

Dr Seyan & Partners

Quality Report

Robin Hood Lane Health Centre
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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?	Outstanding	
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 Dr Seyan & Partners on 15 March 2016. Overall the practice is rated as good.

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

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

tailored to meet the needs of the practice's population groups. For example, a number of services offered by the practice meant that care could be provided closer to home.

- Most patients said they found it easy to make an appointment with a named GP. Patients were able to access urgent appointments on 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 and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice:

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice provided an anticoagulation service led by a GP and the practice nurses. Patients from across the Clinical Commissioning Group (CCG) were able to access the 'anticoagulation hub' which reduced the need to

Summary of findings

attend the hospital for monitoring. The practice nurses also provided domiciliary anticoagulation visits to 30 housebound patients who were registered with the practice to provide continuity of care.

- There were innovative approaches to providing care closer to home. For example, the practice provided an in-house gynaecology service utilising a practice GP with a special interest in gynaecology, to reduce the need for patients to be referred to hospital gynaecology services. For 2014/15, the practice had only found it necessary to refer one patient to secondary care for gynaecology, which was the lowest referral rate in the CCG area for this service.
- The practice had also identified that they needed to improve access to psychological therapies for their patients. In addition to referring to local psychological support services the practice had arranged for in-house counselling services approximately three days per week. From January 2015 to December 2015 the in-house counselling

team saw 48 patients with a waiting time that varied from two weeks to six weeks. The waiting time for the local psychological support service was three months, demonstrating that patients were able to access mental health support more quickly via the in-house service.

The areas where the provider should make improvement are:

- Ensure that medicines management procedures include robust monitoring of emergency medicines.
- Ensure that care planning is holistic and patient centred in order to assess and monitor patients' needs effectively.
- Ensure that the practice has robust systems in place to be able to identify and support all patients acting as 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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- In-house counselling services were provided, as well as those that were available locally.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice provided an anticoagulation service led by a GP and the practice nurses. Patients from across the Clinical Commissioning Group (CCG) were able to access the 'anticoagulation hub' which reduced the need to attend the hospital for monitoring. The practice nurses also provided domiciliary anticoagulation visits to housebound patients who were registered with the practice to provide continuity of care.
- There were innovative approaches to providing care closer to home. For example, the practice provided an in-house gynaecology service utilising a practice GP with a special interest in gynaecology, to reduce the need for patients to be referred to hospital gynaecology services. For 2014/15, the practice had only found it necessary to refer one patient to secondary care for gynaecology, which was the lowest referral rate in the CCG area for this service.
- The practice had also identified that they needed to improve access to psychological therapies for their patients. In addition to referring to local psychological support services the practice had arranged for in-house counselling services approximately three days per week so patients were able to access mental health support more quickly.
- As part of a NHS England national project looking at new models of care, the local CCG in association with other services had applied to be a 'vanguard site' to enhance health in care homes and provide better joined up care, especially for patients with dementia. The practice provided a weekly GP session in a local care home as part of this project, working with a local pharmacist and the care home staff to reduce un-necessary admissions to hospital. The practice had completed care plans and a prescribing review for all the residents in the care home. This has reportedly contributed to a downward trend for hospital admissions, and a £11,157 saving in prescribing costs for the practice.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a

Outstanding



Summary of findings

consequence of feedback from patients and from the Patient Participation Group (PPG). For example, the practice had worked with the PPG to offer health education sessions including those for diabetes, dementia and heart failure.

- Most patients said they found it easy to make an appointment with a named GP. Patients were able to access urgent appointments on 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 easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with practice staff and with other healthcare staff including district nurses who were located within the health centre premises.

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had initiated an over 65s alert on the electronic record system to prompt clinicians to monitor patients for conditions such as dementia and atrial fibrillation.
- The practice had engaged with the Clinical Commissioning Group (CCG) and local community services and were able to invite patients to local education sessions for those over 75 to improve holistic health and well-being of patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line or above averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90 mmHg or less was 83%, which was above the CCG average of 81% and in line with national average of 84%.
- Flu vaccination rates for 2014/15 for the over 65s were 78% which was above the national average.

