

# Leyland Surgery

## 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 Leyland Surgery on 14 December 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.
- There was a comprehensive quality improvement programme and the practice held regular clinical consistency meetings to ensure high levels of clinical practice.
- 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. The practice organised and co-ordinated training for its own local federation of practices.

- The practice was proactive in its approach to patient care and had led on appointing a GP to work across the local federated practices to provide sessional support.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice held regular awareness days for patients to promote patient awareness of practice services and local support organisations.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was forward-thinking and had developed a risk register to identify future risks to service delivery and to plan for the future.
- The practice was a training practice and provided support and mentorship to medical students and GP trainees at different stages of their learning. They had won a Quality Teaching Practice Bronze Award for year-four students in 2016 and had won silver awards in 2014 and 2015.

We saw two areas of outstanding practice:

- The practice offered a point of care service for blood monitoring for patients who were taking blood-thinning medications for heart conditions. This service allowed for patients to be monitored, assessed and issued with an appropriate prescription all at the one appointment or home visit. This avoided delays in the issuing of prescriptions to patients and reduced the administration associated with the monitoring process.
- The practice had piloted a new multidisciplinary team (MDT) service for vulnerable patients in 2013. They had identified the most vulnerable patients on the practice

list and then worked with a team of professionals from health and social care to address those patients' needs. They identified 36 patients for this pilot project who had had 146 documented contacts over the last three months with local health services and 19 unplanned admissions to hospital. They then worked with these patients and the MDT and reduced the number of contacts over the next three months to 50 with eight unplanned admissions to hospital. After a further three months, the number of contacts had been reduced to 19 with only two hospital admissions. The practice had continued to see positive results and we saw two case studies which demonstrated this. In September 2016, the clinical commissioning group recognised this ongoing work and the lead practice GP won a Research and Innovation award for their work and achievement with this service.

The areas where the provider should make improvement are:

- Review the protocol for GPs viewing communications received by the practice to ensure that only appropriate items are filed immediately by administration, and maintain an audit process to ensure compliance with the protocol.
- Improve compliance with the practice protocol for recording the use of prescriptions on prescription pads.
- The practice should continue to improve the identification of patients who are also carers.

**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. Actions taken as a result were reviewed in a timely manner.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe although some prescription pads were not always logged in and out as per the practice protocol.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had been identified by the local clinical commissioning group as a site to provide services in the event of a patient mass casualty event in the area.

### 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 achieved 100% of the total number of points available.
- Staff assessed needs and delivered care in line with current evidence based guidance and the practice had produced its own clinical protocols based on this guidance.
- Clinical audits demonstrated quality improvement. We saw evidence of improvements in the prescribing of antibiotics and the treatment and care of patients with atrial fibrillation (a heart condition) as a result of audit work. The practice held regular clinical consistency meetings to reduce variations in clinical practice and ensure high levels of clinical practice. There was a programme of quality improvement meetings for all areas of practice governance.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a comprehensive training programme for staff and the practice organised and co-ordinated training for its own local federation of practices and other practices in the area.
- The practice had arranged for a diabetic specialist nurse to attend the practice to work with the practice nurses. They attended every two months, saw patients with the nurses and provided training to staff as needed.
- The practice had led on appointing a GP to work across the local federated practices to provide sessional support.
- There was evidence of appraisals and personal development plans for all staff.
- The practice had a protocol whereby not every item of communication coming into the practice was seen by the GPs. We discussed the risks associated with this with the practice and they advised us that they would introduce a new protocol to mitigate these risks and also ensure that the process was audited to ensure compliance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice had piloted a new clinical commissioning group (CCG) multidisciplinary team (MDT) service for vulnerable patients in 2013. This MDT project pilot demonstrated considerable benefits to patients and the CCG rolled it out to other practices. The practice had continued to see positive results and we saw two case studies which demonstrated this. In September 2016, the CCG recognised this ongoing work and the lead practice GP won a Research and Innovation award for their work and achievement with this service.
- The practice ran regular patient awareness days to promote patient awareness of services and support organisations. The practice also had a stall at the Leyland festival in June 2013 to provide health and service information.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We were told by patients of examples of care where staff had gone above and beyond what was normally expected of them.

**Good**



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- The practice had identified 23 patients as carers (0.4% of the practice list). They were aware that this figure was low and told us that they planned to do further work to address this.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff at the practice supported local and national charitable services and had been involved in a charity night with another practice in the federation to raise funds.

