

Lisle Court Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Lisle Court Medical Centre on 14 July 2016. As a result of our inspection the practice was rated as requires improvement in safe, caring and well-led with good in effective and responsive; with an overall rating for the practice of requires improvement. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Lisle Court Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 21 September 2017 to confirm that the practice had carried out their plan to address the areas requiring improvement that we identified in our inspection in July 2016. This report covers our findings in relation to the requirements and improvements made since our last inspection.

We found the practice had carried out a detailed analysis of the previous inspection findings and taken action to address areas where improvements were needed. The practice had made extensive changes which had resulted

in significant improvements. Practice staff had taken responsibility for embedding and maintaining these improvements themselves and we saw a positive approach to performance and improvement throughout.

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

- Staff knew how to document significant events and escalate concerns. There was a system for dealing with incidents and learning was shared with staff at team meetings. Records showed that changes implemented when lessons were learned were kept under regular review to ensure that these had been fully embedded.
- Risks to patients were assessed and well managed. The system for recording and monitoring GP training had been improved and showed that training in infection control and fire safety was up to date.
- Data showed patient outcomes were rated in line with the local and national averages. A programme of continuous audit evidenced improvement to patient outcomes.

Summary of findings

- Although the National GP Patient Survey results published in July 2017 showed that overall patients' experience of the practice and the satisfaction scores were lower than local and national averages, there had been improvements in some areas.
- The practice had a diverse population with a large number of Punjabi speaking patients. An interpreter was employed to accommodate this group and conducted approximately one third of consultations in languages other than English.
- Policies were specific to the practice and easily accessible to all staff.
- The management of medicines and emergency equipment had been improved with revised procedures which were regularly monitored to ensure they were followed.
- The process for updating Patient Group Directions (PGDs) had been revised and ensured that PDGs were signed before they were acted upon.
- The practice monitored and encouraged uptake of childhood immunisations to improve health outcomes. Unpublished data showed results had increased and were now in line with local and national averages.

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, but uptake for both was lower than local and national averages. Staff followed an established recall protocol to encourage patients to take up screening opportunities.

There were some areas where improvements should be made:

- Continue to encourage patients to engage in screening programmes.
- Take action to improve patient satisfaction particularly in the area of GP/patient interaction.

The practice is now rated as good for providing safe, effective, caring, responsive services, and for being well-led. The overall rating for the practice is now good.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There were effective systems in place to report and record significant events. Staff demonstrated they knew the process and their responsibilities to raise concerns, and to report any incidents and near misses. Significant events were discussed with staff to ensure that learning was shared and improvements made where applicable.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had appropriate systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Improvements to the management of medicines and emergency equipment had been made. A revised procedure ensured that medicines and equipment were regularly monitored to make sure they were safe to use at all times.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice ensured that these were signed before they were acted upon.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2015/16 showed patient outcomes were rated in line with the local and national averages. For example, 85% of patients with diabetes had a blood glucose reading within the target range recorded in the preceding 12 months. This was similar to the CCG average of 82% and higher than the national average of 78%. Exception reporting for diabetes overall was 12% which was in line with the national average of 11% and the local average of 9%.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Summary of findings

- Clinical audits demonstrated quality improvement. We looked at a range of audits the practice had completed since our last inspection and saw that findings were used by the practice to improve services. For example, adjustments were made to medicines for three patients following a medicines audit.
- Staff had received training to ensure they had the skills, knowledge and experience to deliver effective care and treatment. Annual appraisals and personal development plans had been completed for all staff. We saw evidence that all GPs had received training from the practice in infection control and fire safety.
- The practice coordinated and exchanged information with other services to support continuity of care. The practice held multidisciplinary team meetings with members of local community healthcare teams every three months to discuss specific patients with enhanced needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Although the National GP Patient Survey results published in July 2017 showed that overall patients' experience of the practice and the satisfaction scores were lower than local and national averages, there had been improvements in some areas. For example, 82% (compared to 74%) of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93% and the national average of 89%. 93% (compared to 91%) of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%. The survey response represented 22% of the patients registered with the practice.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice's patient list as carers (an increase of 0.5% since the previous inspection).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice provided care to a small number of older patients living in one local care home. The care home's staff told us that they were happy with the care provided by GPs during visits.
- The practice provided facilities and services to help involve patients in decisions about their care. These were signposted for patients in a way they could easily understand.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice employed an interpreter specifically to accommodate the practice's large Punjabi speaking population.
- Homeless patients were registered by the practice using the local Salvation Army address. Homeless patients were advised to attend to see the GP when they needed to and wait for an appointment the same day.
- Results from the National GP Patient Survey 2017 showed that patient satisfaction with access to appointments was in line with or higher than local and national averages.
- The practice had the facilities needed to accommodate patients with a range of needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided care to a small number of older patients living in a local care home. The care home's staff said that the practice was responsive to their patients' needs.