Good



People with long term conditions

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

- Patients from across the Clinical Commissioning Group (CCG) were able to access the 'anticoagulation hub' which reduced the need to attend the hospital for monitoring. The practice nurses also provided domiciliary anticoagulation visits to 30 housebound patients who were registered with the practice, to provide continuity of care.
- 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 mixed. For example, 68% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG

Good



Summary of findings

average of 74% and the national average of 78%. The number of patients who had received an annual review for diabetes was 91%, which was above the CCG average of 86% and national average of 88%.

- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 93% which was above CCG average of 91% and national average of 90%.
- The practice provided a daily in-house phlebotomy service with a health care assistant.
- The practice provided a weekly diabetic clinic with a GP and practice nurse.
- 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 had worked with the Patient Participation Group (PPG) to offer health education sessions. Sessions on diabetes, dementia and heart failure had been held in the practice.
- Longer appointments and home visits were available when needed.

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 Accident and Emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 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.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice provided baby clinics, midwife-led antenatal clinics and post-natal checks.
- Chlamydia screening and a range of contraceptive services were provided by GPs and nurses.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 96%, which was above the Clinical Commissioning Group (CCG) average of 83% and the national average of 82%.

Good



Summary of findings

- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 75% which was in line with CCG and national averages.

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 extended hours on a Monday, Thursday and Friday morning to meet the needs of their working-age population who were not able to attend during normal opening hours.
- One of the GPs provided a minor surgery clinic at the practice for joint injections and skin conditions.
- There were innovative approaches to providing care closer to home. For example, the practice provided an in-house gynaecology service utilising a practice GP with a special interest in gynaecology, to reduce the need for patients to be referred to hospital gynaecology services.
- Patients were able to receive travel vaccinations available on the NHS and those available privately. The practice were a registered yellow fever centre.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice were based in a local health centre and patients were conveniently able to access a number of services within the same premises including minor surgery, chiropody, breast screening and audiology.

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

- The practice was signed up to the enhanced service to offer physical health checks to those patients with learning disabilities and 32 out of 39 patients had received an annual review, which was 82%.
- There were translation services available for those with language barriers and the practice had a hearing loop installed. Staff spoke a range of languages.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

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).

- Performance for mental health related indicators was above the Clinical Commissioning Group (CCG) and national averages for the number of patients who had received an annual review at 95%; compared with CCG average of 87% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 97% which was above the CCG average of 81% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- As part of a NHS England national project looking at new models of care, the local CCG and other services had applied to be a 'vanguard site' to enhance health in care homes and provide better joined up care, especially for patients with dementia. The practice provided a weekly GP session in a local care home as part of this project, working with a local pharmacist and the care home staff to reduce un-necessary admissions.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had identified that they needed to improve access to psychological therapies for their patients. In addition to

Good



Summary of findings

referring to local psychological support services the practice had arranged for in-house counselling services approximately three days per week. From January 2015 to December 2015 the in-house counselling team saw 48 patients with a waiting time that varied from two weeks to six weeks. The waiting time for the local psychological support service was three months, demonstrating that patients were able to access mental health support more quickly via the in-house service.

- The practice had a system in place to follow up patients who had attended Accident and Emergency (A&E) where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had worked with the Patient Participation Group (PPG) to offer health education sessions, including a session on dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line or above local and national averages. There were 283 survey forms distributed 93 forms were returned. This was a response rate of 32% and this represented 0.8% of the practice's patient list.

