

# Lister House Surgery Wiveliscombe

## 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?		Requires improvement	
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 Lister House Surgery Wiveliscombe on 11 July 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Risks to patients were assessed and well managed, with the exception of those relating to DBS checks.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey (July 2017) showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they did not always find it easy to make an appointment with a named GP and there was not always continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Maintain an on-going infection prevention control action plan and produce an annual statement.

# Summary of findings

- Embed clinical audits and re-audits to improve patient outcomes and ensure all audits contain a measurable action plan where required.
- Review the handling, storing and security of medicines at the branch surgery. For example, transportation of controlled medicines and blank prescription management systems.
- Implement the necessary changes to the updated recruitment arrangements to include all necessary employment checks such as DBS checks for all staff.

The areas where the provider must make improvement are:

Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment such as provision of a sufficient number of GP appointments during core practice hours.

**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 safe for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 systems, processes and practices to minimise risks to patient safety with the exception of Disclosure and Barring service checks for new and existing employees. Although patients were potentially at risk of harm because systems and processes were incomplete such as infection prevention control, a monitoring system for the recording of blank prescriptions and controlled medicines transportation procedures at the branch surgery.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

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

Requires improvement



- Staff were aware of current evidence based guidance.
- The provider was aware, due to changes in the service, that there was little evidence that clinical audit was undertaken in order to drive improvement in patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment. However the practice had vacancies including 2.25 whole time equivalent GPs. They relied on regular GP locums for approximately 50% of GP appointments. This meant continuity of care might not always be available.
- 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.

# Summary of findings

- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (July 2017) showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, they were part of a test and learn project with a wellbeing advisor and worked with the village agent.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Feedback from patients reported that access to a named GP and continuity of care was not always available, although urgent appointments with a clinician were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



# Summary of findings

- There was a clear leadership structure at provider level and practice staff felt supported by management. The practice had 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. However we found a number of governance issues that required attention. For example, availability of non-urgent appointments with salaried GPs and a process to monitor staff DBS checks and identify if renewals were required.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. A weekly clinic was provided at a residential care home.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

### People with long term conditions

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

Good



- Practice nurses had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.
- The practice had a wellbeing advisor as part of a GP federation test and learn pilot.

### Families, children and young people

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

Good



# Summary of findings

- We were told there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, by hosting ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- School Leavers were invited to attend the practice to discuss immunisations, sexual health advice and lifestyle advice.

## **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 practice had adjusted the services it offered to ensure these were accessible and flexible, for example, pre-bookable practice nurse appointments were available from 8am. The advanced nurse practitioner offered appointments from 8.30am daily. However some patients told us it could be difficult for them to use the triage system and wait for GP call backs when working.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflects the needs for this age group.

**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 those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. The practice provided annual health checks and home visits to those patients who lived in a residential home.

**Good**





# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice worked with the village agent service to provide support and direction to vulnerable patients.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia. However the practice IT system did not allow identification of how many of their 28 patients had an advanced care plan in place.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice funded a weekly talking therapies service.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. One member of staff had attended a dementia champion course.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was mostly performing in line with local and national averages. Of the 221 survey forms distributed 124 were returned. This represented approximately 2% of the practice's patient list.

- 89% of patients described the overall experience of this GP practice as good compared with the CCG average of 88% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.
- 76% 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 the national average of 77%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 19 comment cards of which 14 were all positive about the standard of care received. Patients told us they felt staff were friendly, caring and respectful. However some patients told us non-urgent appointments were not always available because of GP staff vacancies and there was lack of continuity with the use of locum GPs.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However patients also told us that appointments especially those for long term condition management were not always accessible in a timely way. The practice had recently recruited a practice nurse with additional qualifications in respiratory management to improve access to these appointments.

We looked at the NHS Choices website to look at comments made by patients about the practice. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received). We saw there were 4 reviews since October 2016 of which two were positive about the service they received.

