

Strawberry Hill Medical Centre

Quality Report

Old Bath Road
Newbury
Berkshire
RG14 1JU

Tel: 01635 917917

Website: www.strawberryhillmedicalcentre.co.uk

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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?

Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Strawberry Hill Medical Centre on 15 August 2016. The practice is rated a good in the safe, effective, caring and responsive domains and outstanding for the well led domain. Overall the practice is rated as good.

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

- A comprehensive merge and relocation plan had led to the successful opening of Strawberry Hill Medical Centre in April 2016. Staff reported being involved in the merger of the two practices and they had been kept up to date with the progress.
- 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 with mental health needs and those living in vulnerable circumstances were well supported by the practice in a primary care environment. From the patients we reviewed all had received appropriate follow ups and medical condition reviews. The practice also liaised with local organisations in order to support patients with their social needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

Outstanding practice:

The practice had a proactive approach to equality and diversity. The relocation plan had proactively considered equality and diversity in the development of the building and the provision of services to all patients. Following a complaint regarding discrimination, the practice had undertaken an audit to demonstrate equality and diversity in the care and treatment of patients. The audit reviewed how long patients with non-British sounding names waited to be seen for appointments. Following the initial audit the practice noted a slight and increased difference between waiting times for these patients. A presentation to the practice team led to discussion about equality and diversity and the agreement a second audit should be undertaken. The second audit demonstrated that all patients seen within the defined period were waiting to be seen for similar times, which was an improvement from the first audit.

The areas where the provider should make improvement are:

- Continue to develop the patient participation group in order to support the practice, enhance communication with the GPs and allow a programme of improvements for patients.
- Ensure the signage in the practice is improved to help patients locate the correct room and floor for their appointment.
- Review the patient information point and improve the signage to highlight and advertise this useful resource for patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 management of medicines was effective and the practice had worked closely with the CCG medicines management team to ensure medicines were used in the safest and most cost effective way.
- Emergency medicines and equipment was seen on all floors of the practice however, improvements were required in the standardisation of emergency medicines on each floor and staff being aware of the locations of the emergency medicines and equipment. The day following the inspection the practice provided us with evidence that the same emergency medicines and equipment was in place across all floors and staff had been reminded of the locations.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average for the two practices (Northcroft Surgery and St Marys Road Surgery). QOF data for Strawberry Hill Medical Centre was not available due to the practices merging in April 2016. However, early indications from the new practice system showed the practice was on target to maintain at or above averages for all clinical and public health indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients with mental health needs and those living in vulnerable circumstances were well supported by the practice in a primary care environment. From the patients we reviewed all had received appropriate follow ups and medical condition reviews. The practice also liaised with local organisations in order to support patients with their social needs.

Are services caring?

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, some patients reported difficulty in getting through to the practice on the phone.
- 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.

Good



Are services responsive to people's needs?

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.
- 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. However, some patients reported difficulty in booking pre-bookable routine appointments. The practice was aware of this concern and had recruited a new GP who was due to start work in September 2016.
- The practice had good modern facilities and was well equipped to treat patients and meet their needs. Additional services were provided by an in house counsellor. Patients were also able to get hearing aid batteries from the practice.

Good



Summary of findings

- The practice worked with many local services who attended the practice to offer care and treatment to patients at Strawberry Hill Medical Centre. For example, midwives and a diabetic screening service.
- 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?

The practice is rated as outstanding 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles
- 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.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. 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 patients, which it acted on. The patient participation group was active.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. All of the staff we spoke with described how they worked in a highly supportive team, with colleagues who went the extra mile for patients and their priority was to improve patients' health and lifestyle.
- There was focus on continuous learning and improvement at all levels.

Outstanding



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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients 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.
- The practice identified if patients were also carers; information about support groups was available at the patient information point.
- Strawberry Hill Medical Centre provided GP services to four local care homes. The practice also provided medical cover to patients on a palliative care ward at West Berkshire Community Hospital.
- The practice worked with multi-disciplinary teams in the care of older vulnerable patients.
- Ear syringing and audiology services were held at the practice. Hearing aid batteries were available from the practice.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Both Northcroft and St Marys Road surgeries
- 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

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

Good



Summary of findings

- 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 patients 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 patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates for the practice were slightly higher than the national average.
- 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 was fully accessible to patients using wheelchairs, mobility scooters and those with young children in prams.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Online services were available to book or cancel an appointment or order repeat prescriptions.

