

Barrack Lane Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barrack Lane Medical Centre on 12 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- One GP and the practice manager had set up and continued to fund a website which provided a service to other GPs and junior doctors, making information more accessible to GPs, GP registrars and trainers. The website included a wide variety of guidance and support, for example it provided full guidance for the curriculum for the Royal College of General Practitioners, a resource designed to improve both quality and safety for patients. In addition to this, there was guidance on how to undertake Educational Supervision Reports (a workplace based assessment

Summary of findings

which builds up a picture of an individual's performance and provides feedback on overall progress highlighting areas where more focused training may be required).

- The practice facilitated and participated in a specific project co-produced with the local Clinical Commissioning Group (CCG), NHS England, Health Outreach NHS and Barrack Lane Surgery to provide a full medical, psychological and social assessment for non-English speaking patients who were new to the NHS.
- The practice had developed a motivation tool for vulnerable patients who were of low mood or depressed. Where a patient was identified as requiring extra support the practice provided extended appointments to encourage recovery without the use of drugs and anti-depressants. Patients were encouraged to complete a goals list tool, developed by the practice to inspire and motivate the patient before

their next review. These goals included personal, financial and career goals and encouraged patients to visualise their aims using all their senses. We were told this was a simple but powerful way to inspire patients to recover.

The areas where the provider should make improvement are:

- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to ensure patients whose health might deteriorate can be seen by staff.
- Continue to develop methods used to proactively identify carers.
- Ensure patients with a learning disability are encouraged to attend for a review of their care plans.

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.
- When there were unintended or unexpected safety incidents, patients received reasonable support and a verbal and 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.
- We found that staff recruitment checks had been undertaken prior to employment including, references, photographic proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). (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). All members of staff who acted as chaperones had received a DBS check.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

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.
- The practice had a prescribing policy in place which promoted prescribing of generic medicines wherever possible and limited the maximum quantity of drugs supplied to a 28 day prescription.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice above average for several aspects of care.
- The practice had identified 166 of its patients (1% of the practice population) as carers. Carers' forms were available on the practice website and also on the new patient registration form. Carers were referred to various charities and support groups. The practice computer system alerted staff if the patient was a carer.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example, the practice facilitated and participated in a specific project co-produced with the local CCG, NHS England, Health Outreach NHS and Barrack Lane Surgery to provide a full medical, psychological and social assessment for non-English speaking patients who were new to the NHS. This was important for the registration of any patient, in particular where there were significant past or current health related problems.
- 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.

Summary of findings

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

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. In 2009 the practice had won the Innovative use of IT Enterprise Award for the staff training videos one GP had created, some of which had audio commentary with visual guidance on practice protocols and systems. The principles used to create the staff IT training videos were taken a step further and used to create a range of new training videos for clinicians on systems such as SystmOne (the practice primary care computer software) and best practice in processing pathology results in the interest of patient safety. The practice had shared these training videos with other clinicians outside of the practice.

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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice would contact all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- The practice offered health checks for patients aged over 75.
- There were dedicated nurse practitioners who undertook home visits for care homes ensuring continuity of care. In addition, GPs regularly undertook visits to care homes liaised with the home managers.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, end of life care.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- Flu vaccines were offered to patients over 65 years and flu days at the practice ensured other services were invited to attend such as the Red Cross and Suffolk Family Carers to offer patients information on guidance and support.

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.
- 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. Data from 2014/2015 showed that the performance for asthma related indicators was 93% which was below the CCG average by 1% and the national average by 4%, with a 4% exception reporting which was in line with the CCG and national averages of 7%. Performance for diabetes

Summary of findings

related indicators was 82% which was below the CCG by 8% and the national average by 7%, with a 11% exception reporting which was in line with the CCG average of 9% and the national average of 11%.

- The practice had an annual recall system for patients with asthma and diabetes and the nurses set up more frequent recalls if the patients needed them. The practice offered longer appointments for patients with multiple conditions. Appointment lengths were tailored to patient and nurse need.
- Longer appointments and home visits were available to patients when needed.
- Duty GP were available each day to assist practice nurses with long term condition.
- 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.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 75%, which was below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There was a nominated administration member of staff who oversaw all non-attenders and ensured they were provided with sufficient information to make an informed choice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- The practice appointed an immunisation coordinator who acted as a liaison with child health and was a point of contact for patients. Childhood immunisation rates for the vaccinations given to under two year olds were comparable to CCG averages of 95% to 97% and 93% to 97%.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice held joint monthly meetings with health visitors and there was an easy messaging system in place for ease of communication.