- 89% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 85% and a national average of 85%.
- 83% would recommend the surgery to someone new in the area compared with a CCG average of 79% and a national average of 78%.
- 82% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 95% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 46% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 59%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 94% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

- 84% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 80% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 64% feel they don't normally have to wait too long to be seen compared with a CCG average of 55% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients felt that they received an excellent service from nurses and GPs and that reception staff were very helpful. Patients felt that staff took the time to listen to them and staff were supportive and attentive to their needs.

We spoke with 10 patients during the inspection and two members of the Patient Participation Group (PPG). All patients said they were very happy with the care they received and thought staff were approachable, committed and caring. NHS Friends and Family Test results for April 2015 to February 2016 showed that on average 89% of patients would recommend the practice.

Dr Seyan & Partners

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 advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Dr Seyan & Partners

Dr Seyan & Partners provides primary medical services in Sutton to approximately 11200 patients and is one of 27 practices in Sutton Clinical Commissioning Group (CCG). The practice population is in the third least deprived decile in England.

The practice population has an average representation of income deprived children and older people. The practice population of children are above local and national averages, the practice population of those of working age is in line with local and national averages at 63%, however there are a higher number of those between the ages of 25 and 45. The number of older people registered at the practice is lower than local and national averages; 12% of patients are over the age of 65. Of patients registered with the practice, 67% are White or White British, 26% are Asian or Asian British and 7% are Black or Black British.

The practice operates from a purpose built health centre. The practice shares the health centre premises with community health services. The practice sub-lets four consultation rooms to another GP provider and both practices share the same waiting and reception area. All patient facilities are on the ground floor and are wheelchair accessible. The practice has access to eight doctors' consultation rooms, four nurses' consultation rooms and

one treatment room. The practice team at the surgery is made up of two full time male GPs who are partners, one part time female GP who is a partner, three part time female GPs and one part time male GP. The total number of GP sessions per week is 42. The nursing team consists of a part time nurse practitioner who is a nurse prescriber, two part time female practice nurses and one part time female health care assistant. The administrative team includes a practice business manager, five administrative staff and 11 reception staff members.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee GPs and provides teaching for medical students.

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday. Appointments are available between 8.30am and 12pm every morning and 3pm and 6.20pm every afternoon. Extended hours surgeries are offered from 7am to 8am every Monday, Thursday and Friday morning. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and at weekends and directs patients to the out-of-hours provider for Sutton CCG.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, family planning services, maternity and midwifery services and treatment of disease, disorder or injury.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 15 March 2016.

During our visit we:

- Spoke with a range of staff including GPs, the advanced nurse practitioner, a practice nurse, the practice manager and administrative and reception staff.
- Spoke with 10 patients who used the service and two members of the practice's Patient Participation Group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 33 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 comprehensive recording form available on the practice's computer system.
- The practice had a recorded 11 significant events over the past 12 months including clinical and non-clinical incidents.
- The practice ensured that significant events and learning points were always discussed in weekly clinical meetings, and the monthly administrative meetings. Relevant significant events were also shared with the primary healthcare team in a meeting which took place monthly, with other staff groups located in the health centre premises in addition to practice staff.
- We also saw evidence that complaints were recorded as significant events where appropriate.

The practice had a system for reviewing and actioning national patient safety alerts and medicines alerts. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient collected their results but they were given the results for a patient with a similar name. The practice ensured that alerts were put on the electronic record system where patients had similar names and more patient identifiable details were to be included on the results letters for administrative staff to check against. A second incident occurred where a nursing home had requested an urgent home visit for a patient but this had been booked in error two weeks ahead. Staff told us how the practice had changed the appointment booking system so home visit slots were only able to be booked for that day to avoid future similar instances occurring.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 children and adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Regular monthly meetings took place with health visitors to discuss children at risk. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding Children level 3, nurses were trained to at least level 2 and non-clinical staff were trained to level 1.
- 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 check (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.) Nursing staff and two named non-clinical staff acted as chaperones in the practice.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse in conjunction with support from the practice manager 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 policy and supporting procedures in place and staff had received up to date training. Two Clinical Commissioning Group (CCG) infection control audits had been undertaken in the last 18 months and we saw evidence that action was taken to address any improvements identified as a result. The practice had also undertaken their own infection control audit to ensure that actions had been completed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing and security). The practice utilised a system whereby they used electronic data loggers that recorded daily refrigerator temperatures which were audited every two weeks. The refrigerators also had an alarm system to alert the practice where the temperatures had gone out of range. There had been one instance within the last year where the temperatures had gone outside of the required range and the practice had acted in line with their cold-chain policy. 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 demonstrated that they had robust processes in place for repeat prescribing of high risk medicines such as lithium. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The practice had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Medical records were appropriately and confidentially stored. Staff had signed confidentiality agreements.