The practice offered telephone consultations during the early mornings and on Saturdays which improved access for the working age population.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- 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.

Patients were referred to Strawberry Hill Medical Centre for support, from a local drug and alcohol charity.

People experiencing poor mental health (including people with dementia)

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

- The number of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, was comparable to the national average.
- Performance for mental health related indicators were similar to the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 87-92% across both practices compared to the national average of 77% and CCG average of 73%.
- 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.
- Patients with mental health needs and those living in vulnerable circumstances were well supported by the practice in a primary care environment. From the patients we reviewed all had received appropriate follow ups and medical condition reviews. The practice also liaised with local organisations in order to support patients with their social needs.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016 for the two previous surgery locations of Northcroft and St Marys Road surgeries. The results showed the practices were performing in line with or better local and national averages. Respectively, 247 and 233 survey forms were distributed and 236 were returned across both sites. This represented 1% of the combined practice's patient list.

Results from the patient surveys of both practices showed:

- 85% and 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 96% and 84% 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 76%.
- 90% and 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 78% of patients from both surgeries said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. However, five comments cards had mixed views with a common theme of difficulty in getting through to the practice on the phone and around the availability of appointments.

We spoke with nine patients during the inspection and members of the practices participation group. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, those we spoke with also raised concerns with accessing appointments via the telephone, limited pre-bookable appointments and seeing their preferred GP.

Strawberry Hill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC inspection manager, a practice manager specialist adviser and an Expert by Experience.

Background to Strawberry Hill Medical Centre

Strawberry Hill Medical Centre opened in April 2016, following the merger of two Newbury practices, St Marys Road Surgery and Northcroft Surgery. We undertook this inspection so soon after the merger took place because we had received concerns about the care and treatment of patients experiencing poor mental health and those living in vulnerable circumstances.

The new practice is situated in a building which has been converted to provide modern healthcare facilities with the space and opportunity to expand the practice and community services for patients. The practice is located near the centre of Newbury with easy access from the town centre and surrounding villages.

The services of the practice are spread over three floors with consultation and treatment rooms on the ground and first floor, with a minor surgery room on the second floor. All services and facilities are easily accessible to all patients. Parking is available for patients and specifically for those with disabilities or parents with children.

The practice has approximately 21,210 patients, with an age profile similar to national averages. Patients from the practice are mainly White British with a small percentage being from other ethnic backgrounds. The overall level of deprivation in the practice area is lower than national averages, however there are pockets of higher deprivation in some areas of Newbury.

The practice has eight GP partners and one salaried GP (six female and 3 male), equivalent to eight whole time (WTE) GPs. At the time of inspection the practice was in the process of recruiting another GP partner. The nursing team includes a nurse practitioner, four practice nurses and a health care assistant. (4.13WTE). Clinicians are supported by a large administration and management team which consists of a practice manager, a deputy practice/finance manager, a registration manager and 22 administrators, secretaries and receptionists.

Strawberry Hill Medical Centre is a teaching practice and since opening in April 2016 the practice has supported a trainee. As a teaching practice they are also able to support medical students and community nurses.

The practice is open 8am – 6.30pm Monday – Friday. Extended hours are provided on Monday 6.30-7pm and a Friday between 7am-8am where patients were able to access telephone consultation appointments. Extended hours appointments were also available on Saturdays from 8am-10.30am with teleconference appointments from 10.30am-12pm.

Services for patients outside of these hours were provided by Westcall, an out of hours service which provides support and advice for patients between 6.30pm and 8am on weekdays, all weekend and on bank holidays.

Detailed findings

This was Strawberry Hill Medical Centre's first inspection, following registration in April 2016. Northcroft Surgery and St Marys Road Surgery were inspected under the new methodology and both practices were rated as good overall.

Services are provided from:

Strawberry Hill Medical Centre

Old Bath Road

Newbury

Berkshire

RG14 1JU

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.

Prior to this inspection we received concerns about the care and treatment of patients experiencing poor mental health and those living in vulnerable circumstances. We also followed up on these concerns at this inspection.

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 15 August 2015.

During our visit we:

- Spoke with a range of staff (GPs, nurses, the practice manager, administration staff and receptionists) and spoke with patients who used the service.
- 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.

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.
- We noted the practice had identified six significant events since opening in April 2016. The practice had carried out a thorough analysis of these significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action had been taken to improve safety in the practice. For example, when a member of reception staff recognised a patient in distress and urgent actions were taken to ensure other organisations and authorities were involved with the patients safety, care and treatment. This case was reviewed and learning was shared with staff and actions taken to ensure safeguarding and abuse training was provided on a regular basis for all staff.