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 had extended hours appointments on Tuesday, Wednesday and Thursday mornings from 7am to 8am with GPs, nurses and healthcare assistants/ phlebotomists. In addition to this, the practice participated in the Suffolk Federation's access pilot called 'GP+' where patients could make appointments outside core hours. The practice offered telephone consultations during the day to patients that might not be able to access the surgery during normal hours. Appointments could be booked in advance or on the same day.
- The practice offered online appointments and prescriptions as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69 who were screened for bowel cancer in last 30 months was 55%; this was below the CCG average of 63% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months at 73% was in-line with the CCG average of 80% and national average of 72%.
- The practice was open Saturday mornings for patients to access the surgery for prescription collection or general enquiries.
- The practice offered minor surgery on site in addition to coil and contraception implants.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the safe, effective, caring and well led care of people whose circumstances may make them vulnerable, and outstanding for responsive care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had identified 68 patients with a learning disability on the practice register, 35% had received a health checks in the previous twelve months. However we were told the criteria for this register had changed recently which meant an increase in patients who met the criteria for the register to 86 patients. We were told an alert was placed on the clinical system for each patient on the learning disabilities register, the register was closely monitored and invitations were sent out to invite patients and their carers to attend for review. We were told that not many patients had responded therefore the practice adopted an opportunistic approach to review patients when they come to the surgery.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- We were told patients with no fixed address or travellers often used a local resource centre as their point of contact, however the practice was open to appointments for all these patients and would offer the practice address if required as a point of contact.
- 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. Alerts on patients' records notified staff if patients required longer appointments or had reduced vision or hearing. For example, if a patient was unable to see their name on the call screen and needed staff to alert them when their appointment was available.
- The practice facilitated and participated in a specific project co-produced with the local CCG, NHS England, Health Outreach NHS and Barrack Lane Surgery to provide a full medical, psychological and social assessment for non-English speaking patients who were new to the NHS. The liaison nurse gathered a full patient history including medication, immunisations

Summary of findings

history and itemised any health problems where GP intervention was required and liaised with health visitors regarding children and vaccination records. Advice was provided on contraception, smear tests and testicular examination. Breast examination, tooth care for children and where required dental and GP appointments were made for patients. All patients who were assessed were also given guidance in the use of; pharmacy services, how to make a GP appointments, 111 services, the criteria for using the ambulance services and A and E departments.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the safe, effective, caring and well led care of people experiencing poor mental health (including people with dementia), and outstanding for responsive care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients with dementia. 74% of patients diagnosed with dementia had received a face to face care review April 2016. Overall performance for dementia indicators were above CCG and national average, with the practice achieving 94%, this was 2% above CCG average and 1% below national average. The rate of exception reporting was in line with both the CCG and national averages.
- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in their records, in the preceding 12 months (01/04/2014 to 31/03/2015) was 66%. This was 25 percentage points below CCG average and 27 percentage points below national average. The practice reported a large sudden increase in new patients registering at the practice during over the previous two years and felt this surge of new patients and read coding issues were responsible for the lower than CCG and national average percentages. The practice was able to demonstrate improved parameters and achievement across all QOF indicators for the year 2015 to 2016.
- 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.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had developed a motivation tool for vulnerable patients who were low or with a depression. Extra support was provided with extended appointments to encourage recovery without the use of drugs and anti-depressants. Patients were encouraged to complete a goals list tool, developed by the practice to inspire and motivate the patient before their next review. These goals included personal, financial and career goals and encouraged patients to visualise their aims using all of their senses.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 313 survey forms were distributed and 122 were returned. This represented a 39% completion rate.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 patient Care Quality Commission

comment cards, all 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required and were kind, capable and treated patients as individuals. One card commented that it could be difficult to get an appointment for non-urgent appointments with a named GP, another card stated it would be helpful to have some improvement of the waiting area and an indication of when appointments were running late, however both cards expressed satisfaction with the service they received. We were told staff made every effort to be accommodating and the practice was efficiently run.

We spoke with four patients, received written information from one member of the patient participation group (PPG) and written feedback from the managers of two nursing homes. They also told us they were very satisfied with the care provided by the practice and said patients dignity and privacy was respected.