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. The partners were the leaseholders for the whole health centre premises. There was evidence that premises security assessments had taken place and adequate security measures were in place.
- The practice had up to date fire risk assessments and carried out regular fire drills and equipment checks. 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 ensured that actions had been taken following the latest fixed electrical wiring check.
- 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training 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.
- The practice had a full range of emergency medicines. They 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 fit for use, however systems for recording weekly emergency medicines were not fully robust.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. NICE guidance was discussed in weekly clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

From all medical records we reviewed, the practice was found to be following best practice guidance and patients' needs were effectively assessed with the use of annual review templates. We found that care plans were used for a range of long-term conditions and also for vulnerable patients, including those with two or more long-term conditions and those at risk of admission to hospital. From records we viewed, the practice were not always using patient-centred and holistic care planning in order to fully identify patients' needs.

The GPs, the nurse practitioner and practice nurses had identified roles for leading in long-term conditions such as diabetes, dementia and chronic obstructive pulmonary disease (COPD). A weekly diabetes clinic was held at the 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 97.4% of the total number of points available, with 5.8% exception reporting. (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.) This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed:

- Performance for diabetes related indicators was mixed. For example, 68% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%.The practice re-called patients for a review a number of times per year where their diabetes was not adequately controlled and had provided education sessions in conjunction with the Patient Participation Group (PPG) to aim to improve self-management.
- The number of patients who had received an annual review for diabetes was 91% which was above the CCG average of 86% and national average of 88%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 93% which was above CCG average of 91% and national average of 90%.
- Performance for mental health related indicators was above the CCG and national averages for the number of patients who had received an annual review at 95%; compared with CCG average of 87% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 97% which was above the CCG average of 81% and national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits undertaken in the last two years; three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit reviewing the appropriateness of two-week referrals, the practice had improved the number of appropriate urgent referrals that were made as a higher proportion were diagnosed as cancer following the audit and a period of education for clinicians.
- The practice had also conducted mandatory audits reviewing antibiotic prescribing. The practice were performing within the required targets and demonstrated further improvements in prescribing practice following the audit.
- The practice had also conducted a range of other audits including a review of cervical cytology results and minor surgery complication rates.

Are services effective?

(for example, treatment is effective)

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Benchmarking data was discussed at monthly CCG and locality meetings attended by at least one of the partners or salaried GPs and data was shared during weekly clinical meetings and management meetings. There was evidence that the practice were clearly engaged with the CCG and had a thorough awareness of their current performance and targets.

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 and these were visible in new staff files. It covered such topics as safeguarding, infection prevention and control, fire safety, basic life support, health and safety and confidentiality.
- Staff received update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Clinical staff had training in the Mental Capacity Act 2005.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff for example, for those reviewing patients with long-term conditions. There was a wide skill mix amongst clinical staff, including GPs specialising in minor surgery, family planning and women's health and one GP with a special interest in gynaecology provided a service in the practice. The practice employed an advanced nurse practitioner specialising in long term conditions and minor illnesses and they were a nurse prescriber. Staff who were prescribers, who were administering vaccinations, undertaking phlebotomy and taking samples for the cervical screening programme, had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.
- 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 on-going support

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- The practice was registered as a training practice for trainee GPs and provided teaching for medical students.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had effective systems in place to ensure that communications from other services and results were reviewed and actioned in a timely way.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

The practice clinicians met weekly and comprehensive minutes were kept of these meetings, where a range of issues including accident and emergency attendances were discussed.

