

Monteagle 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 Monteagle Surgery on 2 May 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- The practice had above average patient satisfaction scores from the GP patient survey. This was echoed by positive views from patients spoken to on the day and from comment cards received.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Consider how to capture, document and learn from all low-level complaints.

Summary of findings

- Ensure flooring in the treatment room complies with infection control protocols.

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



- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Administration staff had been trained to level 2 for safeguarding children.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. Exception reporting levels were below clinical commissioning group and national averages for all clinical indicators.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. A multidisciplinary clinic for long term lung conditions was run by the practice providing group education sessions and 1:1 reviews of medicines and treatment plans. Success of this project resulted in the program due to be rolled out across other practices within the locality.

Summary of findings

- The practice had a paramedic practitioner who monitored discharges from hospital and contacted patients to organise further care with the GP if required in order to minimise emergency admissions to hospital. The paramedic practitioner worked for Monteagle Surgery and one other practice.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a policy in place to outline how the practice would identify and support patients who were also carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had recently been accredited as a Dementia Friendly practice.
- Home visits were available for patients if required and conducted by either a nurse, GP or paramedic practitioner.
- All patients over 75 were offered 20 minute appointment slots as acknowledgement that many of these patients had multiple long-term conditions or health problems.
- Patients we spoke with 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.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Learning from complaints

Summary of findings

(deemed by the practice resolvable at practice level only, and not needing to be escalated a higher level) was not as embedded within the practice as learning from higher level complaints.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group. The practice had made changes such as with additional routine telephone appointment slots on a daily basis.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered 20 minute long appointments as standard for all patients over 75 in order to discuss the complexities associated with their care. Alerts were placed on patients notes to notify reception staff when booking appointments.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- Older patients were offered same day or telephone appointments.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes in whom the last blood pressure reading was within an acceptable range was 80% compared to the clinical commissioning group (CCG) average of 76% and a national average of 78%.

Summary of findings

- The practice had a clinic for Chronic Obstructive Pulmonary Disorder patients which was attended by a multidisciplinary team including pulmonary nurses, physiotherapists and GPs. The clinic was successful and the CCG had decided to roll the program out to other practices in the locality.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours. The practice did not have any furniture, books or toys in the waiting area suitable for babies or young children.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice provided contraceptive services including the implant and intra-uterine devices for women registered at the practice.
- The practice had links with the local early intervention psychosis team and eating disorder services for young patients who have mental health conditions.

Good



Summary of findings

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours on Thursday evening.
- Urgent and pre-bookable telephone appointments were available.
- 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.
- The practice encouraged patients to undertake bowel screening and the practice followed up any patients who had not returned their bowel cancer screening kits.
- Text message reminder services were offered at the practice in an attempt to reduce non-attendance to appointments.
- The practice offered an in-house quit smoking clinic.

Good



People whose circumstances may make them vulnerable

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

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Good



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



Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- 79% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. Young people at the practice were referred to local mental health services such as early intervention psychosis teams or eating disorder teams. The practice had recently been accredited as a dementia friendly practice.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with schizophrenia, schizoaffective disorder or other psychoses whose alcohol consumption was recorded in the preceding 12 months was 100%. This is better than the clinical commissioning group average of 87% and national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 237 survey forms were distributed and 115 were returned which is a response rate of 46% and above the national average of 38%. This represented 2% of the practice's patient list.

- 85% of patients described the overall experience of this GP practice as good compared with the CCG average of 89% and the national average of 84%.
- 75% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 35 comment cards which were all positive about the standard of care received. The comments were positive with most stating they received excellent care, that the practice is patient centred and that the GPs and nurses go above and beyond their remit to help patients with their care and treatment plans. Comments also reflected that patients never felt rushed during appointments even at busy periods. There were no negative comments.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice completed a patient survey during 2016-2017 with 46 completed questionnaires. Results showed that patients were satisfied with the care received. A total of 94% of patients reported they would be likely to recommend the surgery to someone who moved to the area.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider how to capture, document and learn from all low-level complaints.
- Ensure flooring in the treatment room complies with infection control protocols.

Monteagle Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC Lead Inspector. The team included a GP specialist advisor and a nurse specialist advisor who was shadowing the inspection process.