The NHS Friends and Family Test from March until and May 2017, where patients were asked if they would recommend the practice, showed responses from nine patients. Of these most respondents were extremely likely or likely to recommend the practice to their family and friends.

## Areas for improvement

### Action the service **MUST** take to improve

Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment such as provision of a sufficient number of GP appointments during core practice hours.

### Action the service **SHOULD** take to improve

Maintain an on-going infection prevention control action plan and produce an annual statement.

Embed clinical audits and re-audits to improve patient outcomes and ensure all audits contain a measurable action plan where required.

Review the handling, storing and security of medicines at the branch surgery. For example, transportation of controlled medicines and blank prescription management systems.

Implement the necessary changes to the updated recruitment arrangements to include all necessary employment checks such as DBS checks for all staff.

# Lister House Surgery Wiveliscombe

## 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 second CQC inspector.

## Background to Lister House Surgery Wiveliscombe

Lister House Surgery is located close to the centre of Wiveliscombe about 11 miles from Taunton, Somerset. The practice has a branch location in Milverton just over three miles away, which we visited as part of the inspection. Patients could and did attend either practice. The practice serves a rural population of approximately 6800 patients from Wiveliscombe and the surrounding villages.

Data from Public Health England show that the practice had a higher than average population of patients over 65, 27%, in comparison with the clinical commissioning group (CCG) average of 23% and a national average of 17%. The population as a whole is older than the national average. In addition there are a large number of single parent families. The practice is situated in an area with less deprivation with a deprivation score of 15% compared to the CCG average of 18% and the national average of 22%.

The Wiveliscombe practice building was purpose built in 2013 with the Milverton location being constructed in the

1980's. Both practices provide a dispensing service to approximately 55% of the patient population. Milverton surgery provides a practice nurse service however the GP service was suspended due to partnership changes.

In 2016 following the retirement of the Senior Partner the two remaining GP partners took the decision to terminate the partnership. And from 1 September 2016 Somerset Partnership NHS Foundation Trust (SomPar) took over the management of the practice. The practice is managed under a separate legal entity with SomPar retaining the overall governance of practice. As part of the management of the practice, the Milverton location was undergoing a public consultation on the feasibility of the service continuing at this surgery.

Lister House Surgery currently employs four salaried GPs to provide a whole time equivalent (WTE) of 2.25 per week. This equates to an average of seven clinical sessions per week and 7 GP administrative sessions. In addition a GP works in a clinical management and administrative role providing a WTE of 0.4 per week. An advanced nurse practitioner was employed earlier this year on a full time basis to provide 10 sessions a week for telephone triage and face to face appointments. Three practice nurses are employed (equivalent to 1.92 WTE) along with 2 healthcare assistants and a lead dispenser. The practice manager is supported by an assistant manager, dispensing, administrative, secretarial and reception teams, of which some receptionists also provide a dispensing role.

A key concern for the practice is the difficulty recruiting GPs with 2.25 whole time equivalent GP vacancies. A part time GP has been appointed to provide 6 sessions for later in the year which will provide the practice with an increase of 66% clinical cover. Currently regular locum GPs account for

# Detailed findings

approximately 50% of the GP cover for the practice. A pharmacist has been employed to start in July 2017. Following our inspection the practice advised us a further 2 GPs had been offered a salaried GP position for later in the year.

At the time of our inspection a Registered Manager was not in place. The Director of governance and corporate development was in the process of applying to CQC to undertake the role.

Other services provided at the location include a Village Agent, physiotherapy and talking therapies. A wellbeing advisor (as part of a test and learn for the local GP federation) provided weekly support and advice to patients with long term conditions. For example, medicine concerns and education.

Lister House is open 8.am until 6.30pm. Telephone lines are open 8.30am until 6.30pm, with emergency telephone access available between 8.00 until 8.30am. Pre-bookable appointments with the practice nurses are available from 8.00am until 6.30pm Monday to Friday. Milverton Surgery is open on Monday, Tuesday and Friday between 8.30am until 1pm and 2pm until 5pm. On Wednesday and Thursday the practice is open from 8.30am until 1pm and 2pm until 6pm.