End of life care meetings took place on six to eight weekly basis and were attended by district nursing and palliative care teams. Comprehensive minutes of these meetings were also kept. Monthly meetings also took place with the health visitor team where vulnerable children and safeguarding concerns were discussed.

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.

Are services effective?

(for example, treatment is effective)

- 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.
- Consent for minor surgical procedures such as joint injections and cryotherapy was appropriately recorded in medical records that we viewed.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those at risk of dementia and those requiring advice on their diet, smoking and patients with learning disabilities. Patients were then signposted to the relevant service.
- Smoking cessation advice was available in-house from the nursing team.. Smoking cessation data for 2014/15 showed that of 30 patients referred in-house, there were 15 quitters which was 50%.

The practice's uptake for the cervical screening programme was 96%, which was above the Clinical Commissioning Group (CCG) average of 83% 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 also encouraged its patients to attend

national screening programmes for bowel and breast cancer screening via posters and leaflets in the waiting area. For the previous three years, 67% of eligible patients had attended breast cancer screening which was in line with CCG average of 66% and national average of 72%, and 56% of eligible patients had attended bowel cancer screening which also in line with the CCG average of 56% and national average of 58%.

Childhood immunisation rates for the vaccinations given were above or line with CCG averages. For 2014/15 childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 98% and five year olds from 81% to 95%.

Flu vaccination rates for 2014/15 for the over 65s were 78% which was above the national average and at risk groups was 48% which was in line with the national average. The percentage of diabetic patients who had received the flu vaccination in 2014/15 was 98%, which was above CCG and national averages. Patients were invited for flu vaccinations opportunistically, via advertising on the website and by text message

Patients had access to appropriate health assessments and checks. These included health checks for new patients, health checks for the over 75s and NHS health checks for people aged 40–74. The practice was signed up to the enhanced service to offer physical health checks to those patients with learning disabilities and 32 out of 39 patients had received an annual review, which was 82%. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.

All of the 33 patient Care Quality Commission comment cards we received were highly positive about the service experienced. Patients said they felt the practice offered an excellent service and they received a high standard of care. Patients reported that all staff were professional, caring, polite and helpful and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 10 patients and two members of the Patient Participation Group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 89% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 85% and a national average of 85%.
- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.

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

Care planning and involvement in decisions about care and treatment

Most 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 85% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 83% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 79% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language and also translation services were available for those with hearing impairments. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice provided an in-house counselling service for practice patients in addition to signposting patients to local services, so patients could receive emotional support in a timely way.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 52 patients as carers which was 0.5% of the practice list. They had offered flu immunisations to 100% of carers and 17 which was 33% had received the immunisation. There was written information in the practice to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 had a thorough awareness of their local population. The practice had 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 to ensure they were tailored to patients' needs. For example:

- The practice provided an anticoagulation service led by a GP and practice nurses. Patients from across the CCG were able to access the 'anticoagulation hub' which reduced the need to attend the hospital for monitoring. Approximately 500 patients utilised this service. The practice nurses also provided domiciliary anticoagulation visits to 30 housebound patients who were registered with the practice, to provide continuity of care.
- As part of a NHS England national project looking at new models of care, the local CCG and other local services had applied to be a 'vanguard site' to enhance health in care homes and provide better joined up care. The practice provided a weekly GP session in a local care home as part of this project, working with a local pharmacist and the care home staff to reduce un-necessary admissions. The practice had completed care plans and a prescribing review for all the residents in the care home. This has reportedly contributed to a downward trend for hospital admissions, and a £11,157 saving in prescribing costs for the practice.
- The practice provided a daily in-house phlebotomy service with a health care assistant.
- The practice provided an in-house gynaecology service utilising a practice GP with a special interest in gynaecology, to reduce the need for patients to be referred to hospital gynaecology services, where appropriate. For 2014/15, the practice had only found it necessary to refer one patient to secondary care for gynaecology, which was the lowest referral rate in the CCG area for this service.
- The practice had identified that they needed to improve access to psychological therapies and emotional support for their patients. In addition to referring to local psychological support services the practice had arranged for in-house counselling services approximately three days per week. From January 2015