## 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 (CCG) to secure improvements to services where these were identified. The practice GPs attended meetings with the CCG every month to discuss service design in the CCG and the development of new services.
- 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. The practice had invested in a new telephone system to give automated appointment booking services to patients.
- 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.
- The practice had developed a risk register to identify future risks to service delivery and to plan for the future.
- 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.

# Summary of findings

- 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 and it had introduced a staff survey. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice had invested in new technology and was to pilot new software to improve patient care.
- One of the practice GPs had won a clinical commissioning group Research and Innovation award in September 2016 for their work on a new service for vulnerable patients.
- The practice was a training practice and provided support and mentorship to medical students and GP trainees at different stages of their learning. They had won a Quality Teaching Practice Bronze Award for year-four students in 2016 and had won silver awards in 2014 and 2015.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients at risk of unplanned admission to hospital had an agreed recorded care plan in place to support them and their carers to take appropriate action when the patient's health needs deteriorated. Care plans were reviewed regularly.
- The practice contacted those vulnerable elderly patients when they were discharged from hospital after an unplanned admission and arranged for any necessary support.
- The practice reviewed the care of those patients who had died to see if any lessons could be learned.

### 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.
- Performance for diabetes related indicators was higher than the national average. The practice achieved 100% of the indicators for the management of patients with diabetes.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice tailored appointments for patients with more than one long-term condition so that they only needed to attend the practice for one appointment for a review wherever possible.
- The practice had audited and identified patients at risk of stroke and offered appropriate treatment and care to an additional 25 patients.
- A podiatrist visited the practice twice a month to provide foot checks for diabetic patients.



# Summary of findings

- The practice offered a point of care service for blood monitoring for patients who were taking blood-thinning medications for heart conditions. This service allowed for patients to be monitored, assessed and issued with an appropriate prescription all at the one appointment or home visit. This avoided delays in the issuing of prescriptions to patients and reduced the administration associated with the monitoring process.

## 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the local average of 84% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A midwife provided antenatal clinics every week and clinics for baby vaccinations and immunisations were held weekly.

Good



## 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 offered appointments with clinicians on a Saturday morning from 8am to 11am for working patients who could not attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. All clinicians' appointments were available to be booked online.

Good



# Summary of findings

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Telephone appointments with GPs were available in addition to face-to-face appointments.

## People whose circumstances may make them vulnerable

The practice is rated as good for the 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 offered longer appointments for patients with a learning disability and those with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. It participated in a multidisciplinary team service for patients to reduce the need for contact with health services and offer a first point of call contact number.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There were disabled facilities, a portable hearing loop and translation services available.
- The practice added alerts on the patient clinical record for those patients who were visually impaired or had hearing difficulties. There was a guide dog policy to allow guide dogs to enter the premises.
- The practice was funded to provide a service for patients who had been identified locally by the zero tolerance policy. It provided care and treatment for these patients.

## 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).

Good



- 87% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the national average of 84%.

# Summary of findings

- 97% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice shared the building with a local patient mental health service and referred to this service regularly for advice. Staff were trained in dementia awareness.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. A total of 227 survey forms were distributed and 107 were returned (47%). This represented 2% of the practice's patient list.

- 67% of patients found it easy to get through to this practice by phone compared to the local average of 71% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 88% and the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the local average of 89% and the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and the 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 78 comment cards of which 77 were positive about the standard of care received. Patients wrote that staff were caring, supportive and professional and said that it was an excellent service that was always helpful and efficient. There were seven cards that also mentioned that getting an appointment could sometimes be difficult and three that said that sometimes they felt rushed in an appointment. One card said only that they felt that their needs had not been met. However, many other cards contradicted these views and praised the appointment system.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results of the Friends and Family test showed that in the months of September to November 2016, 20 out of 26 patients (77%) who completed the survey would be extremely likely or likely to recommend the practice to friends and family.

## Areas for improvement

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

The areas where the provider should make improvement are:

- Review the protocol for GPs viewing communications received by the practice to ensure that only appropriate items are filed immediately by administration, and introduce an audit process to ensure compliance with the protocol.
- Improve compliance with the practice protocol for recording the use of prescriptions on prescription pads.
- The practice should continue to improve the identification of patients who are also carers.