In a second event, two sets of patient records were confused as the patients had similar names. This led to an appointment being booked for the incorrect patient and subsequent correspondence being potentially issued to this patient. The practice reviewed their process to ensure all patients with very similar names had alerts added to their patient record, which enabled staff to identify that they had the correct patient details when booking appointments, completing referrals or during consultations.

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. There was a lead member of staff for safeguarding. 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
- A notice on the waiting room screen and notices within the consultation rooms advised patients that chaperones were available if required. Only clinical staff acted as chaperones who 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. We observed the premises to be clean and tidy. Cleaning schedules were in place for the different areas of the practice and regular monitoring took place to ensure the high standards were maintained. The practice décor, furnishings and fittings were considered during the building refurbishment to ensure the risk and spread of infection were minimised. The nurse practitioner and a practice nurse were the infection control leads 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. An infection control audit was undertaken by the infection control lead and an infection control lead from the local commissioning group. 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,

Are services safe?

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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. 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 (PSD) from a prescriber. We noted all the PSDs were in place to support the HCA in administering vaccines effectively and safely.

- High risk medicines were monitored regularly and general medicine reviews were undertaken. At the time of inspection 89% of patients with four or more medicines had been reviewed at appropriate intervals.
- We reviewed five personnel files 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. Before the practices moved into the new building in April 2016, all of the necessary risk and health and safety requirements were considered, implemented and risk assessed during the installation stage. This ensured the practice was safe for staff and patients on the day of opening. Since April 2016 the risk assessments had been reviewed and actions taken to address any concerns. There was a health and safety policy available with a poster in the reception office which identified local

health and safety representatives. The practice had up to date fire risk assessments and carried out a fire drill in August 2016. 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.

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.
- During the inspection we found emergency equipment and medicines were not standardised on each floor and some staff were uncertain of the location. However, the practice immediately reviewed the medicines available and emergency equipment locations to ensure the same equipment and emergency medicines were available on each floor. These locations were shared with all staff as a reminder and we saw evidence of this on the day following the inspection.
- 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.

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.

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

As the inspection of Strawberry Hill Medical Centre was undertaken four months after the merger of Northcroft Surgery and St Marys Surgery, the Quality and Outcomes Framework (QOF) data was reviewed from the new practice system and was not validated. However, evidence provided by the practice demonstrated that they were on target to maintain at or above averages for all clinical and public health disease indicators in 2016/17. 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, in 2015/16, for both practices were 100% of the total number of points available. The overall exception rate for both practices was below the national and CCG average with 8% for Northcroft Surgery and 6% for St Marys Road Surgery. Clinical disease register exception reporting for these practices was higher than the national and CCG averages in some disease areas. The CQC GP Advisor reviewed these areas and found the exceptions to be valid and the practice had only excepted once a patient had been invited three times and had failed to attend the review.

Both Northcroft and St Marys Road surgeries were not an outlier for the majority of QOF (or other national) clinical targets. Data from 2015/16 showed:

For Northcroft Surgery:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months was 63% compared to the national average of 61% and CCG average of 54%.
- Performance for mental health related indicators were similar to the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 92% compared to the national average of 78% and CCG average of 53%.

However, the results were lower than the CCG and national average for Northcroft Surgery.

- The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding five+ years was 53%, 19% lower when compared to the national and CCG average of 74%.

For St Marys Road Surgery:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months was 54% compared to the national average of 61% and CCG average of 54%.
- Performance for mental health related indicators were similar to the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 87% compared to the national average of 77% and CCG average of 73%.
- The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years was 67% compared to the national and CCG average of 57%.

There was evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- We reviewed six clinical audits undertaken initially at the Northcroft and St Marys Road surgeries. Six of these had been re-audited in the four months since opening in April 2016. Two of these were completed audits where the improvements made were implemented and monitored. The remaining audits were not complete due to the timescales. Future re-audit dates were indicated on the audit plans.
- 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 a review of the management of asplenic patients. (Those patients who no longer have normal spleen function which is associated with some serious infection risks). Following the death of an asplenic patient the practice chose to audit the management of these patients. This initial review identified 15 patients who had a splenectomy (an operation to remove the spleen) who had not all received vaccines to prevent against infections such as influenza, meningitis C or pneumonia. The evidence demonstrated that uptake for these vaccines was low. Following a review of patient records and an improved invitation process, the second audit identified and increased vaccine uptake for all patients. A third audit had been undertaken in August 2016 once the patients' lists had merged to Strawberry Hill Medical Centre and a decline in the number of vaccines was seen. The practice had identified this decline and actions had been put in place to improve the vaccine uptake for infections such as influenza, meningitis C or pneumonia for all patients identified in the audit.