Background to Monteagle Surgery

Monteagle Surgery is situated in the town of Yately in Hampshire. The river at the northernmost part of the town forms the border between the counties of Hampshire and Berkshire. Monteagle Surgery is located in an affluent area of the country and is the top decile on the deprivation scale (lower deciles indicate high deprivation). There is a small car park attached to the practice with disabled spaces. Access to the practice is via a wooden non-automatic door. There is a buzzer to call for assistance if required. The reception is located between the main door and another door through to the waiting area. All treatment rooms and clinical rooms are located on the ground floor.

The practice has 5889 patients on its register. The patient population is predominantly White British. There is a slightly higher than national average population of patients registered at the practice between 40 and 60 years of age. There is a lower than average patient population of older adults over the age of 75. The life expectancy of males and females is just under 3 years less than the national average with a life expectancy of 79 years for males and 83 years for females.

The practice is owned solely by one GP and there are three additional salaried GPs. The practice has two male and two

female GPs. At the time of the inspection one of the GPs was on maternity leave and cover was being provided by another GP not directly salaried by the practice. This equates to three full time GPs. The practice has three practice nurses and a health care assistant. The clinical team are supported by a managerial team consisting of an acting practice manager, administrator and reception staff. At the time of the inspection the previous practice manager was providing HR and finance support to the practice 1 day a week as well as to oversee the new practice manager through a transition period. The practice also has an in house practice pharmacist and shares a paramedic practitioner with another practice.

The practice is a training practice for foundation doctors and registrars wishing to train as GPs.

The practice is open between 8am and 6.30pm Monday to Friday. The practice telephone lines are open between 8am and 1pm and again at 2pm to 6.30pm. During 1-2pm there is a voice message directing patients to contact numbers for emergency treatment. Appointments are available between 8:30am for nursing appointments (9am for GP appointments) and 11:20am and then from 3:30-5:30pm daily. Extended hours appointments with the nurse are available on a pre-bookable basis from 6:30 to 8pm on Thursday evenings. There are no extended hours appointments with the GPs. The practice's website publishes what dates and times each GP is available for appointments.

The practice does not offer out of hours treatment for their patients instead referring patients to the NHS 111 service.

Monteagle Surgery have been operating under this current registration since February 2015. This is the practice's first full comprehensive inspection under this registration.

Monteagle Surgery provides services at this location
Tesimond Drive

Detailed findings

Yateley

Hampshire

GU466FE

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 2 May 2017. During our visit we:

- Spoke with a range of staff (one receptionist, one nurse, two GPs, and the practice manager) and spoke with patients who used the service. We also received feedback from three members of the administration team.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. The practice manager told us that there was a book in the administration office to record incidents or staff would email the practice manager or lead GP. There was no formal incident recording form to support the recording of notifiable incidents under the duty of candour. However, following feedback at the end of the inspection, the practice emailed evidence that they had subsequently created a formal document which is stored on the shared drive of the computer for all staff to access and complete when required. (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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an important fax about a patient's care was placed in the designated GPs tray in the administration back office. This fax was not picked up due to the GPs absence. The practice logged this as an incident and identified that it was better suited to allocate a tray for the duty doctor where faxes would go into so that they could be actioned on the same day.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and all staff had received training on safeguarding children and adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to level 2. Administration staff were trained to level 2 and this was reflected in the well embedded understanding of safeguarding and the processes at the practice. We spoke to one member of administration staff who was able to give us an example of when they had recognised a potential safeguarding children issue and how they followed the protocol.
- 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had one outstanding area of action from their infection control action plan. The audit identified that the lino surfaces in the clinical room needed replacing in line with best practice standards. The practice had

Are services safe?

applied for a grant to complete the improvement work but this was turned down. The practice had marked this on their risk assessment and were continuing to work towards securing funding for the improvements.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had a process where uncollected prescriptions were returned back to the practice after 4-8 weeks so that the GP could undertake follow up action with the patient. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The registered manager told us that they had never tested the feasibility of their business continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

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 compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice's exception reporting levels for all clinical indicators were in line with or below clinical commissioning group (CCG) and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice told us that their aim is to be patient centred and reach all patients identified within these clinical domains. They explained that if a patient does not attend a routine review appointment they will contact them to identify why and to re-book an appointment rather than exception reporting the patient. The practice had a higher than CCG and national average exception reporting level for Osteoporosis (33% compared to the CCG level of 12% and national average of 15%). (Osteoporosis is a condition which is a weakness of the bones).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients on the diabetic register whose last measured total cholesterol level was below 5mmol was 82% compared to the CCG average of 83% and national average of 80%.
- Performance for mental health related indicators similar to the CCG and national averages. For example, the percentage of patients with a diagnosis of schizophrenia, schizoaffective disorder or other psychoses who had an agreed and documented care plan in their records was 93% compared to the CCG average of 91% and national average of 89%.