## Outstanding practice

We saw two areas of outstanding practice:

- The practice offered a point of care service for blood monitoring for patients who were taking blood-thinning medications for heart conditions. This service allowed for patients to be monitored, assessed and issued with an appropriate prescription all at the one appointment or home visit. This avoided delays in the issuing of prescriptions to patients and reduced the administration associated with the monitoring process.
- The practice had piloted a new multidisciplinary team (MDT) service for vulnerable patients in 2013. They had identified the most vulnerable patients on

# Summary of findings

the practice list and then worked with a team of professionals from health and social care to address those patients' needs. They identified 36 patients for this pilot project who had had 146 documented contacts over the last three months with local health services and 19 unplanned admissions to hospital. They then worked with these patients and the MDT and reduced the number of contacts over the next three months to 50 with eight unplanned admissions

to hospital. After a further three months, the number of contacts had been reduced to 19 with only two hospital admissions. The practice had continued to see positive results and we saw two case studies which demonstrated this. In September 2016, the clinical commissioning group recognised this ongoing work and the lead practice GP won a Research and Innovation award for their work and achievement with this service.

# Leyland Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Leyland Surgery

Leyland Surgery is situated at Westfields on West Paddock in the Leyland area of Preston at PR25 1HR serving a mainly urban population. The building is a purpose-built single-storey health service centre which was renovated and adapted by the practice in 2013 when it moved there. The practice shares the building with a local patient mental health service. The practice provides level access for patients to the building with disabled facilities available, fully automated entrance doors and a reception desk, part of which has been lowered to facilitate wheelchair access.

There is limited parking provided for patients in the practice car park and the practice is close to public transport.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS) with NHS England.

There are two male and one female GP partners and two male salaried GPs assisted by an advanced nurse practitioner who is also the nurse manager, three practice nurses and two healthcare assistants. A practice manager, two deputy practice managers, reception supervisor and

six additional administrative and reception staff also support the practice. The practice is a teaching practice for GPs at different stages of their training and for medical students.

The practice is open from Monday to Friday from 8am to 6.30pm and extended hours are offered on Saturday from 8am to 11am. Appointments are offered from 8am to 5.50pm on weekdays and from 8am to 10.50am on Saturdays. When the practice is closed, patients are able to access out of hours services offered locally by the provider GotoDoc by telephoning 111.

The practice provides services to 5,352 patients. This list has grown rapidly since the practice started in April 2013 when the list size was 3,373 patients and is still showing continuing growth. There are lower numbers of patients aged over 65 years of age (19%) than the national average (17%) and higher numbers of patients aged under four years of age (7%) than the national average (6%), otherwise the patient demographics are similar to national figures.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is the same as the national average, 79 years, and female life expectancy is 82 years compared to 83 years nationally.

The practice has a higher proportion of patients experiencing a long-standing health condition than average practices (66% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is lower (58%) than the local and national average of 62% and the proportion of patients with an employment status of unemployed is 3%, the same as the local average and lower than the national average of 5%.

# 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 14 December 2016. During our visit we:

- Spoke with a range of staff including three GPs, the advanced nurse practitioner, one practice nurse and two members of the practice administration team.
- Spoke with four patients who used the service including one member of the practice patient participation group.
- Observed how staff interacted with patients and talked with 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). The practice also used a "comments and concerns" sheet to record patient comments opportunistically so that they could address any issues or trends that these identified.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and all actions taken as a result of these events were reviewed in a timely manner.

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, following an incident where a new medication had been added to a patient record as a repeat medication instead of a medication prescribed for a limited time only before review was needed, all clinicians were reminded of the need to ensure that new drugs were added appropriately to patient clinical records. This ensured that patients were reviewed appropriately when prescribed new medications.

### 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 and nurses to level two or 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. Cleaning audits were carried out every month and also documented spot checks of cleaning. The advanced nurse practitioner 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. Six-monthly 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 generally 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. The practice had a comprehensive policy for the storing and management of blank prescriptions, however, we saw that logs for the use of prescriptions from GP prescription pads were not always kept in the way described in the practice policy. The practice told us that they would review this immediately. Two of the



## Are services safe?

nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They 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. Healthcare assistants were trained to administer vaccines against a patient specific direction (PSD) from a prescriber.