Information about was used to make improvements for the provision of patient care and treatment. Following a complaint regarding discrimination the practice considered an audit to demonstrate equality and diversity in the care and treatment of patients. The audit reviewed how long patients with non-British sounding names waited to be seen for appointments. Following the initial audit the practice noted a slight and increased difference between waiting times for patients with non-British sounding names. A presentation to the practice team led to discussion about equality and diversity and the agreement a second audit should be undertaken. The second audit

demonstrated that all patients seen within the defined period were waiting to be seen for similar times, an improvement from the first audit was identified and therefore discrimination was proved unlikely.

Following concerns raised around the care and treatment received by patients experiencing poor mental health, we undertook a review of nineteen patients who appeared on the practices mental health disease register. The GP specialist advisor and inspection manager reviewed the records of all nineteen patients, specifically to evidence that:

- A copy of the full care plan was recorded for those patients still being supported by other mental health services.
- A GP practice care plan was developed for those patients who had been discharged from the care of other mental health services.
- Patients were involved in the development and review of their GP practice care plans.
- Annual reviews were undertaken to monitor medicines, side effects, symptoms, social support and physical tests.
- Blood testing for high risk mental health medicines was undertaken regularly.
- Mental capacity assessments were undertaken appropriately and recorded in the patients' record. This included whether staff understood the mental capacity act and could apply this to determine capacity and consider best interests.
- How the practice worked with other mental health support agencies and community teams.
- We also checked staff understanding of the Mental Health Act 2005.

Following the review we assessed the findings and found that patients experiencing poor mental health were well supported by the practice. All of the nineteen patients had received appropriate and timely reviews in relation to their individual GP practice care plan. For patients who were still under the care of other mental health services full and detailed care plans from these settings were held on the patients record. We also noted full care plans were available for patients who had also been discharged from crisis or community mental health teams. However,

Are services effective?

(for example, treatment is effective)

patients discharged back to GP and primary care, who were considered stable and were managing their condition well, followed a primary care specific care plan. These plans were monitored closely to ensure blood testing for high risk mental health medicines took place and annual reviews were undertaken to monitor medicines, side effects, symptoms, social support and physical health checks.

Where a patient's mental health had deteriorated we found evidence to demonstrate how the practice had referred patients back to community or acute teams or to support organisations. We also spoke with one GP who described how they had sought support from the local authority for an individual patient who had difficulties with living conditions and social care.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 ongoing 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.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 ongoing 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.

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 patients, 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.
- 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:

Are services effective?

(for example, treatment is effective)

- 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, were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

Northcroft Surgery's uptake for the cervical screening programme was 81% and St Marys Surgery's uptake was 93%. Both were comparable to the CCG average of 88% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- For females aged 50-70 years, screened for breast cancer in last 36 months (3 year coverage, %) Northcroft Surgery's uptake was 77% and St Marys' Surgery 72%, which were comparable to the CCG and national average.

- For patients aged 60-69 years, screened for bowel cancer in last 30 months (2.5 year coverage, %) Northcroft Surgery's uptake was 60% and St Marys' Surgery 58%, which were comparable to the CCG and national average.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds combined for both practices ranged from 91% to 97% and five year olds from 89% to 97%.

Influenza vaccinations for patients over 65 years were above the national targets of 71%. The uptake for patients from Northcroft was 75% and St Marys' Road 73%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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 when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 25 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. However, five comments cards had mixed views with a common theme of difficulty in getting through to the practice on the phone and around the availability of appointments.

We spoke with members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. All nine patients we spoke with said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, they also raised concerns around accessing appointments via the telephone and seeing their preferred GP.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example, combined results from Northcroft and St Marys' Road surgeries showed:

- 90% 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 87%.
- 83-90% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 95-97% 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%
- 83-90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91-96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84-90% 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, combined results from Northcroft and St Marys' Road surgeries showed:

- 85-92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 79-81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89-97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Patients we spoke with on the day commented on how friendly the staff were at the new surgery. They also commented on how the GPs and nurses were very caring and took time to listen to them. This feedback was also received from patients who were now seeing new GPs and nurses following the merger of the two practices.