Areas for improvement

Action the service SHOULD take to improve

- Ensure patients waiting for their appointments in all areas of the practice can be clearly seen by reception staff to ensure patients whose health might deteriorate can be seen by staff.
- Continue to develop methods used to proactively identify carers.
- Ensure patients with a learning disability are encouraged to attend for a review of their care plans.

Outstanding practice

- One GP and the practice manager had set up and continued to fund a website which provided a service to other GPs and junior doctors, making information more accessible to GPs, GP registrars and trainers. The website included a wide variety of guidance and support, for example it provided full guidance for the curriculum for the Royal College of General Practitioners, a resource designed to improve both quality and safety for patients. In addition to this, there was guidance on how to undertake Educational Supervision Reports (a workplace based assessment which builds up a picture of an individual's performance and provides feedback on overall progress highlighting areas where more focused training may be required).
- The practice facilitated and participated in a specific project co-produced with the local Clinical Commissioning Group (CCG), NHS England, Health

Summary of findings

Outreach NHS and Barrack Lane Surgery to provide a full medical, psychological and social assessment for non-English speaking patients who were new to the NHS.

- The practice had developed a motivation tool for vulnerable patients who were of low mood or depressed. Where a patient was identified as requiring extra support the practice provided extended appointments to encourage recovery without the use

of drugs and anti-depressants. Patients were encouraged to complete a goals list tool, developed by the practice to inspire and motivate the patient before their next review. These goals included personal, financial and career goals and encouraged patients to visualise their aims using all their senses. We were told this was a simple but powerful way to inspire patients to recover.

Barrack Lane 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 and a practice manager specialist adviser.

Background to Barrack Lane Medical Centre

Barrack Lane Medical Centre provides personal medical services to approximately 17,085 patients. There is a branch surgery located at Stoke Park. This provides alternative access to medical services for patients who cannot access central Ipswich. We did not attend the branch surgery during the inspection. According to information taken from Public Health England, the patient population has a higher than average number of patients aged 15-34 years, a lower than average number of patients aged 0-10 years and 20 – 35 years and a lower than average number of patients aged between 44-85+ years compared to the practice average across England.

The building provides good access with accessible toilets and car parking facilities. The practice provides treatment and consultation rooms on the ground floor with ramp access and automatic doors. The practice is an accredited training practice.

There is a team seven GPs. Five GPs are partners which mean they hold managerial and financial responsibility for the practice, and there is one salaried GP and a GP registrar. The practice nursing team consists of six nurse practitioners (all were qualified to prescribe medicines), this included the senior nurse/clinical lead, a visiting nurse practitioner who supported and undertook all care and

nursing home visits, and six practice nurses, two who were qualified to prescribe and two health care assistants. The nursing team run a variety of appointments for long term conditions, minor illness and family health.

There is a practice manager who is supported by an assistant practice manager. In addition there is a team of non-clinical administrative, secretarial and reception staff who share a range of roles, some of whom are employed on flexible working arrangements.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 6.30pm daily with staggered appointments across all clinicians. The practice has extended hours appointments on Tuesday, Wednesday and Thursday mornings from 7am to 8am with GPs, nurses and healthcare assistants/phlebotomists. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that need them and the practice participated in the Suffolk Federation's access pilot called 'GP+' where patients are able to make appointments outside core hours. The practice offers telephone consultations during the day to patients that might not be able to access the surgery during normal hours. Appointments can be booked in advance or on the same day. The practice is open Saturday mornings for patients to access the surgery for prescription collection or general enquiries.

The practice does not provide GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by GP+ and the NHS 111 service.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 May 2016. During our visit we:

- Spoke with a range of staff including GPs, nurse practitioners, practice nurses, the practice manager and assistant manager, reception and administration staff 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.
- The practice carried out a thorough analysis and annual review of the significant events to identify any trends and improve processes to prevent the same thing happening again. Significant events were discussed at weekly team meetings and at full weekly staff meetings. These were referred to as 'Developing Together' meetings where all clinical and where required non clinical staff could discuss and learn from 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 was taken to improve safety in the practice. For example the weekly meetings included attendance from locum GPs and medical students, and the minute's detailed discussions of a significant event. The team discussed the prescribing protocol and reviewed any learning outcomes from a prescribing issue.