There was evidence of quality improvement including clinical audit:

- The practice had engaged in numerous clinical audits in the last two years, both practice specific and those required for the CCG. The practice repeated prescribing audits and annual completed infection control audits. The practice provided us three examples of completed two cycle audits, and told us that there were several other audits that were currently in their first cycle. The practice demonstrated that from these audits improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice conducted an audit around processes and routine prescription requests for medicines. The practice identified that there was a large portion of requests queried by administration staff prior to requests being granted. The practice noted these were often as a result of under use of medicines particularly for those where it is difficult to judge an end date (such as asthma inhalers or medicine prescribed for use on an as required basis). The practice subsequently agreed to not query any prescriptions that were categorised as underuse as these would be captured in patient review appointments. In the follow up audit there was a reduction in repeat prescription queries.

Information about patients' outcomes was used to make improvements such as completing annual prescribing audits of antibiotics to monitor whether prescribing was in

Are services effective?

(for example, treatment is effective)

line with local guidelines. Results from the second cycle presented showed us that the practice had improved its prescribing and 100% of patients reviewed had received antibiotics in line with local guidelines.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice manager told us that during staff induction, the time is split between shadowing other staff and completing training. Staff did not start independent working until they had completed their induction.
- 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. One of the practice nurses attended a career professional development training course where new insulin treatments were discussed for diabetic patients. The nurse identified a patient who was not attending appointments or engaging in their treatment plan. The nurse discussed with one of the GPs and they agreed this patient would be ideal for the new treatment. This treatment option was discussed with the patient and was provided with active support from the clinical team.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. The practice manager was

new in post and had ensured that all staff had had a 10 minute mini-appraisal as a way of getting to know staff training needs and aspirations from the onset rather than wait until staff annual appraisals were 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 training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. GPs at the practice attended quarterly meetings to discuss vulnerable patients and those on the palliative care list. The practice participated in weekly integrated care meetings which were attended by community nurses, social services and the local befriending service from the voluntary sector.

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

The practice had employed a paramedic practitioner to work alongside the GPs at the practice. The paramedic practitioner was responsible for looking at the GP browser set up with Frimley Park hospital to review on a daily basis all the hospital discharges for patients registered at

Are services effective?

(for example, treatment is effective)

Monteagle Surgery. If any patients were identified the paramedic practitioner would call to check the patient got home safely and is well and to arrange a home visit if required. The paramedic practitioner conducted home visits. The practice aim of having the paramedic practitioner was to help reduce their emergency admissions levels. The practice provided evidence to show data which compared the Yately locality (of which Monteagle surgery belong to) against other localities within the CCG. Results showed that whilst most localities had had a steady increase in emergency admissions over the years of 2014 through to present day the Yately locality had a steady decline averaging out at 200 admissions per month whereby other localities were averaging out between 320 and 500. The practice believed that this was due to the relationship between the hospital, paramedic practitioner, practice and patients.

The practice arranged a 'one-stop shop' clinic for patients with Chronic Obstructive Pulmonary Disorder (COPD). COPD describes a group of lung conditions that make it difficult to empty air out of the lungs due to narrowing of the airways. The purpose of the clinic was for members of the multidisciplinary team (MDT) (such as GPs, pulmonary nurses, physiotherapists) to provide advice and support to patients as well as to review treatment plans. Patients saw each member of the MDT individually and then had a group education session. A MDT meeting was held to discuss each patient to optimise their medical care and this was followed by individualised education sessions for each patient to discuss the outcome of the meeting. Changes to medicines were explained and a self-management plan was issued to patients. Inhaler techniques were checked and if new inhalers issued their correct technique was demonstrated. Feedback forms collected from patients attending this clinic were reported by the practice to be positive and complimentary. The practice told us that they were positive about the pilot clinic and were keen to arrange more. The success of the clinic has resulted in the Clinical Commissioning Group deciding to roll this out to other practices in the locality. Frimley Park hospital have agreed to provide staff to help run these clinics. The practice is in the planning process of procuring the community respiratory services providing pulmonary rehabilitation, home oxygen assessment and self-management clinics. The local vanguard funding panel have agreed to provide funding to develop these clinics further.