Are services well-led?

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

Good



- There was a clear leadership structure in place and staff felt supported by the management team. The practice had a range of policies and procedures to govern activity and held regular governance meetings.
- Policies were specific to the practice and easily accessible to all staff.
- The management team encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents and shared this information with staff to ensure appropriate action was taken.
- The practice aimed to offer inclusive high quality care and services to what they recognised as a diverse and challenging population.
- We saw evidence that the practice held quarterly team meetings to engage all staff as well as monthly clinical team meetings.

Summary of findings

- 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. Staff were encouraged to be open and proactive in dealing with mistakes and near-misses.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an active and engaged Patient Participation Group (PPG). We saw examples of where the PPG had supported the practice to make improvements.
- The practice was proactive in participating in external groups and local pilot schemes to develop internally and improve outcomes for 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



- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Home visits, longer appointments and priority appointments were offered.
- The practice provided care to a small number of older patients living in a local care home. The care home staff said that the practice provided the support to meet patients' needs.
- The practice offered comprehensive health checks to patients aged over 75 and collaborated care with other agencies such as Age UK to support their needs.
- The practice held regular multidisciplinary team meetings to discuss the needs of older patients.
- The practice directed older people to appropriate support services.

People with long term conditions

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

Good



- The practice nurses had lead roles in chronic disease management such as diabetes, Chronic Obstructive Pulmonary Disease (COPD) and asthma.
- Performance for diabetes related indicators was similar to the national average range. 81% of patients with diabetes' last blood pressure reading within an acceptable range which was in line with the CCG and national averages of 81% and 78%; 90% of patients on the register had received a foot examination and risk classification in the previous 12 months, which was in line with the CCG average of 92% and above the national average of 88%.
- The practice recalled patients with a long term condition annually for review which included a blood test.
- Flu vaccinations were available annually during pre-bookable clinics in practice hours and drop-in weekend clinics.
- Longer appointments and home visits were available for patients with long term conditions.
- The practice discussed care for patients with long term conditions during multidisciplinary team meetings.

Summary of findings

Families, children and young people

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

Good



- One of the GPs was the practice's safeguarding lead who engaged with local health visitors. Staff were trained to child safeguarding level three.
- Childhood immunisation rates for the vaccinations given to children under 12 months old were comparable to CCG averages. Immunisation rates for those given to children between 12 months and five years were mixed; with some significantly lower than the CCG average. The practice told us they were aware of this and made frequent contact with families who did not attend to discuss the benefits of child immunisations with them and encourage uptake. Unpublished results for the last two quarters showed that results were improving, with averages of 90% achieved.
- Staff told us that they recognised children and young people as individuals and tailored their treatment suitably to their age.
- There were appointments available outside of school hours.
- The practice offered flu vaccinations to children and made flexible appointments available for these.
- The practice had installed a children's play area in the patient waiting room, and facilities at the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was similar to local 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).

Good



- The practice held extended hours appointments with a GP from 6.30pm to 8pm on Tuesday each week, and with a GP and a nurse from 9am to 11am on one Saturday morning per month to assist patients who worked during the day. A nurse practitioner was additionally available one Tuesday evening per quarter.
- Appointments could be booked up to 13 weeks in advance and the day before. Same day appointments were available for those who needed an urgent consultation. Online booking and repeat prescription ordering was available. Patients could also access telephone consultations.
- The practice offered NHS health checks to those patients aged 40 to 74.

Summary of findings

- Appointments for blood tests were pre-bookable and urgent blood tests were prioritised immediately following consultation where possible to prevent patients having to return to the practice.
- The practice offered flu vaccination during extended hours and held drop-in clinics on Saturday mornings which helped working age patients.

