adequate provision to ensure that care for people experiencing a mental health problem was safe, caring, responsive and effective. Patients experiencing mental health problems had individual care plans. Alerts were included on their electronic patient record to ensure staff were aware of those deemed to be at risk and who may need to see a doctor without delay.

# Summary of findings

## What people who use the service say

During our visit we spoke with eight patients and received two completed CQC comment cards. Patients were complimentary about the staff and the care and treatment they received. They felt they were treated with courtesy and respect and kept informed about their diagnosis and treatment.

Patient's opinions varied in their assessment of the practice appointments system. Most said they were generally able to get a convenient appointment but some did experience difficulty contacting the practice by

telephone. The 2013 national general practice patient survey showed that 72% of the patients who responded found it very easy or fairly easy to get through to someone on the telephone. In response to other questions 77% felt the practice was open at times that were convenient for them and 82% described their experience of making an appointment as very good or fairly good. These percentages are similar to or better than the Wakefield CCG and national averages.

## Areas for improvement

## Outstanding practice

Our inspection team highlighted the following areas of good practice:

The practice has appointed a member of staff to be a Sensory Impairment Champion.

# Northgate Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team included a General Practitioner from another practice, a Specialist Advisor with experience of working as a practice manager, an Expert by Experience and was led by a CQC Inspector.

## Background to Northgate Surgery

Northgate Surgery, also known as Dr D Eccles and Partners, is situated in modern premises in the Northgate area of Pontefract. The practice provides primary care services for approximately 11,400 patients. There are seven permanent doctors at the practice, four male and three female. They are supported by a regular locum doctor, three practice nurses, two healthcare assistants and an experienced administrative team.

The practice list is open to patients living in the WF8 postcode area and also some of the areas bordering Pontefract. The practice is open each weekday and offers extended services from 7am on Wednesdays and Thursdays and until 8.15pm on Thursdays. A range of appointments are available, including telephone consultations. Antenatal, baby and diabetic clinics are run each week. Minor surgery, immunisation, well-person, weight & diet, hypertension and endoscopy clinics are available by appointment. A 'sit and wait' phlebotomy clinic has recently been introduced. Patients can book an appointment in person, by telephone or on-line. The practice does not open at weekends. Out of hours care is provided by the West Yorkshire Urgent Care Service.

Approximately 21% of patients registered with the practice are aged under 18 years. Patients aged over 65 years account for approximately 16% of the registered practice population. These percentages are similar to the average for all GP practices in the Wakefield CCG area and England as a whole. Income deprivation indices affecting children and older people are both similar to the Wakefield CCG area and England averages.

The results of the National Patient Survey 2013/14 indicate that 96% of patients who responded were very satisfied or fairly satisfied with the care given at the practice. Slightly fewer, 83% of those who responded, were very satisfied or fairly satisfied with the practice opening hours. However, 21% of patients rated their ability to contact the practice by telephone as poor.

## Why we carried out this inspection

We visited this practice as part of our testing of our new inspection programme. This practice had not been inspected before and that is why we included it in this wave of pilot inspections.

## How we carried out this inspection

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

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

# Detailed findings

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

Before our inspection visit we reviewed data from our Intelligent Monitoring system and asked other organisations in the area to share what they knew about the practice. This did not highlight any significant areas of concern or risk across the five key question areas.

We carried out an announced visit on 9 July 2014. The inspection team spent seven hours at the practice. We reviewed all areas of the practice, including the administrative areas. We sought views from patients both face-to-face and via CQC comment cards. During our visit we spoke with eight patients, the practice manager, the assistant practice manager, five GPs, two nurses, a healthcare assistant and six members of the practice administration team.



# Are services safe?

## Our findings

The service was safe. Effective systems were in place to monitor the safety of the service. Medicines and vaccines were stored and administered appropriately. The practice premises were clean and well-maintained. Effective safeguarding procedures were in place and staff knew how to report concerns. Emergency equipment and medicines were kept ready for use and there were arrangements to ensure the continuity of the service in the event of a major incident.

### Safe patient care

Before our visit we asked other organisations to share what they knew about the practice. NHS England told us they had no concerns about Northgate Surgery. They said the practice was performing well compared to practices in other areas of West Yorkshire.