The percentage of patients at the practice with a diagnosis of COPD who had a review undertaken of breathlessness using a set scale in the past 12 months was 95% compared to the CCG average of 91% and national average of 90%. The practice's exception reporting percentage was lower than CCG and national averages with the practice exception reporting 5% compared to the CCG average of 11% and national average of 12%.

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 and signposted them to relevant services. 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.
- The practice provided smoking cessation clinics in addition to information leaflets and signposting to local support groups.

The practice's uptake for the cervical screening programme was 88%, which was better than the CCG average of 82% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were better than the CCG/national averages. For example, the practice achieved the target of

Are services effective?

(for example, treatment is effective)

90% in four out of four sub-indicators with 98% of children aged one having the full course of recommended vaccines. The percentage of five year olds receiving the MMR dose was also in line with CCG and national averages.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all

samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Patients were encouraged to undertake bowel screening and the practice contacted patients who did not submit their kit to offer support and advice.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One comment card included that the GPs were supportive in researching an unusual condition and new treatment options in order to gain a better understanding and provide guidance for the patient.

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

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

- 84% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 87%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) and national averages of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 90%.
- 94% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.

Are services caring?

- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The practice had amended information posters and signs in the practice to be dementia friendly. For example, the practice had changed the signs on the toilet from male/female to a pictorial representation of a toilet. The practice had also changed the colours of text on visual display boards amongst other things.

Patient and carer support to cope emotionally with care and treatment

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

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 107 patients as carers (2% of the practice list). The practice had a comprehensive carers policy in place outlining how the practice would support identification of carers both in a self-identification and practice led way. The policy had attached examples of letter templates to be sent out to potential carers and these were tailored for things such as supporting mental health or the older patients. The practice policy also stated that carer forms would be given to those collecting a prescription on someone else's behalf or information was added to the bottom of a prescription. There was an information leaflet in reception about carers and to notify reception staff if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

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

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The registered manager told us that the practice also notified the pharmacy and the hospital to ensure future correspondence was not sent for that patient.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Thursday evening until 8.30pm (nurse appointments only) for working patients who could not attend during normal opening hours. Telephone appointments were also available. GPs did not offer formal extended hours appointments.
- There were longer appointments available for patients with a learning disability. The practice held a learning disabilities register and two GPs had been trained in carrying out learning disability assessments. Learning disability health checks were completed on an annual basis. Health check appointments were booked for the start of clinic to avoid waiting times and anxiety.
- The practice had been accredited in March 2017 as a Dementia friendly practice by the Wessex Academic Health Sciences Network. The practice had adjusted the colours of information presented at the practice as well as signs to make the practice more user friendly for patients living with dementia. For example, on the electronic patient information screen, the name of the patient and GP consulting room would flash up in a contrasting text colour to the background in order to draw attention to this information (such as royal blue background and bold red text). There would be no other information on the display.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered 20 minute long appointments as standard for all patients over 75 in order to discuss the complexities with their care. Alerts were placed on patients notes to notify reception staff when booking appointments.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had upgraded the baby changing and accessible toilet facilities as a result of patient feedback.
- The practice had clinical treatment rooms on the ground floor to enable access for patients with mobility needs.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that patients could receive information in formats that they could understand and receive appropriate support to help them to communicate.
- The practice told us that the nearest accident and emergency department was a long distance away from the practice and that many patients choose to attend the practice in need of urgent care over attending the emergency department. The practice triaged these patients and are treated appropriate to the medical care required. We reviewed the distance to the nearest hospital and it is approximately 7 miles from the practice.
- The practice had a local traveller's community living nearby and individuals were registered at the practice as temporary residents.
- The practice also treated students as temporary residents when they returned to their parents' houses during breaks from university.
- The practice had a mental health register. Patients were invited to attend a review of medicines and treatment annually. Patients who did not attend these appointments were followed up with a phone call and offered another appointment.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.20am (plus free slots for urgent appointments) and from 3.30 to 5.50pm daily. Extended hours appointments were offered

Are services responsive to people's needs?