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 registers of patients whose circumstances may make them vulnerable such as carers and those with a learning disability. Potentially vulnerable patients were identified via health checks, consultations and interactions with staff.
- Longer appointments were available for patients who needed them.
- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children and they were aware of their responsibility to escalate any concerns.
- The practice had appointed a lead for homeless patients, who were registered by the practice using the local Salvation Army address. Homeless patients were advised to attend to see the GP when they needed to and wait for an appointment the same day.
- The practice worked closely with a local probation hostel to tailor services as required for the patients who were resident. For example, there was an arrangement for any prescriptions for this group of patients to be sent directly to a specific pharmacy for collection.
- The practice employed an interpreter specifically to accommodate the practice's large Punjabi speaking population. Approximately one third of the practice's consultations were conducted in languages other than English. External translation services were available for speakers of other languages. The entrance to the practice displayed a welcome sign and information on the repeat prescription box in a variety of languages.

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 contacted patients on its mental health register annually to offer them a review. The practice used both written and telephone communication to encourage these patients to engage with them.
- Patients experiencing poor mental health (including those with dementia) were placed on a register, had a care plan in place and were invited to see a GP for a comprehensive review at least once a year.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was in line with or above local and national averages.
- Longer appointments were available to patients experiencing poor mental health.
- The GPs and the practice nurses understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.
- The practice had given patients experiencing poor mental health information about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2017. The results showed there had been some improvements on results for the previous year in the practice performance although some results remained lower than local and national averages. There were 382 survey forms distributed and 78 were returned. This represented a 22% response rate and 2% of the practice's patient list.

A sample of the results showed:

- 94% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 80% and the national average of 71%. This was an increase of 10% on the previous year's results.
- 94% of patients (88% for the previous year) were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 91% and the national average of 84%.
- 84% (78% for the previous year) described the overall experience of this GP practice as good compared to the CCG average of 91% national average of 85%.
- 74% of patients (69% for the previous year) said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 86% and the national average of 77%.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to encourage patients to engage in screening programmes.
- Take action to improve patient satisfaction particularly in the area of GP/patient interaction.

Lisle Court Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Lisle Court Medical Centre

Lisle Court Medical Centre provides GP services to a diverse population of over 4,600 patients living in the heart of Royal Leamington Spa. One third of the practice's consultations are conducted in languages other than English and the patient list has seen an increasing prevalence of young families and students. There are pockets of high and low deprivation within the practice catchment area resulting in a patient list with a broad variety of needs. The practice premises are converted from former flats and there is a small adjoining car park and on-street parking available. Facilities for people with disabilities were available at the practice including parking, step free access to consultation rooms and a hearing loop.

The clinical team consists of one male and one female GP, a female regular sessional GP, a nurse practitioner and three practice nurses, a healthcare assistant and a phlebotomist (person who takes blood). The team is supported by a practice manager, a finance manager, an assistant practice manager, an interpreter, a head receptionist, two administrators and four reception staff.

The practice is open between 8.30am and 6pm from Monday to Friday, closing for an hour daily between 12.30 and 1.30pm. At the times between 8am and 6.30pm and

lunchtimes when the practice reception was closed the telephone system diverted to the duty GP's mobile telephone so that any urgent patient needs could be dealt with.

Appointments are available from 9.20am to 12.10pm and 2.30pm to 5.10pm daily. Additional appointments are also available on selected days from 8.30am, from 2pm and until 5.40pm. Extended hours appointments are offered with a GP from 6.30pm to 8pm on Tuesday each week, and with a GP and a nurse from 9am to 11am on one Saturday morning per month. A nurse practitioner is available on one Tuesday evening per quarter. There are arrangements to direct patients to the NHS 111 out of hours service from 6.30pm to 8am.

Home visits are also available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book routine GP appointments.

We previously carried out an announced comprehensive inspection at Lisle Court Medical Centre on 14 July 2016. The practice was rated as requires improvement in safe, caring and well-led with good in effective and responsive; with an overall rating for the practice of requires improvement.

This inspection was an announced focused inspection carried out on 21 September 2017 to confirm that the practice had carried out their plan to address the areas requiring improvement that we identified in our inspection in July 2016. This report covers our findings in relation to the requirements and improvements made since our last inspection.

We found the practice had carried out a detailed analysis of the previous inspection findings and taken action to address areas where improvements were needed. The practice had made extensive changes which had resulted

Detailed findings

in significant improvements. Practice staff had taken responsibility for embedding and maintaining these improvements and we saw a positive approach to performance and improvement throughout.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Lisle Court Medical Centre on 14 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, caring and well-led services, and good for providing effective, and responsive services. The overall rating for the practice was requires improvement.

The full comprehensive report following the inspection in July 2016 can be found by selecting the 'all reports' link for Lisle Court Medical Centre on our website at www.cqc.org.uk.