Results of the most recent (2012-2013) GP practice Quality and Outcomes Framework assessment (a national performance measurement tool) indicated that the practice was performing above the Wakefield CCG average in 18 of the 22 clinical domains and above the England average in 19 of the clinical domains.

The practice was exceeding (71.8%) the current local improvement target (60%) for the proportion of patients over 75 years who have a Care Plan. In 2012-2013 the practice was reported to have high prescribing rates for certain antibiotics (Cephalosporin and Quinolone). Wakefield CCG told us that prescribing of these antibiotics, which had been significantly higher (12.5%) than the England average (6.5%), had improved over the last year and was now 5% and below the England average.

There was an open and supportive culture among the staff, who actively reflected on their performance and welcomed opportunities for learning. The practice had systems in place to monitor patient safety. There were systems to ensure any significant incidents and safety concerns were reported and acted upon to improve the service and maintain patient safety. Safety alerts issued through the NHS Central Alerting System were logged by the practice manager and where appropriate circulated to other staff for action.

### Learning from incidents

Minor events or incidents were monitored by the practice manager, for patterns or trends and discussed with the

practice team. Procedures were also in place to review significant incidents regularly, i.e. those where a patient had been harmed or where a risk of harm had occurred. Significant incident review meetings were held at least four times a year. At each review meeting up to five significant events or incidents were examined and improvement actions agreed. Where more urgent action was required reviews were held as part of the monthly practice meetings. We looked at the records of three recent significant event reviews and saw that investigations, including root cause analysis, had been carried out and changes made to working practices to reduce the risk of a reoccurrence. The impact of any learning and actions had then been reviewed at the following meeting.

### Safeguarding

The practice had a named safeguarding lead and deputy. The practice safeguarding lead was also the lead GP for safeguarding across the Wakefield CCG area. Flow charts describing safeguarding procedures and contact details for external agencies were available throughout the practice. Clinical and non-clinical staff had received safeguarding training and understood their responsibilities to ensure that adults and children were protected from abuse. They were aware of the types of abuse which may be seen in patients accessing primary care. The staff knew how to report a concern and were confident that concerns would be investigated. Where a concern had been identified the practice had reported the concern to the appropriate agencies. Effective links were maintained with other organisations concerned with safeguarding. Where safeguarding concerns existed, a marker was added to the relevant patient's clinical record to alert the medical and nursing staff.

### Monitoring safety and responding to risk

The practice was proactive in its approach to safety and the management of risk. Regular assessments were made of health and safety matters within the practice. The assistant practice manager monitored; general safety, fire safety, electrical hazards, waste management, cleanliness and infection control. Systems were also in place to test the effectiveness of fire evacuation procedures.

The practice had recently involved the Medical Protection Society (MPS) in the completion of a full assessment of risk at the practice. This involved an on-line staff survey and a

# Are services safe?

training session. Following completion of the risk assessments the practice were improving methods to gather patient comments and arranging further chaperone training.

## Medicines management

Medication and vaccines kept at the practice were stored securely. The internal temperature of the vaccine refrigerators were monitored twice daily and cold chain records kept. A further temperature check was made immediately before vaccines were administered. Systems were in place to report failures of the cold chain and obtain replacement stocks.

Medicine and equipment bags were available for doctors to take on home visits. Bags were regularly checked to ensure that they were appropriately stocked and medication was within date. Prescription pads were stored securely and only issued in small numbers when required. Controlled drugs were not kept at the practice.

## Cleanliness and infection control

The assistant practice manager was the acting lead for cleanliness and infection control pending the appointment of a nurse practitioner. Appropriate infection control policies and procedures were in place and regular checks were made on the standard of cleaning. An infection control audit tool was available; however, this had not yet been put into regular use.

The practice premises were visibly clean. Colour coded cleaning equipment was available and stored clean ready for use. The use of colour coded cleaning equipment, designated for use only in specified areas, is important and helps reduce the risks of cross contamination. However, the current arrangements for the storage of cleaning equipment and supplies were unsatisfactory. The practice could further reduce the risk of cross contamination by ensuring that there is sufficient space so as to allow adequate separation of stored equipment.

Equipment and clinical supplies were neatly stored ready for use. Hand washing materials, personal protective equipment and facilities for the safe disposal of clinical waste were available. Fabric privacy curtains were in use and subject to twice yearly cleaning to reduce the risk of infection. The consulting and treatment rooms were clean and tidy. However, ten of the consulting rooms were

carpeted and furnished with fabric seating, which can be more difficult to keep clean. The practice has a programme of refurbishment and was replacing these as resources became available.