- 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 staff kitchen 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). They had carried out risk assessments for staff working and the practice environment and carried out quarterly checks to identify any potential new risks. They also completed a practice accessibility checklist regularly.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice was able to cover for staff absence by using existing part-time staff and some staff were shared with a neighbouring practice which staff at the practice also managed.

### 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 and panic alarms in all clinical rooms. Staff received annual training in the use of these alarms.
- 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. The clinical commissioning group had identified the practice as a site that would provide services if there was a mass casualty event in the area. At the time of our inspection, plans for delivering services were at the draft stage.

# 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. Changes to guidelines were dealt with in a comprehensive way and the practice had developed clinical protocols based on recommended care and treatment. Clinicians had copies of relevant guidelines in their rooms.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records by the advanced nurse practitioner. The practice held regular clinical consistency meetings to reduce any variations in clinical practice.

### 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 100% of the total number of points available. Exception reporting was 14.9% which was higher than the local clinical commissioning group (CCG) level of 10.7% and national average of 9.8%. (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). We saw that the practice system for exception reporting patients was clinically sound and based on good evidence. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than the national average. For example, blood measurements for diabetic patients showed that 87% of patients had well controlled blood sugar levels compared with the CCG average of 82% and national

average of 78%. Also, the percentage of patients with blood pressure readings within recommended levels (140/80 mmHG or less) was 90% compared to the CCG average of 79% and national average of 78%.

- Performance for mental health related indicators was higher than or in line with the local and national averages. For example, 97% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average of 92% and national average of 89%. Also, 87% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the CCG average of 91% and national average of 84%.

The practice had identified that some patients who had more than one long-term condition were attending the practice for multiple health assessments. The practice worked on streamlining appointments so that patients only needed to attend one appointment to address all of the health needs at once. This saved the patient time and was a more efficient use of staff time.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years including completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, because of increasing patient resistance to antibiotics and because the surgery had been identified as the second highest prescribers of antibiotics in the CCG, the practice had looked at the way that these medications were being prescribed for patients. Over a period of a year and following three audits and adherence to good practice guidelines for prescribing antibiotics, the practice reduced its prescribing so that it was one of the lowest prescribers in the CCG.

Information about patients' outcomes was used to make improvements such as optimising treatment for patients with atrial fibrillation (a heart condition). The practice used specialist nurses to identify patients who were at a high risk of stroke and had invited a local consultant cardiologist to interview these patients. As a result, 25 patients were identified as needing medications to help prevent strokes and were started on these. The practice also developed a

# Are services effective?

## (for example, treatment is effective)

clinical protocol for future treatment and care of patients. A re-audit of patients with atrial fibrillation after a period of time showed that all patients needing treatment had been identified and were being treated appropriately.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff had trained in the awareness of patients with learning disabilities and clinical staff had trained in the care of the dying. Most of the practice staff had undertaken training in dementia awareness and how to be dementia patient friendly. The practice had a very comprehensive programme of training and told us that they recognised training for all staff as a high priority.
- One of the practice GPs developed an annual clinical learning plan for GPs based on the GPs' individual personal development plans.
- The practice had arranged for a diabetic specialist nurse to attend the practice to work with the practice nurses. They attended every two months, saw patients with the nurses and provided training to staff as needed. The advanced nurse practitioner was able to initiate insulin for diabetic patients and one of the practice nurses was training to be able to do this.
- The practice also organised and co-ordinated training for neighbouring practices within the local federation of practices and other local practices. This included training in vaccination and immunisation, fire awareness, basic life support and nurse revalidation.
- The practice had led on appointing a GP to work across all practices on the federation to provide sessional support.
- The practice had a clear staffing structure and all staff were aware of their roles and responsibilities. The practice encouraged a whole team approach to working and shared duties equally across staff.
- The practice had been responsible for piloting a new CCG multidisciplinary team (MDT) service for vulnerable

patients in 2013. They had identified the most vulnerable patients on the practice list and those who were demanding the most support from local health services and then worked with a team of professionals from health and social care to address those patient needs. The community matron visited the patients, put support services in place and gave patients appropriate contact numbers. They identified 36 patients for this pilot project who had had 146 documented contacts over the last three months with local health services and 19 unplanned admissions to hospital. They then worked with these patients and the MDT and reduced the number of contacts over the next three months to 50 with eight unplanned admissions to hospital. After a further three months, the number of contacts had been reduced to 19 with only two hospital admissions. The CCG then rolled out the MDT pilot project to other practices in the CCG. The practice had continued to see positive results and we saw two case studies which demonstrated this. In September 2016, the CCG recognised this ongoing work and the lead practice GP won a Research and Innovation award for their work and achievement with this service.