A weekly clinic is provided to 45 residents at a residential care home and the practice provides care for 11 patients at a local home for people living with a learning disability.

The practice has a General Medical Services (GMS) contract to deliver health care services.

The practice was previously inspected by the CQC on 12 November 2015 under the previous Provider. At the time we rated the practice overall as good.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access a local provider which provides an NHS111 and an Out Of Hours GP service.

## 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 such as the district nursing service to share what they knew. We carried out an announced visit on 11 July 2017. During our visit we:

- Spoke with a range of staff including salaried GPs, the practice manager, a practice nurse, lead dispenser, administrative staff and the IT lead.
- Spoke with patients who used the service.
- Spoke with three members of the Somerset Partnership Foundation Trust leadership team.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Visited the two practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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

# Detailed findings

- 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 living 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 Care Quality Commission at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a good system 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 looked at the nine recorded significant events since July 2016. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw two examples where incidents around test results were discussed in depth at a clinical away day and action was taken to improve safety in the practice. This included a strategy and review of processes around the management of test results.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. We were told the GPs attended

safeguarding meetings when possible or provided reports where necessary for other agencies. We saw evidence child protection concerns were discussed at quarterly meetings with the health visitor.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and 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. There was a process in place to monitor staff DBS checks and identify if renewals were required. (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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Regular IPC checks were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However an annual IPC statement, completed 10 January 2017 showed that an on-going action plan was not in place. Following our inspection the practice provided evidence of an on-going action plan.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical

## Are services safe?

commissioning group 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 to monitor their use. However we saw the Milverton Surgery did not follow the monitoring system in place for recording of blank prescriptions. Following our inspection the practice provided us with an updated policy for the management of prescriptions and told us they were introducing a more robust, internal monitoring system for prescriptions at Milverton Surgery.

- 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in apprenticeship roles, and had undertaken continuing learning and development. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs. We saw that prescribed controlled medicines were transported between surgeries via a voluntary driver. The transportation process was undertaken without the use of a tamper proof seal on the medicines bag and a logging system for these medicines were not in place. Following our inspection the practice provided evidence that a register

to log movement of controlled medicines along with tamper proof processes was now in place. In addition procedures for voluntary drivers had been updated to minimise risk and thus remove the requirement for these to be transported by them. For example, all controlled medicines were now collected from the main surgery dispensary.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body. However appropriate checks with the Disclosure and Barring Service had not always taken place. For example, a recently employed practice nurse had commenced employment using an existing DBS check. We also found non clinical staff did not have their vaccinations and immunisations for infectious diseases recorded. This meant that in the event of an outbreak of an infectious disease the practice did not have a register on which staff were at risk. In addition there was not a satisfactory recording process for reviewing and updating registration with the appropriate clinical professional body and medical indemnity insurance.

Following our inspection the practice evidenced to us a new system for the management of professional registration, medical indemnity insurance and staff immunisation. They provided evidence of a policy change to ensure regular DBS renewals and an annual declaration for criminal convictions took place.

### Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of



## Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- Salaried GPs were able to show they were revisiting clinical care pathways with the support of Somerset Partnership Foundation Trust to improve patient outcomes. Changes to the procedures to manage clinical pathways were being put in place. For example, at the time of our inspection a frailty audit was being undertaken ensure the practice's procedures to manage these patients was up to date with best practice guidance.

### Management, monitoring and improving outcomes for people

The practice participated in a local quality and outcomes framework, Somerset Practice Quality Scheme (SPQS) rather than the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the SPQS and performance against national screening programmes to monitor outcomes for patients. We saw the practice continued to monitor the same quality of support and care as the national quality and outcomes framework, QOF, with five of the key indicators embedded in SPQS. In addition the patient record system alerted clinicians of reviews required for medicines and conditions. For example, an alert that blood pressure screening has not taken place.