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 relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local 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. Six of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. 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

Are services safe?

specific prescription or direction from a prescriber. The practice did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

- We reviewed three 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. 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 regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. We were provided with examples of how the whole team worked flexibly to ensure adequate cover was available at all times. Demand for GP appointments were closely monitored and if more capacity was required, extra GP sessions were put in place.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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.
- The practice had a prescribing policy which promoted the prescribing of generic medicines wherever possible and limited the maximum quantity of medicines supplied to ensure safety. This was available for all prescribing clinicians' on the practice intranet.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available. The practice exception reporting at 8% was in line with both CCG and national averages (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). At the time of the inspection the practice had achieved 99% of the total number of points available for the 2015 to 2016 QOF; however this data had not yet been validated.

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

- The practice carried out advance care planning for patients with dementia. 74% of patients diagnosed with dementia had received a face to face care review since April 2016. Overall performance for dementia related indicators was above CCG and national averages, with

the practice achieving 93%, this was 2% above CCG average and 1% below national average. The rate of exception reporting was in line with both the CCG and national averages.

- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in their records, in the preceding 12 months (01/04/2014 to 31/03/2015) was 66%. This was 25 percentage points below CCG average and 27 percentage points below national average. The rate of exception reporting was in line with both the CCG and national averages.

The practice were aware of previous performance for dementia and mental health being below CCG and national average and had identified a sudden and large increase in new patients registering at the practice during this period. The practice were able to demonstrate improved parameters and achievement across all QOF indicators for 2015 to 2016.

- Performance for diabetes related indicators was worse in comparison to CCG and the national average with the practice achieving 82% across all indicators, eight percentage points below CCG averages and seven percentage points below national averages. The practice had recognised where their performance was below the CCG and national averages and had identified a large increase in new patients from overseas registering at the practice with a previous diagnosis of diabetes. When these patients had registered their diagnosis had been recorded as a new diagnosis, hence these patients were unable to meet much of the criteria set out for QOF such as referrals to educational programmes. The practice had one GP as diabetic lead and two nurses who had undergone specialist training in diabetes management. We saw that a protocol on the diagnosis and management of diabetes had been set up and was available for all staff on the practice intranet and the practice performance for QOF indicators showed a marked improvement in the previous year's outcome.
- Performance for other indicators such as atrial fibrillation, epilepsy, heart failure, hypertension, learning disabilities, osteoporosis and palliative care were all

Are services effective?

(for example, treatment is effective)

above or in-line with CCG and national averages with the practice achieving 100% across each indicator. The rate of exception reporting was also consistently in-line or lower than both the CCG and national averages.

There was evidence of quality improvement including clinical audit;

- We looked at two of the most recent clinical audits where the improvements made were implemented and monitored. These included an audit of domperidone, a dopamine antagonist medicine that helps to control the effects of acid reflux. In 2014 the MHRA released new guidance following a review of the benefit/risk analysis of its use. The review found there was a small increase in the risk of serious cardiac side effects in those patients prescribed domperidone. The practice undertook an audit of all patients prescribed domperidone from August to November 2015. The first audit identified that none of the patients prescribed domperidone fitted the MHRA guidance, most were complex patients and a majority of the prescriptions had been initiated in secondary care. Recommendations from the first audit included the correct coding of domperidone prescribing in patients' records, an alert for the initiation of prescription or repeat prescription to remind clinicians to check for contra indications, patients with atrial fibrillation to have a review with a senior clinician and a re-audit in six months. A re-audit undertaken in April 2016 evidenced a 100% achievement rate across all recommendations. A further audit was scheduled in 6 months to monitor continued improvement.
- Other audits included reviews of patients over 75 years prescribed antipsychotic medicines and a review of annual thyroid and kidney function testing for patients prescribed lithium medication. A number of administration audits included the distribution of scanning work, satisfaction of administration at the branch surgery and an audit uncollected prescriptions. Nurse led audits included an environmental audit of infection control in treatment rooms.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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.
- 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. The practice team also reviewed all other attendance such as ambulance and out of hours contacts for incidents such as patients who sustained a fall in addition to non-attendance for vulnerable patients.

Are services effective?

(for example, treatment is effective)

Gold Standard Framework (GSF) meetings and multidisciplinary team (MDT) meetings took place on a monthly basis with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs. We saw that these meetings reviewed many population groups including children, the older patient, vulnerable patients, and palliative care patients. In addition the agenda would include any specific request for discussion from any team member. Special patient notes were created and shared with other services such as the out of hours service to ensure important care and treatment information for vulnerable or complex patients was shared when the practice was closed.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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 the practice had identified 2% of its patient list for admission prevention and had care plans in place to support their care and independence which were reviewed at multidisciplinary meetings with other health care providers. Other patients identified as potentially needing extra support included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 75%, which was below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. For example a pop-up icon on the practice computer system alerted staff where a patient may need information in another language.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in last 30 months was 55%; this was below the CCG average of 63% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months at 73% was in-line with the CCG average of 80% and national average of 72%.