On 21 September 2017 we carried out an announced, follow-up comprehensive inspection to confirm the practice had carried out their plans to improve the quality of care and to confirm that the practice had made the improvements that we identified in our previous inspection on 14 July 2016. This report covers our findings in relation to those requirements.

How we carried out this inspection

Before inspecting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 21 September 2017. During our inspection we:

- Spoke with staff and patients.
- Observed how patients were being cared for in the reception area.
- Reviewed the practice's policies and procedures.
- Carried out visual checks of the premises, equipment and medicines stored on site.
- 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 patients 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

At our previous inspection on 14 July 2016 we rated the practice as requires improvement for providing safe services.

Improvements were needed in:

- The management of medicines and emergency equipment.
- The process for updating Patient Group Directions (PGDs) to ensure these were signed before they were acted upon.
- The process for managing significant events to ensure that changes were implemented when lessons were learned from significant events.

At this inspection we found that the practice had made improvements and had implemented revised systems to manage significant events, and medicines and emergency equipment. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system in place for reporting and recording significant events.

- There was a significant events protocol for all staff to follow in reporting incidents. A significant event book was available in reception with forms for recording any incidents. Staff told us they would immediately inform the practice manager of any incidents and document them accordingly.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a verbal or written apology.
- The practice maintained a log of significant events. This showed a summary of the incident, details of who reported it, the dates of the initial meeting held to discuss it and the date of a further meeting where it was reviewed. The log included full details about how lessons learned had been implemented. Staff we spoke with were able to give us examples of learning that had been applied as a result of incidents.

Patient safety and medicine alerts were effectively managed.

- We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Agency (MHRA),

patient safety alerts and minutes of meetings where these were discussed. The practice had a documented alerts protocol to identify, share and respond to any alerts.

- The practice manager was responsible for responding to and sharing information relating to safety and medicines alerts.
- All medicine and medical device alerts were logged and distributed to relevant staff to be actioned. We reviewed the log of recent safety alerts and saw that these had been disseminated and actioned.
- Alerts were discussed at monthly clinical meetings.

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:

- One of the GP partners was the practice's safeguarding lead. Staff we spoke with told us they would report any incidents or concerns to one of the GP partners, a practice nurse or the practice manager. There was a safeguarding policy available to staff on the practice's computer system and a printed copy was kept in the practice manager's office. Staff we spoke with were able to demonstrate their understanding of their safeguarding responsibilities and staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs had completed child safeguarding training to level three.
- There was a notice in the waiting room that advised patients chaperones were available if required. The practice nurses and assistant practice manager 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).

Appropriate standards of cleanliness and hygiene were maintained.

- We observed the premises to be visibly clean and tidy during the inspection.
- One of the practice nurses was the infection control lead and staff followed protocols to deal with infection

Are services safe?

control issues such as spillages and handling clinical specimens. The infection control lead conducted audits which identified areas for improvement. We saw evidence that actions were taken as a result.

- The collection of clinical waste was contracted to an external company and records showed that regular collections were made. There was suitable locked storage available for waste awaiting collection.

There were suitable arrangements for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- Arrangements for managing medicines to keep patients safe had been made. This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines; including emergency medicines and vaccines.
- Prescriptions were securely stored with serial numbers recorded to monitor their use.
- The practice carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A PGD protocol was accessible on the practice computer system for clinical staff and included links so they could access details of the latest guidance. The practice had revised their system and ensured that these were signed before they were acted upon.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records and saw that appropriate blood tests had been carried out for patients prescribed high risk medicines within the correct timescales. The practice routinely carried out weekly searches for all patients who were prescribed high risk medicines to check up to date blood results were available. Follow up appointments were arranged for patients where needed.
- There was a system for cold chain management which included external reporting and liaison with manufacturers on safe vaccine storage. The practice monitored fridge temperatures by keeping a log and taking appropriate action if cold storage medicines deviated from the recommended temperature range.

The practice had appropriate recruitment policies and procedures.

- We looked at five personnel files and found evidence that appropriate recruitment checks had been carried out before employment. For instance, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- There was a system to check and monitor clinical staff registrations and professional membership regularly.
- Arrangements were made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff level assessments had been completed to ensure appropriate GP, nurse and staff cover was maintained. This was kept under review by the lead GP and the practice manager.
- Staff told us they worked flexibly to cover for each other when they were on leave or when staff were unexpectedly absent. While there were sufficient numbers of nurses and non-clinical staff to cover one another's absences, locums were used to cover GPs annual leave or other absences. The practice used the same two locums where possible to provide continuity of care.