As the practice had a new provider (Somerset Partnership Foundation Trust) the most recent data relating to the practice had not been publicised. This meant standard areas of accepted clinical practice recorded in the data could not be analysed. We spoke to a practice nurse who advised us of changes they were making to the management of respiratory patients which would improve the quality of care those patients received. For example, patient's annual checks were being incorporated into other

annual appointments and the GP lead for respiratory had undertaken a medicines review with pharmacist support. This meant patients were receiving the most up to date and appropriate medicines to manage their condition.

There was some evidence of quality improvement including clinical audit:

- We were provided with some dispensary medicine management audits. One of these audits looked at personally administered injections and had taken place within the past year. We saw evidence of a list of actions however there was no evidence that the actions had been implemented.
- A locality led frailty audit was in the process of being completed. At the time of our inspection there was not enough evidence to make a judgement on the audit.
- Two mini audits for prescribing of medicines such as antibiotics and diabetes had been undertaken. We saw evidence that action points resulted from the audit however measurable action plans were not in place and there was no evidence within the audit that action had been taken. For example, in one audit it was recommended that two patients would have a GP review. There was no date as to when this should take place.
- There had been no clinical audits since the provider had taken on the service. An annual clinical audit plan was not available during the inspection. Following our visit the practice provided an audit plan for nine audits over the financial year. Planned audits included one to look at the quality of patient notes and re-audits of previous asthma and diabetic audits.

Information about patients' outcomes was used to make improvements such as the provision of a physiotherapist to streamline acute musculoskeletal conditions.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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. Locums were presented with a detailed introduction folder and were required to complete an induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

# Are services effective?

## (for example, treatment is effective)

example, one practice nurse had recently undertaken an update in the management of childhood asthma and a healthcare assistant was due to undertake a course in respiratory diagnostics (spirometry).

- 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 nurse 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. We saw the practice planned to provide equality and diversity training to all staff in 2017.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of in-house training. The practice had recruited a GP to work in an administrative role to optimise workflow. For example, the GP as part of their role monitored clinical test results and provided clinical leadership. In addition a member of the management team had undertaken a training course to optimise document flow within the practice such as the requests made by other NHS services for onward referrals for specialised care.
- There were vacancies for salaried GPs which meant there was a risk that patients might not receive the continuity of care that would help optimising management of their ongoing or chronic illness. The Practice was employing locums on a regular long term basis.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place. Due to 2.25 whole time equivalent GP vacancies the practice were using a number of regular locums to provide approximately 50% of clinical sessions. We looked at the GP rota to understand appointment availability. We saw

in June 2017 37% of GP sessions were with salaried GPs, 17% with regular locum GPs and 46% with agency locum GPs. At the time of the inspection the practice had 44 unfilled clinical sessions for August 2017.

- The practice was looking at workflow optimisation and was working hard to recruit GPs. The practice had appointed an advanced nurse practitioner earlier in the year to provide additional clinical sessions. A pharmacist had been employed to commence work in July 2017. One locum had been appointed to commence work later in the year.
- Following our inspection the practice updated us that a further two GPs had been offered a salaried GP position for later in the year. This would take the availability of clinical sessions to 17 out of the optimum 25 sessions.

### 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.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

- 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 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 and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, isolated or vulnerable patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A village agent and wellbeing advisor were hosted at the practice. Smoking cessation advice was available from a local support group.

Data for the previous practice provider showed uptake for the cervical screening programme was 79%, which was comparable with the clinical commissioning group (CCG)

average of 80% and the national average of 81%. There was no data relevant to the new provider at the time of this inspection however staff told us there uptake rates continued to be good.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. 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. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data for the previous provider showed uptake rates for the vaccines given were above clinical commissioning group and national averages. There was no data relevant to the new provider at the time of this inspection. Previous data showed for example, rates for the vaccines given to under two year olds ranged from 96% to 100% and five year olds from 94% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. NHS health checks for patients aged 40–74 were undertaken by an external organisation.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 19 patient Care Quality Commission comment cards we received 14 were positive about the service experienced. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (July 2017) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with nurses below average with satisfaction scores for its GP consultations. For example:

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 86%.
- 91% 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%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.

- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 93% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, we were told staff were responsive to queries and concerns and GPs were compassionate.

### 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 were mostly aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, school leavers were invited to the practice to discuss immunisations, sexual health and lifestyle advice.

Results from the national GP patient survey (July 2017) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results for patient experience with the practice nurses were above local and national averages whereas experiences with GPs were below the local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.

## Are services caring?

- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had 3.5% of the practice population as carers. In addition they had a register of young patients who were known to provide some caring responsibilities. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, through referrals to the village agent or the wellbeing advisor.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

The practice had begun working with the village agent project to provide patients with a signposting and referral service. The project helps to bridge the gap between isolated, excluded, vulnerable and lonely patients and statutory and/or voluntary organisations. Staff could refer to the village agent who attended the practice weekly. In addition a wellbeing advisor as part of the GP federation test and learn pilot provided a service that could direct patients and carers through the most appropriate channels. For example, any patient that could benefit with a link to other services such as community or voluntary groups or required additional support to plan end of life care.

Staff told us that it was the practice policy to send a bereavement card to effected families.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- 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. For example, home visits were carried out to a local residential home for patients with a learning disability and a weekly clinic was held at a care home for older people.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with problems that require same day consultation. This included vulnerable patients and those with long term conditions.
- Patients were able to receive travel vaccines available on the NHS. Patients who requested those vaccines only available privately were referred to other clinics.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and was in the process of implementing the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- There was a daily whole practice huddle (not just for GPs), as well as a daily GP meeting to discuss cases, home visits and provide peer support.
- The practice had recently introduced a triage system with the advanced nurse practitioner in order for patients to receive the most appropriate advice or to be directed to the most appropriate clinician.

- The practice worked with Somerset Partnership Foundation Trust to provide a physiotherapy service at the practice.
- Talking Therapies Counselling Service (Somerset Partnership) provided a weekly counsellor which was funded by the practice.
- The practice hosted a Village Agent and took part in the GP Federation test and learn pilot to host a wellbeing advisor weekly.

### Access to the service

Lister House is open 8.am until 6.30pm. Telephone lines are open 8.30am until 6.30pm, with emergency telephone access available between 8.00 until 8.30am. Practice nurse pre-bookable appointments were available between 8am and 6.30pm Monday to Friday. GP appointments were from 9am to 11.30am every morning and 3pm to 5.30pm daily. The advanced nurse practitioner offered appointments from 8.30am daily. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for patients that needed them. The practice had recently reduced the pre-bookable appointment timeframe to one month and had seen a 30% reduction in patients who did not attend.

Results from the national GP patient survey (July 2017) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared with the CCG average of 77% and the national average of 71%.
- 90% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 61% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 68%.

Patients told us on the day of the inspection that they were not always able to get appointments when they needed them. We spoke to the provider about GP vacancies and looked at the appointment system. The practice was in the process of recruiting additional salaried GPs and were using locum GPs to improve patient access to appointments. In addition they had recruited an advanced nurse practitioner to improve access to on the day appointments.

The practice had an advanced nurse practitioner led telephone triage system to assess:

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

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 a system for handling complaints and concerns.

- Its complaint 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 such as leaflets within the practice and information on the website.

We looked at 23 complaints received in the last 12 months and found the practice had partially upheld or upheld 14 of these. We saw complaints were dealt with in a timely manner, lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. However some staff told us they did not always hear about lessons learnt. An annual analysis of trends and action was undertaken to improve the quality of care. For example, staff attended customer service training and the practice introduced a daily morning meeting for GPs to share and discuss patient updates.