- 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. Practice nurses attended internal monthly clinical meetings and local practice nurse forums.
- 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. Nurse appraisals were timed wherever possible to the month before their revalidation was due.
- 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 and external training.

# Are services effective?

## (for example, treatment is effective)

### 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 had a protocol whereby not every item of communication coming into the practice was seen by the GPs. This included some patient attendances at accident and emergency departments and some patient non-attendances at hospital appointments. We discussed the risks with the practice of communication not being seen by the GPs and they advised us that they would introduce a new protocol to mitigate these risks and also ensure that the process was audited to ensure compliance.
- 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 to, or after they were discharged from hospital. The practice contacted vulnerable patients when they were discharged from hospital after an unplanned admission and arranged for any necessary support. Patients at risk of unplanned admission to hospital had an agreed recorded care plan in place to support them and their carers to take appropriate action when the patient's health needs deteriorated. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. At these meetings, the practice also reviewed the care of those patients who had died to see if any lessons could be learned.

### 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:

- 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 and patients experiencing drug abuse. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice figures for patients attending for breast and bowel screening were comparable to those nationally. At the time of inspection, the practice was looking at ways to further encourage its patients to attend these national screening programmes.

Childhood immunisation rates for the vaccinations given were generally higher than the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% compared to the CCG averages of 95% to 98% and for five year olds from 94% to 100% compared to the CCG averages of 90% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

## Are services effective?

(for example, treatment is effective)

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.

The practice ran regular awareness days to promote patient awareness of services and support organisations.

These had included days focussed on information for carers, online access to medical records and services offered by Age Concern. The practice also had a stall at the Leyland festival in June 2013 to provide health and service information.

# 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.

Of the 78 patient Care Quality Commission comment cards we received, 77 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. There were seven cards that also mentioned that getting an appointment could sometimes be difficult and three that said that sometimes they felt rushed in an appointment. One card said only that they felt that their needs had not been met. However, many other cards contradicted these views and praised the appointment system.

We spoke with a member of the patient participation group (PPG). They also told us they were more than 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. There were many comments regarding the fact that patients felt that staff went above and beyond what was necessary.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.

- 87% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG and national average of 97%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Staff at the practice supported local and national charitable services and had been involved in a charity night with another practice in the federation to raise funds.

### 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 although three cards mentioned that occasionally they could feel rushed. 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 higher than local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.



## Are services caring?

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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.
- Information leaflets were available in easy read format.
- The practice ran or hosted focussed events to raise awareness of practice services and local support organisations.

### **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's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers (0.4% of the practice list). They were aware that this figure was low and told us that they planned to do further work to address this. The practice displayed information for carers in the waiting room, identified new patients who were carers and had held a carers awareness event. Written information was available to direct carers to the various avenues of support available to them and they were invited each year for a 'flu injection.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice GPs attended meetings with the CCG every month to discuss service design in the CCG and the development of new services.

- The practice offered a 'Commuter's Clinic' on a Saturday morning from 8am to 11am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a portable hearing loop and translation services available.
- The practice added alerts on the patient clinical record for those patients who were visually impaired or had hearing difficulties. There was a guide dog policy to allow guide dogs to enter the premises.
- A midwife provided antenatal clinics every week and clinics for baby vaccinations and immunisations were held weekly.
- A podiatrist visited the practice twice a month to provide foot checks for diabetic patients.
- The practice offered a point of care service for blood monitoring for patients who were taking blood-thinning medications for heart conditions. This service allowed for patients to be monitored, assessed and issued with an appropriate prescription all at the one appointment or home visit. This avoided delays in the issuing of prescriptions to patients and reduced the administration associated with the monitoring process.

- The practice provided treatment room services for a variety of procedures such as ear syringing and removal of sutures.
- A phlebotomist provided clinics to take patient bloods once a week.
- The practice shared the building with a local patient mental health service and consulted with this service regularly for advice.
- The practice was funded to provide a service for patients who had been identified locally by the zero tolerance policy. It provided full care and treatment for these patients and we saw that there had been no recorded incidents associated with this service.