## Staffing and recruitment

Appropriate pre-employment checks, including references, professional registration and enhanced background checks, carried out through the Disclosure and Barring Service (DBS) were completed prior to staff commencing work. Upon appointment staff underwent a period of induction, which included familiarisation with practice policies and procedures. Regular progress reviews were held to assess their competency and confirm they had satisfactorily completed their probationary period. Where individual performance concerns were identified the practice had procedures to assess the impact and support staff to improve.

Additional arrangements were in place for locum staff, including checks on; professional registration, medical liability cover, inclusion on the national medical performers list and the completion of satisfactory safeguarding training. Locum doctors were also provided with information on practice protocols and procedures, details of key contacts, including interpreters and copies of useful documents, such as referral forms.

## Dealing with Emergencies

Emergency medicines and equipment, including a defibrillator and oxygen supply, were available at the practice. Practice staff were trained in basic life support and cardio pulmonary resuscitation. The staff knew how to raise an alarm and how to respond in the event of an emergency. Emergency medicines and equipment were regularly checked to ensure they were within date and ready for use when required. Records were kept detailing when checks had been completed and issues identified or actions requiring attention. Stocks of adrenalin were kept in all the consulting and treatment rooms. Systems were in place to ensure adequate stocks were maintained at all times.

The practice had a Business Continuity Plan to ensure the continuity of the service in the event of a major incident. A copy of the plan was kept off site and there was an agreement with a neighbouring practice to provide facilities should the Northgate Surgery premises become unavailable.

# Are services safe?

## Equipment

Procedures were in place to ensure equipment was checked and maintained in accordance with the

manufacturers' recommendations. Annual testing of electrical equipment, alarms and fire extinguishers was recorded. Staff were trained in the use of equipment and could access assistance if they need it.

# Are services effective?

(for example, treatment is effective)

## Our findings

The service was effective. Care and treatment was delivered in line with current best practice guidance. Patients' needs were consistently met and referrals to secondary care were made in a timely manner. Consent to treatment was obtained appropriately. The staff made appropriate use of benchmarking and audit tools to assess performance.

### Promoting best practice

Care and treatment was considered in line with recognised best practice guidelines. Changes to best practice were discussed at practice meetings and training sessions and where appropriate adopted by the appropriate staff. Staff carried out comprehensive assessments of patient's health needs. Care was planned to meet identified needs and was reviewed. Care plans were in place for people with complex health needs.

Staff had access to the necessary equipment and were skilled in its use. Where required, timely investigations were carried out to help with the management of a patient's condition. Staff understood the results of investigations and decisions about care were based on best practice and evidence.

### Management, monitoring and improving outcomes for people

There was a learning culture within the practice and the staff showed an openness to discuss concerns about clinical practice and improve outcomes for patients. The practice was a member of a local GP practice network and worked collaboratively with other practices to improve performance and outcomes for patients. Benchmarking of performance was used to identify areas for improvement. This process included participation in annual reviews, with Wakefield CCG, to compare performance with other practices in the area. Recent audits included studies of patient referral rates, A&E attendances and the numbers and types of requests for diagnostic tests.

Following an audit of patients receiving one particular type of medication (DMARDS) the practice had identified a need to improve its systems to monitor and recall patients treated under Shared Care Agreements. These agreements permit certain patients who had undergone hospital

treatment to continue their care at home and have their medication prescribed by their GP, with the proviso that they underwent regular checks and blood tests, whilst their hospital consultant retained overall clinical responsibility.

### Staffing

Three of the doctors had completed their revalidation requirements and the other four had dates scheduled for this. All other staff had annual appraisals which include assessments of their training and development needs. There were no arrangements for regular individual supervision meetings for administrative staff but the staff we spoke with told us they were well supported and could access advice at any time. Staff were encouraged to undergo further training relevant to their role. A variety of training methods were in use, including on-line "e-learning", external events and monthly half day protected training sessions at the practice. Staff were trained to cover other roles and cover for absences. Copies of staff training records and certificates were kept on each staff member's file.