Are services caring?

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

- 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.
- The practice television screen in the waiting room displayed information that related to care responsibilities, health conditions and self-help.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available which told patients how to access a number of support groups and organisations. However, these were located at an information point off the main waiting areas and not visible to patients. Information about support groups was also available on the practice website. Carers information was displayed on the practice TV screen.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 430 patients as carers (2% of the practice list). The practice had two coordinators to ensure carers received the care and treatment they need, for example flu immunisations and health checks. Once a carer was registered with the practice information was sent to them directly with signposting to a local carer's forum. Written information and a display on the practice television was available to direct carers to the various avenues of support available to them.

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

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. Strawberry Hill Medical Centre was working with other practices to employ clinical pharmacists and plans were in place to recruit and train physicians associates, which will allow more services to be provided to patients and additional access to clinical staff for medicine reviews and management.

- Extended hours were provided on Monday 6.30-7pm and a Friday between 7am-8am where patients were able to access telephone consultation appointments. Extended hours appointments were also available on Saturdays from 8am-10.30am with teleconference appointments from 10.30am-12pm.
- There were longer appointments available for patients with a learning disability. An extended morning appointment was available every day at 10.30am for vulnerable patients.
- 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.
- Patients who were homeless or travellers were able to register at the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- We noted on the day of inspection that the signage in the practice could be improved. Patients reported difficulty in locating the room their appointment was for and on which floor. The practice was in the process of improving the signage around the practice following patient feedback.
- There were accessible facilities, a hearing loop and translation services available.
- All of the building was accessible for patients using a wheelchair of parents with children in prams. Ramps gave full access to the practice from the car park and the lifts took patients to all floors.

- Chairs in the waiting room were designed for all patients to use. For those with a disability to the elderly.
- The reception desk had a lowered area so all patients could see and hear the receptionists clearly.
- Online services were available to book or cancel appointments and order repeat prescriptions.
- Substance misuse clinics were held at the practice on a monthly basis.
- A community midwife attended the practice weekly to see patients from Strawberry Hill Medical Centre.
- Ear syringing and audiology services were held at the practice. Hearing aid batteries were available from the practice.
- The diabetic eye screening service visited the practice annually to offer eye checks for diabetic patients.
- One GP offered and ultrasound scanning to support the diagnosis of some medical conditions. In some cases, this had reduced the attendance of hospital appointments for patients.
- The practice offered an in house counsellor.
- The practice provided primary care services to patients of four care homes. They also provided medical support to a palliative care ward at the West Berkshire Community Hospital.
- Patients from a national charity drug and alcohol were referred to one GP for alcohol dependency support.

Access to the service

The practice was open 8am – 6.30pm Monday – Friday. Extended hours were provided on Monday 6.30-7pm and a Friday between 7am-8am where patients were able to access telephone consultation appointments. Extended hours appointments were also available on Saturdays from 8am-10.30am with teleconference appointments from 10.30am-12pm. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for patients 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. For example, combined results from Northcroft and St Marys' Road surgeries showed:

- 78-80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

Are services responsive to people's needs?

(for example, to feedback?)

- 85-90% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Most of the patients we spoke with told us on the day of the inspection that they were able to get appointments when they needed them. However, a small number of patients and some feedback on the comments cards suggested patients were not satisfied with telephone access for Strawberry Hill Medical Centre. We spoke to the practice manager about this and they had recognised the concerns of the patients. Before opening the telephone line provider had not installed the correct number of telephone lines. We saw evidence to confirm additional lines were being installed shortly after the inspection, which would improve telephone access.

Patients also highlighted how routine pre-bookable appointments were difficult to book with limited access. Staff also reported a shortage of these appointments. The practice manager explained how they had recruited another GP, who was due to start in September and this would improve availability.

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 were able to access morning home visits by telephoning the practice before 11am. 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.

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. Information about how to complain was seen on the practice television screen, in the practice leaflet and on the practice website.

We looked at nine complaints the practice had received since opening in April 2016 and these had all been investigated in line with the practice policy and responses sent to the patients. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had received a complaint from a patient about their care and treatment. The concerns were investigated, a response sent to the patient and a personal apology from the GP was also sent. The complaint was discussed at the practice meeting to consider and share learning from the incident.

The practice manager had reviewed and responded to all feedback on NHS Choices website, sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

Strawberry Hill Medical Centre opened in April 2016 following a merger and relocation of two Newbury practices. The Northcroft Surgery and St Marys' Road Surgery. A comprehensive merge and relocation plan had led to the successful opening. Staff reported being involved in the merger of the two practices and they had been kept up to date with the progress.