The practice appointed an immunisation coordinator who acted as a liaison with child health and was a point of contact for patients. Childhood immunisation rates for the vaccinations given were comparable to CCG averages of 95% to 97% and 93% to 97%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 86% to 94%.

The practice had administered flu vaccination to 66% of patients who were on the practice register for over 65 years and 50% of patients on the practice at risk register.

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 27 patient Care Quality Commission comment cards we received were positive about the service experienced. However Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients, received written information from one member of the patient participation group (PPG) and written feedback from the managers of two nursing homes. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required and were kind, capable and treated patients as individuals. One card commented that it could be difficult to get an appointment for non-urgent appointments with a named GP, another card stated it would be helpful to have some improvement of the waiting area and an indication of when appointments were running late, however both cards expressed satisfaction with the service they received. We were told staff made every effort to be accommodating and the practice was efficiently run.

We spoke with two managers of nursing home/residential houses who reported that the GPs and nurse practitioners were understanding to the needs of residents and gave them the time they needed without making them feel rushed. We were told senior staff at one home attended the weekly ward rounds with the practice nurses and appreciated the time and effort given to patients living at the home.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was in-line for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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:

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

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 in easy read format and in other languages.
- The practice had identified patients with reduced hearing and responded to patients written communications or where the patient initiated it they used the hard of hearing speaking interpreter.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice had identified 166 of its patients (1% of the practice population) as carers. Carers' forms were available on the practice website and also on the new patient registration form. Carers were referred to various charities and support groups. The practice computer system alerted staff if the patient was a carer. Written information was available to direct carers to the various avenues of support available to them and carers support groups such as Suffolk Family Carers attended flu vaccination days to offer support and guidance to services available. One member of staff was a care coordinator and ensured that when new carers were identified they were sent information on guidance and support when they first registered. The practice continued to actively identify carers at registration or when identified in consultations.

Staff told us that if families had suffered bereavement were contacted by their usual GP. 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 CCG to secure improvements to services where these were identified. For example the practice facilitated and participated in a specific project co-produced with the local CCG, NHS England, Health Outreach NHS and Barrack Lane Surgery to provide a full medical, psychological and social assessment for non-English speaking patients who were new to the NHS. This was important for the registration of any patient, in particular where there were significant past or current health related problems.

All patients who were assessed were also given guidance in the use of pharmacy services, how to make a GP appointments, 111 services, the criteria for using the ambulance services and A and E departments. We were told that in the five months this service had been provided the GPs, nurses' health visitors and all the staff at the practice had developed a better understanding of their new patients' needs and it was felt patients were able to better communicate with their GP surgery. We were told patients reported the assessment was less stressful and where necessary the patients could see the liaison nurse who could arrange an appointment with the surgery giving an explanation of the patient's problem in advance of the appointment.

The practice had developed a motivation tool for vulnerable patients with depression. Where a patient was identified as requiring extra support the practice provided extended appointments to encourage recovery without the use of drugs and anti-depressants. We were told this was a simple but powerful way to inspire patients to recover.

In addition the practice;

- Offered a 'Commuter's Clinic' on a Monday, Wednesday and Thursday mornings from 7am to 8am working patients who could not attend during normal opening hours. In addition the practice was open Saturday mornings for prescription collection and for general enquiries.
- There were longer appointments available for patients with a learning disability.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered online appointment booking for phlebotomy, healthcare assistant, nursing and GP appointments and online repeat prescription requests.
- A telephone appointment was available to patients if required. Text appointment reminders were also available for patients who provided a mobile telephone number.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were call and recall systems in place for nurse led, GP supervised clinics such as chronic heart disease, hypertension, diabetes and ischaemic heart disease.
- The practice oversaw the care of patients in four nursing/residential homes. There was a lead GP and the nurse practitioner undertook weekly visits at each location to oversee patients' chronic needs. GPs also attended when requested.
- The practice provided a range of nurse-led services including minor illness clinics, leg ulcer treatment and dressings, insulin initiation, phlebotomy services, audiology services, immunisations, shingles, flu and pneumococcal vaccinations and family planning.
- The practice could refer patients to a range of services including mental health support groups and charities, Improving Access to Psychological services and the Community Mental Health Team (CMHT).
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The midwife provided antenatal clinics twice a week from the practice.
- The practice offered minor surgery on site. This included cryotherapy, coil and contraception implants.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 6.30pm daily with staggered appointments across all clinicians. The practice had extended hours appointments on Tuesday, Wednesday and Thursday mornings from 7am to 8am with GPs, nurses and healthcare assistants/phlebotomists. In

Are services responsive to people's needs?