### Working with other services

The practice had regular contact with local community nursing teams. District Nurses, Health Visitors and the Palliative Care team all visited the practice on a weekly basis to run specialist clinics or meet with the clinical staff to discuss the needs of specific patients. The practice maintained links with other local health and social care services involved in the care and protection of vulnerable adults and children. The practice had approximately 180 patients living in six local residential care homes and staff from the practice carried out regular visits to the homes. Information was also shared with West Yorkshire Urgent Care Service which provided out of hours care.

### Health, promotion and prevention

Patients were encouraged by the practice to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their life choices on their health and well-being. A range of health prevention and health promotion literature was available for patients. New parents were given a booklet describing common childhood conditions. The practice web site also had advice on healthy living and a self-help guide to common ailments and minor accidents.

# Are services caring?

## Our findings

The service was caring. Patients were complimentary about the service. They said the staff were respectful and caring. The practice had a well-established Patient Participation Group (PPG). Patients involved with the PPG said they were welcomed and fully involved in discussions about the running of the practice and ways to improve the service.

### **Respect, dignity, compassion and empathy**

Patients were complimentary about the practice and the attitude of the staff. The staff were respectful of patients and their colleagues. They understood the need to show compassion and support to patients who were distressed, either in person or on the telephone. Staff were attentive to possible causes of concern and the need to alert medical staff if patients exhibited a change in their physical or mental health, for example when patients spoke or behaved uncharacteristically.

Information about the availability of a chaperone was displayed at the reception desk. When available a practice nurse or healthcare assistant acted as chaperones. At other times administrative staff chaperoned patients. Staff were aware of the steps they had to take to protect the dignity of

patients and the need to record their involvement as a chaperone in the patient's clinical record. The practice had identified that further chaperone training was needed and a course has been arranged for September 2104.

A hearing loop was in use in the reception area. The practice had access, through Language Line, to interpreters to assist with consultations with patients whose first language was not English. Double appointments were also available if required. A member of staff had been appointed as a 'Sensory Impairment Champion' and was exploring how the practice could further improve services for patients, including signage for people with reduced vision. The practice was aware of the need to improve identification of patients who were carers.

### **Involvement in decisions and consent**

Clinical staff followed General Medical Committee guidance on obtaining consent and involving patients in decisions about their care and treatment. The practice policy included clear guidance for staff about their responsibilities to obtain consent, including from children and the right of patients to withdraw their consent. Patients were supported to understand their diagnosis. They were involved in planning their care and were supported to make decisions about their treatment. The practice understood issues relating to confidentiality and did not exclude carers from being given appropriate information.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The practice was responsive to the needs and views of patients. There was an open and learning culture. Staff were proactive in seeking the views of patients and responding to suggestions that might improve the service. Information about the practice complaints procedure was included in the practice leaflet and displayed in the reception area. Complaints were treated seriously and responded to appropriately.

### Responding to and meeting people's needs

The practice understood the different needs of patients and took these into account when planning services. Staff from the practice were actively involved with the local GP practice network and the local CCG in developing services which met the needs of the local population.

The practice proactively identified patients who needed on-going or additional support. Babies received a six week check with one of the doctors at the practice and those who become unwell were seen by a doctor on the same day. Patients experiencing mental health problems had individual care plans. Alerts were included on their electronic patient record to ensure staff were aware of those deemed to be at risk and who may need to see a doctor without delay. Patients with long term conditions had care plans and procedures were in place to ensure they were recalled for medication reviews. The practice participated in the national Abdominal Aortic Aneurysm screening programme which aims to reduce deaths of men aged over 65 from ruptured abdominal aortic aneurysms through early detection, appropriate monitoring and treatment.

### Access to the service

The practice continuously monitored demand for appointments and anticipated potential risks to patient access. Where appropriate action was taken to increase the number of appointments available. This included the use of the on-call doctor and if necessary the use of locum staff.

There were four male and three female doctors at the practice. However, some patients said they were not always able to book an appointment with their preferred doctor. These comments were reflected in the 2013 national GP patient survey which found 44% of the patients at the practice who responded said they either "almost always" or "a lot of the time" saw their preferred GP. This percentage is lower than the average for practices in the Wakefield CCG area (54%) and England as a whole (61%). The practice's own survey, carried out at a similar time but with a larger sample size, indicated that the percentage of patients able to see their preferred doctor most of the time or a lot of the time was 59%.