to December 2015 the in-house counselling team saw 48 patients with a waiting time that varied from two weeks to six weeks. The waiting time for the local psychological support service was three months, demonstrating that patients were able to access mental health support more quickly via the in-house service.

- The practice provided a weekly diabetic clinic with a GP and practice nurse.
- The practice had worked with the Patient Participation Group (PPG) to offer health education sessions. Sessions on diabetes, dementia and heart failure had been held in the practice. They had also had engaged with the CCG and local community services and were able to invite patients to local education sessions for those over 75 to improve holistic health and well-being of patients.
- The practice had initiated an over 65s alert on the electronic record system to prompt clinicians to monitor patients for conditions such as dementia and atrial fibrillation.
- One of the GPs provided a minor surgery clinic for joint injections and skin conditions.
- Chlamydia screening and a range of contraceptive services were provided by GPs and nurses. The practice provided baby clinics, midwife-led antenatal clinics and post-natal checks.
- Patients were able to receive travel vaccinations available on the NHS and those available privately. The practice were a registered yellow fever centre.
- The practice were based in a local health centre and patients were conveniently able to access a number of services within the same premises including minor surgery, chiropody, breast screening and audiology.
- The practice offered extended hours on a Monday, Thursday and Friday morning to meet the needs of their working-age population who were not able to attend during normal opening hours. This was not advertised on the practice website or in the practice leaflet.
- Home visits were available for older patients and patients who would benefit from these.
- Emergency appointments were available with a GP daily for children and those with serious medical conditions and a nurse practitioner provided a same day minor illness clinic.
- There were longer appointments available for vulnerable patients including those requiring translation services and those with a learning disability.



Are services responsive to people's needs?

(for example, to feedback?)

- There were translation services available for those with language barriers and the practice had a hearing loop installed. Staff spoke a range of languages.
- There were disabled facilities available and all consultation rooms were on the ground floor. The practice were aware that parking was very limited for patients and provided a wheelchair for families and carers to borrow to assist with accessing the practice.

Access to the service

The practice reception and telephone lines were open from 8am to 6.30pm Monday to Friday. Appointments were available between 8.30am and 12pm every morning and 3pm and 6.20pm every afternoon. Extended hours surgeries were offered from 7am to 8am every Monday, Thursday and Friday morning. In addition to pre-bookable appointments that could be booked up to six months in advance, patients could book appointments 24 hours in advance and urgent appointments were also available for people that needed them. The practice provided same day appointments with a GP or with a nurse practitioner in the minor illness clinic and emergency appointments were also available.

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

- 76% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 74% and national average of 75%.
- 82% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 84% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 94% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 80% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 46% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 59%.

People told us on the day of the inspection that they were not always able to get pre-bookable appointments when they needed them however patients reported they were able to access same day and emergency appointments. However, comment cards stated that patients felt they were able to get appointments and staff were accommodating to their needs to make sure they were seen in a timely way.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Complaints were monitored and reviewed annually.
- Complaints were shared at weekly clinical meetings and during the monthly administration meeting.
- Complaints were also shared in the monthly primary healthcare team meeting which involved other staff located in the healthcare premises.
- We saw that information was available to help patients understand the complaints system, for example complaints leaflets were available and posters were displayed.