The practice had a business plan which outlined a clear vision to deliver high quality care and promote good outcomes for patients. The plan included a two year programme, which outlined the challenges of year one after the merge and how the implementation of best practice from both of the previous practices. Year two had key priorities to ensure the delivery of high quality care using innovative approaches in a modern medical facility.

- The practice plan was understood by staff, who knew and understood the values.
- The practice had a strategy and supporting business plans which was regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, due to the short time that had passed since the practice was opened April 2016, it was too early to fully appraise how effectively governance processes had been implemented. The governance framework outlined the structures and procedures in place and ensured that:

- The practice had a clear merger plan which had been implemented appropriately. This had led to services for patients being well maintained during the merge of both practice and the relocation.
- The practice had only been open for six weeks prior to inspection. However, there was a clear staffing structure and all staff were aware of their own roles and responsibilities.

- Following the merge of the two practices all practice policies were merged or reviewed to ensure they related to Strawberry Hill Medical Centre. These were centrally available and staff we spoke with were aware of location.
- A comprehensive understanding of the performance of the practice was maintained and monitored to ensure the merger of practice systems had not impacted on performance or record keeping.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw a number of audits completed at the previous practices which had been re-audited within four weeks of Strawberry Hill Medical Centre opening. Some declines in performance had been noted and action taken to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included risk assessments for the new building before and after the practice opened in April 2016.

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.

We found that before, during and after the merger and relocation the two leadership teams had worked collaborately. All of the leaders and management team had a shared purpose to deliver and succeed in the new organisation. Their effective planning had ensured the practice was able to maintain the level of service to patients, continued to ensure an effective governance framework was implemented and measure and improve clinical performance.

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

Are services well-led?

Outstanding



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

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 patients 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. The leadership team were drivers of improvement and staff were accountable for delivering the changes. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

- Staff told us the practice held regular team meetings and daily communication when they first opened to ensure the services to patients were maintained. They were encouraged to suggest changes in order to make improvements. Staff we spoke with were able to give examples of the changes they had suggested and implemented.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about the practice mergers and how to implement change to processes and procedures in the new practice. We were also told how the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- We heard of many examples which demonstrated positive team work and how staff felt proud to work there.

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) and through surveys and complaints received. The previous PPGs came together in April 2016, once Strawberry Hill Medical Centre had opened. They had carried out patient surveys at Northcroft and St Mary's Road Surgeries and had plans to undertake further surveys to consult with patients at Strawberry Hill Medical Centre. Members of the PPG supported meet and greet sessions in the first few weeks of the new practice opening. This was to support patients and help direct them to their appointments and the different rooms in the practice.
- Following the merger and relocation, the practice had brought the two PPG groups together from the previous practices. At the time of the inspection, the PPG was at a forming stage due to the short time since the merger. However, the practice advised that there were formal plans to develop the PPG further in the coming months. On the day of inspection, we spoke with members of the PPG who felt they were underutilised and could be more supportive of the practice and patients in identifying improvements. For example, producing a newsletter to raise awareness of practice services, medical conditions or self-help for minor ailments, which may reduce patients requiring an appointment with a clinician. The members of the PPG had many improvement ideas for the new practice and were keen to share these with the practice manager. The PPG members we spoke with all expressed how they wanted their practice to be the best and felt communications between the GPs and group could be better.
- The practice had gathered feedback from staff through staff meetings, appraisals and daily discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff requested more team meetings and these were introduced to improve communication. They also raised concerns about the number of reception staff and two members for the team had been recently recruited. Staff told us they felt involved and engaged to improve how the practice was run. A number of staff described how they had felt stressed during the first weeks of opening but welcomed the support and opportunity to work in a great team, all of who put the patient's needs first.

Continuous improvement

Are services well-led?

Outstanding



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

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. During the inspection, the GPs and practice manager described how they would like the practice to support new models of care in the West Berkshire area and become a social centre in Newbury, working with other organisations to reduce health inequalities.

Strawberry Hill Medical Centre was a teaching practice and even during the opening had students working with clinicians. We also noted one member of the nursing team ran running clubs in the area, with West Berkshire Council. Patients from the practice were encouraged to join the groups to improve their health and lifestyles. The nursing team also described how they were planning to introduce annual carer reviews and a 12 months post bereavement reviews for patients.