Same day and pre-bookable routine appointments were available each weekday. Appointments could be booked by telephone, in person or on-line. Patients without a booked appointment were able to sit and wait for an appointment if they wished to be seen without booking an appointment in advance. A sit and wait phlebotomy clinic was available for patients needing blood tests. The practice was also introducing a nurse led telephone triage service. On Wednesdays and Thursdays the practice offered early morning and late evening appointments to improve access for working age adults.

Patients were supported to make informed choices about further treatment and referrals to specialists. The practice monitored the progress of referrals to hospital outpatients' clinics. Patients who were not proactive in confirming their appointment were sent reminders. Where patients were unable to obtain an appointment the practice liaised with the hospital appointments centre to identify the problem or, where appropriate, directed the patient to the local advice service (PALS) for further assistance.

### Concerns and complaints

Information about the practice complaints procedure was displayed in the waiting area, in the practice leaflet and on the practice web site. Complaints were logged and investigated by the practice manager. Written responses were provided to patients and any learning outcomes discussed at practice meetings.



# Are services well-led?

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

## Our findings

The service was well-led. The leadership team were effective and had a clear vision for the practice. Staff were supported to carry out their roles. Effective governance arrangements were in place and there was a robust system to identify and respond to risks.

### Leadership and culture

The staff described the practice as being patient focussed and as having a culture which promoted the delivery of quality care. Staff worked well together to meet the needs of patients. Staff were encouraged to highlight areas of concern and suggestions to improve the service. The practice had a five year development plan which included increasing the use of the practice building to offer physiotherapy, ultrasound and dermatology services.

### Governance arrangements

There were clear governance arrangements through which the partners, clinical, management and administrative staff met on a regular basis to review performance and assess on-going or emerging risks. Delegation of responsibilities was clear. Staff had clear job descriptions, they understood what was expected of them and were supported to carry out their roles effectively. However, the sharing of information and learning could be improved by more whole practice meetings.

### Systems to monitor and improve quality and improvement

There was an open and supportive culture among the staff, who actively reflected on their performance and learning was encouraged and shared. They showed openness to discussion of any concerns about clinical practice to improve outcomes for patients. Significant events, comments and complaints were used to improve the quality of the service.

### Patient experience and involvement

The practice had an established patient reference group which had been in existence for over ten years. The group, now referred to as a Patient Participation Group (PPG), had approximately ten regular members and usually met three or four times a year. Before our visit to the practice we spoke with two current members of the PPG. They told us they felt welcomed and fully involved in decisions about the running of the practice. Copies of the PPG minutes and annual reports were available on the practice web site.

The practice had compared the age profile of the PPG members with the overall patient age profile. They had sought ways to encourage younger adults to be involved in the work of the PPG. They had recently approached local colleges and targeted students undertaking health and social care courses and invited them to become involved with the PPG.

The PPG had actively supported the practice to survey the views of patients. The most recent patient questionnaire was circulated during November and December 2013. Members of the PPG personally had handed out questionnaires and encouraged patients to give their views. In total 497 completed questionnaires were returned. Findings from the questionnaire were included in the PPG's Annual Report and was available on the practice website. The main concerns highlighted by the questionnaire were in relation to access to appointments and contacting the practice by telephone. The practice had taken these concerns seriously and increased the number of appointments available each day, reduced the number of missed appointments and extended the options by which patients can book an appointment.

### Staff engagement and involvement

Staff worked in different teams within the practice. There were some joint meetings, particularly between clinical staff and the managers. However administrative staff did not always feel fully involved and the practice could improve the effectiveness of learning through more multi-disciplinary or whole practice team approaches.

### Learning and improvement

There was good peer support within the practice. Management systems promoted learning and the improvement of performance. Staff had clear job descriptions and personal objectives. They were focused on improvement of the care they provided to patients. The staff teams worked together to address and resolve problems in the delivery of high quality care.

### Identification and management of risk

The practice was proactive in its approach to the management of risk and had put systems in place to regularly monitor patient safety. The advice of external professionals had been used to improve the practice's awareness and assessment of risk. This had helped to identify further staff training needs. The practice continuously monitored demand for appointments and sought to anticipate emerging risks, increasing capacity

# Are services well-led?

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

where appropriate and trialling initiatives, such as extending the use of the on-call doctor and nurse led telephone triage to improve the availability of appointments.