(for example, to feedback?)

from 6.30pm to 8pm every Thursday evening on a pre-bookable basis. These were for nurse appointments only. The practice did not offer extended hours GP appointments. The practice did not offer extended hours service at a weekend. The practice was closed between 1-2pm and a voice message was in operation on the phone lines to direct patients to places where they could receive urgent care if required during this time. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%. Three of the five patients spoken to on the day of the inspection commented that it could be difficult to get through for an appointment when the phone lines opened in the morning but that with perseverance were able to get through and book an appointment for that day. However, the day of the inspection was immediately after a bank holiday and we were told by the practice that the clinics would be busier than normal as a result. On the day of the inspection the waiting room was busy and full all day. Comment cards reflected that it is easy to get an appointment quickly if you require one.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and national averages of 76%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 74% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 52% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

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

The practice had a system to assess:

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

The practice had a duty doctor triage service. Patients requesting a home visit would be called back by a GP or a nurse to gather information and a decision to be made on prioritisation according to clinical need. The practice offered home visit appointments for patients if deemed appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

On the day of the inspection we reviewed the practices complaints folder. We saw evidence to suggest no complaints had been received since 2015. There was a report print out for 2016 which stated 'nil complaints' and were told there had been none in 2017. We saw a log of complaints for October 2014 to March 2015 that had been discussed at a 6 monthly review meeting. This document outlined the date of the complaint, summary and outcome of actions or learning taken from the incident. We reviewed historic complaints stored in the folder and found evidence that the practice handled complaints in a satisfactory manner and responded to patients in writing in a timely way. Following a discussion with the management team it was identified that these reports were for complaints that required reporting and escalation to the clinical commissioning group or NHS England.

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

The registered manager provided evidence of three complaints from 2017. The practice had not identified these as categorised complaints as they were deemed to be resolvable at practice level. The practice had written to each patient in a timely manner. The registered manager told us that these complaints had not been logged as complaints or discussed as lessons learned as it was felt these could be dealt with in isolation and referred to

specific members of staff rather than whole practice. Subsequent evidence presented after the inspection demonstrated that the former practice manager had recorded low level complaints in a separate folder during 2016 and that these had been reviewed in clinical team meetings. We saw evidence that staff had signed to say they had read these meeting minutes.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas for example in dementia care or diabetes as well as safeguarding.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained with the exception of complaints received directly by the practice.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However there were delays in replacing a floor whilst funding was being sought.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and high level complaints.

Systems and processes in place to record complain needed to be readily accessible to relevant staff members.

Leadership and culture

On the day of inspection the registered manager (and sole owner of the practice) demonstrated they had the experience, capacity and capability to run the practice and ensure high quality 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 to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- 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

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 and staff. It proactively sought feedback from:

- Patients through the virtual patient participation group (PPG) and through surveys and complaints received. The practice regularly emailed members of the virtual PPG to complete patient surveys and discuss improvements. For example, the practice had a feedback/suggestions box and collated responses during 2016. The practice listened to feedback and had made changes to the practice such as upgrading baby changing and accessible toilet facilities and making additional routine telephone appointment slots on a daily basis.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through a variety of mediums including, staff surveys, meetings, appraisals and discussions.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Administration staff told us that they had requested their chairs to be re-covered as they were beginning to become worn. The administration staff also requested for a handover book to aid

communication between staff across shifts. The practice had implemented these suggestions. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was lead in a pilot scheme for Chronic Obstructive Pulmonary Disorder clinics using a multidisciplinary approach. The pilot was successful for the practice to secure funding from the clinical commissioning group (CCG) vanguard to roll this programme out across other practices within the locality. The diabetes lead at the practice is piloting the practice for the National Diabetes Prevention Programme (NDPP). This involves identifying pre-diabetic patients and optimising their care by referring them to the recently set up NDPP programme. The lead GP has also helped the CCG to unify Diabetes READ codes within the CCG to help improve the performance monitoring via clinical database searches (READ codes are a clinical thesaurus of clinical terms).