### Access to the service

The practice was open from Monday to Friday from 8am to 6.30pm and extended hours were offered on Saturday from 8am to 11am. Appointments with GPs were offered from 8am to 5.50pm on weekdays and from 8am to 10.50am on Saturdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice offered an on-the-day clinic each weekday from 10am to 11am for those patients with urgent needs. These clinics were bookable on the day after 8am.

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

- 81% of patients were satisfied with the practice's opening hours compared to the local average of 79% and the national average of 76%.
- 67% of patients said they could get through easily to the practice by phone compared to the local average of 71% and the national average of 73%.

The practice had responded to the survey results by planning to install a new automated telephone appointment booking system. This was to be installed shortly after our inspection. They also were proactive in promoting patient online access for booking appointments. They had made all clinicians' appointments available for online booking. At the time of inspection, 16% of patients were using this online access to appointments.

People told us on the day of the inspection that they were able to get appointments when they needed them although two patients commented that it could



# Are services responsive to people's needs?

(for example, to feedback?)

occasionally be difficult to see their GP of choice. We saw on the day of the inspection that the next available routine appointment with a GP was the day following the inspection.

The practice had a system in place to assess:

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

Staff recorded patient requests for home visits and passed them to the GPs who telephoned patients or their carers before they visited. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a poster for patients displayed in the waiting area and complaints leaflets were available.

We looked at six complaints received in the last year and found they had been dealt with in a timely way and with openness and honesty. Both written and verbal complaints were recorded. The practice also used a “comments and concerns” sheet to record patient comments opportunistically so that they could address any issues or trends that these identified. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, as a result of a complaint relating to a delay in the prescribing of medication for a patient with osteoporosis, the practice updated its policy, staff attended training and best practice was discussed at a practice clinical meeting.

# 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 and staff knew and understood the values. The statement said “The doctors, nurses and all staff are committed to the provision of Best Practice and High Quality Patient Care. We will achieve this through the delivery of services which are timely, considerate and responsive to the needs of our patient population.”
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice was moving from its existing business planning structures to developing a risk register to identify risks and suggest control measures for four different areas of service provision. These areas were financial, patient, workforce and operational. Areas of risk had been identified within those areas and control measures suggested to mitigate those risks. At the time of inspection, the draft risk register was near completion.

### 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 on the practice shared computer system.
- A comprehensive understanding of the performance of the practice was maintained. The practice had a sound meeting structure that addressed all the areas of the service with all of the staff and services involved.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There were separate meetings to discuss and plan quality improvement and to address clinical consistency and data quality.
- There were good arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and 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. They used a “comments and concerns” sheet to record patient comments and look for trends.

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. The practice funded social events for the team at least twice a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service 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.

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group of 74 members who were consulted on patient surveys and changes to practice services. They submitted proposals for improvements to the practice management team and helped to raise patient awareness at some practice awareness event days. For example, they had been consulted on the format of the practice website and had piloted patient online access to clinical records. They had also attended the practice to help promote the services offered locally by Age Concern.
- The practice had started to conduct a staff survey. This had been circulated to staff and was, at the time of our inspection, in the process of being collated. 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.
- The practice produced a staff newsletter that was circulated every two months.

## 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. Additionally, the practice had been selected by the clinical commissioning group (CCG) to provide services in the event of a patient mass casualty situation.

The practice had led on the formation of the first federation of practices in the locality. It acted as the hub practice to organise training and to employ a GP to work across all of the federated practices.

The practice was represented at the Leyland festival at a stall and worked to involve the community. They had had approval for an extension to the building and told us that they planned to integrate some community activities into the practice when the space was available.

The practice prioritised the use of new technology in the practice. They were investing in a new telephone automatic appointment booking system. The practice was also testing point-of-care (POC) instant diagnostic software for the diagnosis of pneumonia. This was aimed at giving an instant diagnosis at the practice for patients who may be suffering from pneumonia in order to prescribe antibiotics appropriately and in a timely way.

The practice had been responsible for piloting a new CCG multidisciplinary team (MDT) service for vulnerable patients which had been rolled out to all practices within the CCG. The lead practice GP won a CCG Research and Innovation award for their continued work and achievement with this service in September 2016.

The practice was a training practice and provided support and mentorship to medical students and GP trainees at different stages of their learning. They had won a Quality Teaching Practice Bronze Award for year-four students in 2016 and had won silver awards in 2014 and 2015.