(for example, to feedback?)

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them and the practice participated in the Suffolk Federation's access pilot called 'GP+' where patients could make appointments outside core hours. The practice offered telephone consultations during the day to patients that might not be able to access the surgery during normal hours. Appointments could be booked in advance or on the same day. The practice was open Saturday mornings for patients to access the surgery for prescription collection or general enquiries.

Results from the National GP Patient Survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was in line with local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and national average of 73%.
- 93% of patients said that the last appointment they got was convenient compared to the CCG average of 95% and national average of 92%.
- 89% of patients said that they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 88% and the national average of 85%.

- 78% of patients described their experience of making an appointment as good compared to a CCG average of 79% and a national average of 73%.
- 70% of patients said they usually waited 15 minutes or less after their appointment time compared to a CCG average of 69% and a national average of 65%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to 25 complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's mission statement was 'to provide a high standard of personalised medical care to individuals and families'. Practice staff knew and understood the values.

The practice had a robust strategy and supporting business plans, which reflected the vision and values and were regularly monitored. There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed. The GPs and practice manager were actively engaged with the area's CCG and practice manager forum.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice GP and practice manager had created an evidence based intranet system on the practice computer system over the previous ten years. This contained all the useful documents the practice had utilised over the years. For example staff could access a comprehensive drug monitoring document which was produced locally. The practice had ensured staff had ready access to these documents and were reminded of their existence by providing an icon that appeared in the demographics box of patient's records.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- 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 how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 PPG had 19 members and

Are services well-led?

Good 

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

met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had responded to PPG requests to;

- Simplify the repeat prescription request form.
- Simplify the notice boards in the waiting room. The practice introduced a practice directory; these were available in the waiting area and contained reference and guidance information for patients.
- Introduce a PPG question to the friends and family survey test forms.

In addition the PPG were consulted and involved in the appointment system to increase access and advanced appointment booking and the promotion of the annual winter flu vaccination campaign.

The practice also gathered feedback from staff through meetings, one to ones and appraisals. Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

In 2009 the practice had won the Innovative use of IT Enterprise Award for the staff training videos one GP had created, some of which had audio commentary with visual guidance on practice protocols and systems. The principles used to create the staff IT training videos were taken a step further and used to create a range of new training videos for clinicians on systems such as SystmOne (the practice primary care computer software) and best practice in processing pathology results in the interest of patient safety. The practice had shared these training videos with other clinicians outside of the practice. For example a training video to ensure effective medicines management using the medication screens available in SystmOne.

The practice had a motto, the best thing to do should be the easiest, and one GP told us they believed that is was important that it should be made easy for people to do the right thing. Therefore as part of the GPs CCG role they had set up a You Tube channel to enable clinicians to get the most out of the pathways that have been created in the locality, for example a palpitations video for clinicians to access and the customisation of the pathology ordering system known as ICE. This work was undertaken in the GPs own time with the full support of the practice team to benefit other clinicians both within and outside the practice to improve effective use of GP time and improve quality of care. We saw the GP had created a diagnosis tab in ICE to enable the clinician to follow the correct diagnosis pathway. The GP had also created Electronic Mind Mapping, a tool for medical education. This enabled GPs to access core knowledge within the curriculum in an electronic, easy to use and up to date format.

The practice was a teaching and training practice for GP registrars and medical students and was overseen by the GP School, Health Education East of England. The practice showed us evidence of well-planned inductions for trainees which took account of their personal circumstances. One member of staff facilitated all the training for students and ensured they received placements in other local services such as nurseries to enhance their training experience. We received written feedback from one GP tutor who told us they found the practice team very willing to work with them to deliver a day of teaching, with staff welcoming up to ten students even when they had to move working space to accommodate them. We were told there was an open atmosphere of working together across all teams, where all staff and visiting clinicians felt free to raise any concerns clinical or otherwise. We were told the support and resources were available and provided to facilitate a learning experience.