# 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 had a mission statement to provide a patient driven, high quality and caring primary health care services where all patients were treated with fairness, equality and the respect they deserve.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. They were undertaking a process to ensure their governance framework was aligned with Somerset Partnership Foundation Trust (SomPar). This outlined the structures and procedures and ensured that:

- There was a clear staffing structure including ongoing recruitment for the 2.5 WTE GP vacancies. However at the time of the inspection regular locum GPs accounted for approximately 50% of the GP cover for the practice which meant there was a risk that patients might not have access to non-urgent appointments or receive the continuity of care that would help optimising management of their ongoing or chronic illness.
- Staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, a salaried GP had a clinical lead role in respiratory disease.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A comprehensive understanding of the performance of the practice was being undertaken by the new provider. However we saw areas for improvement such as an IT system which allowed identification of advanced care planning, ongoing action planning for infection prevention and control and a monitoring system for the management of blank prescriptions

- A programme of continuous clinical and internal audit previously used to monitor quality and to make improvements had been difficult to maintain due to GP vacancies with no clinical audits undertaken within the new service. In addition we saw medicine management audits did not always have measurable action plans or evidence that actions identified were undertaken. Following our inspection the practice provided us with an audit cycle plan for the year.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. In addition SomPar were working on ensuring the practice systems worked with the Trusts systems to allow for overarching governance and assurance.
- We saw evidence from minutes of meetings there was a process for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection Somerset Partnership Foundation Trust (SomPar) told us they prioritised safe, high quality and compassionate care. Staff told us the salaried GPs and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 practice encouraged a culture of openness and honesty. From the sample of nine documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.



# Are services well-led?

Good 

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings to monitor vulnerable patients. GPs met with health visitors quarterly to monitor vulnerable families and safeguarding concerns.
- 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 practice manager. Staff and the SomPar leadership team spoke highly of the practice manager and in particular the management of the changes within the practice. All staff were involved in discussions about how to run and develop the practice, and the practice encouraged all members of staff to identify opportunities to improve the service delivered.
- The provider had implemented a workflow optimisation project for administrative functions which included a training day with an external company.
- Clinical staff including locums were invited to monthly clinical meeting and clinical away days. In addition a daily 'huddle' for GPs took place to ensure staff working that day were aware of any significant changes or concerns to individual patients.
- The previous medical director for the Trust had provided a clinical support and clinical assurance role. They continued to provide support to the salaried GPs until alternative arrangements were in place.[PL1]

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

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

- Patients through the patient participation group (PPG), compliments and complaints received. The PPG met with the practice manager monthly and submitted proposals for improvements to the practice. For example, the PPG had asked the practice to review the reception front desk arrangements as patients raised

concerns around this not being staffed. The PPG also assist on flu vaccination days and have a stand at the local horticultural show to seek patient feedback on the practice.

- Opportunities were provided within the practices for patients to complete the NHS Friends and Family test and patients were encouraged to provide complaints and compliments.
- 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.
- A staff suggestion and reward scheme had been introduced. Staff could nominate other members of their team to receive this monetary reward. For example, one salaried GP had received an award for their flexibility in provision of additional work hours to cover during GP holidays.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking, looking to develop and improve the provision of care and treatment. They took part in local pilot schemes such as the wellbeing advisor placements to improve outcomes for patients in the area.

A new IT system was planned later in the year to improve efficiency and provide an integrated care system.

The practice had recently reduced the pre-bookable appointment timeframe to one month and had seen a 30% reduction in patients who did not attend.

Somerset Partnership Foundation Trust were working with Taunton and Musgrove Foundation Trust (T&MFT) to develop a strategic plan structure for local primary care services. The deputy medical director for T&MFT will take on a primary care lead role to look developing clinical pathways to facilitate patients care and treatment to take place closer to their home.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing  The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.  In particular: Regulation 18(1)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	