We looked at 12 complaints received in the last 12 months and that these were satisfactorily handled, dealt with in a timely way and there was evidence of openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice sent a patient their test results via email upon the patient's request, but additional confidential information that had been stored in the scanner had also been emailed to the patient in error. The practice changed their policy to ensure that results were no longer scanned and emailed to patients, to reduce the risk of this happening again and patients were requested to call or attend the surgery for their results. A second complaint was received where a patient had experienced a delay in receiving a prescription from the nurse-led minor illness clinic that was due to be issued the same day. The practice



Are services responsive to people's needs? (for example, to feedback?)

changed their systems to ensure that GPs signed all acute prescriptions on the same day and nursing staff were to raise an alert on the electronic record system to highlight to GPs when medicines had been prescribed.

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. Staff had been involved in developing the mission statement for the practice.
- The practice had a thorough awareness of their challenges and future plans but they did not have a formal business plan or strategy in place.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance structures and procedures in place included:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice's shared drive. However, policies were not easily accessible to all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had identified a number of risks to patient and staff safety although some risks were not fully robust including those relating to medicines management.
- There was a comprehensive understanding of the performance of the practice. Benchmarking data was discussed at monthly Clinical Commissioning Group (CCG) and locality meetings attended by at least one of the partners or salaried GPs and data was shared during weekly clinical meetings and management meetings. There was evidence that the practice were clearly engaged with the CCG and had a thorough awareness of their current performance and targets.
- There was evidence that the weekly management meeting provided effective monitoring of governance systems in the practice. The practice also provided an update to all staff in the healthcare premises via a primary healthcare team meeting, so significant events, complaints and health and safety issues could be discussed.

- Although there was no clear clinical audit plan in place, there was evidence that the practice had carried out appropriate audits and improvements had been made.

Leadership and culture

The provider was aware of and complied with the requirements of the Duty of Candour. They had a robust policy in place. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partnership was well-established and all partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt much supported by management.

- There were weekly clinical meetings and weekly business management meetings. All staff had the opportunity to attend the primary healthcare team meeting monthly for staff in the health centre premises.
- Administrative staff met monthly with the practice manager and nursing staff met quarterly. Comprehensive minutes of these meetings were kept.
- 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 in doing so and felt supported if they did.
- 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.
- All staff received annual appraisals and personal development plans

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys, NHS Friends and Family Test (FFT) comments and complaints received. There was an active PPG of 23 members which met quarterly and there were 17 virtual PPG members. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following a survey in 2014 the practice implemented a series of health education talks in conjunction with the PPG. The practice have held sessions on diabetes, dementia and heart problems. The PPG had also taken action to write to the local council regarding patients experiencing parking difficulties at the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- NHS Friends and Family Test (FFT) results for April 2015 to February 2016 showed that on average 89% of patients would recommend the practice. NHS FFT results were gathered via text message, via forms available in the practice and via an electronic tablet in the waiting area.

Continuous improvement

There was a strong focus of 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. The practice provided an anticoagulation service led by a GP and the practice nurses. Patients from across the Clinical Commissioning Group (CCG) were able to access the 'anticoagulation hub' which reduced the need to attend the hospital for monitoring. The practice nurses also provided domiciliary anticoagulation visits to housebound patients who were registered with the practice to provide continuity of care.

There were innovative approaches to providing care closer to home. For example, the practice provided an in-house gynaecology service utilising a practice GP with a special interest in gynaecology, to reduce the need for patients to be referred to hospital gynaecology services.

The practice had also identified that they needed to improve access to psychological therapies for their patients. In addition to referring to local psychological support services the practice had arranged for in-house counselling services approximately three days per week so patients were able to access mental health support more quickly.

As part of a NHS England national project looking at new models of care, the local CCG in association with other services had applied to be a 'vanguard site' to enhance health in care homes and provide better joined up care, especially for patients with dementia. The practice provided a weekly GP session in a local care home as part of this project, working with a local pharmacist and the care home staff to reduce un-necessary admissions to hospital.