Monitoring risks to patients

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

- The practice used a number of procedures to manage risks to staff and patient safety. There were health and safety and fire risk assessments which had been completed in July 2017.
- Records confirmed that staff had completed fire training. Regular fire safety checks were carried out including weekly alarm checks.
- Portable appliance testing had been carried out in February 2017, with equipment calibrated in December 2016. They had also undertaken a variety of other risk assessments to monitor the safety of the premises such as infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- The practice computers' instant messaging system was used to alert all members of staff in the event of an emergency.
- Staff received basic life support training and there were emergency medicines available.
- There was a system to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- At the last inspection the practice had no defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and a formal risk assessment had not been carried out. There was also a resuscitation bag containing oxygen with adult and children's masks, but dates on both were found to have expired. At this inspection we found that oxygen and a defibrillator were available with appropriate pads and masks for adults and children.
- The supply of emergency medicines were accessible to staff and were stored in a secure area of the practice. Staff were aware of its location.
- The practice had completed a business continuity plan to deal with major incidents such as power failure or building damage. This was last updated in March 2017 and additional copies were stored off site with the practice manager and GP partner. The plan included emergency contact numbers for current staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 14 July 2016 we rated the practice as good for providing effective services although there were recommendations where improvements could be made. For example:

Improvements were recommended in:

- Exception reporting data which was higher than CCG and national averages for cervical screening and mental health indicators.
- Ensuring up to date training in infection control and fire safety for GPs.

At this inspection we found that the practice had made improvements with reductions in exception reporting and training for all staff. The practice is rated as good for providing effective services.

Effective needs assessment

The practice reviewed needs and provided care that met with current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Systems ensured all clinical staff were kept up to date. Staff told us they could access guidelines from NICE electronically, and that this information was used to deliver care and treatment appropriate to patients' needs.
- We checked a sample of recent NICE updates and saw that action had been taken where appropriate, for example by conducting clinical audits and random sample checks of patient records. Clinical staff discussed updates during clinical meetings.
- GPs attended local education events to improve practise in relation to new guidance and standards.

Management, monitoring and improving outcomes for people

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- 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 (2015/2016) showed the practice had achieved 99% of the total number of points available. The practice's total exception reporting of 9% was in line with the national average of 9% and the local Clinical Commissioning Group (CCG) average of 7%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. Unpublished data for 2016/2017 showed the practice had achieved 100% of the total number of points available.

Data for 2015/2016 showed the practice performed in line with or above local and national levels for the following examples:

- The practice's performance for diabetes related indicators was similar to the CCG and national averages. For example, 85% of the practice's patients with diabetes had a blood glucose reading within the target range recorded in the preceding 12 months. This was similar to the CCG average of 82% and higher than the national average of 78%; 95% of the same group of patients had received the flu immunisation during the QOF year, in line with the CCG average of 97% and the national average of 94%. Exception reporting for diabetes overall was 12%, in line with the national average of 11% and the CCG average of 9%.
- Performance for mental health related indicators was in line with or higher than average. For example, 90% of the practice's patients with dementia had received a face to face review of their care in the previous 12 months, compared with the CCG average of 85% and the national average of 84%. Exception reporting for mental health was high at 28%, compared with a 10% average in the CCG and 11% nationally. The practice population had an above average prevalence of mental health patients, a number of whom were resident in a local mental health hospital and did not receive treatment for their mental health from the practice. The practice contacted mental health patients who had missed an appointment to invite them to make another one, by sending a maximum of three letters and following up by telephone. Where applicable the practice also contacted the wider community healthcare team to coordinate care and encourage patients to attend. Unpublished data for 2016/2017 showed that exception reporting had reduced to 13% for patients with mental health.

Are services effective?

(for example, treatment is effective)

The practice had a system for completing clinical audits where they considered improvements to practise could be made. Audits demonstrated that where improvements had been identified they had been implemented and monitored.

- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits we looked at.
- The practice participated in local and national benchmarking to monitor its performance.
- We looked at two full cycle clinical audits carried out over the previous year and saw that findings were used by the practice to improve services. For example, the practice had carried out an audit to ensure that care of patients prescribed a high risk medicine used to treat a number of illnesses including cancer, minimised the risk of harm. The audit identified three patients who required a review of their medicine and adjustments were made to ensure they were monitored more closely.

Effective staffing

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

- All newly appointed practice staff underwent an induction programme covering essential topics. These included health and safety, infection prevention and control, fire safety, confidentiality and accommodating different languages.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. All cervical sample takers had completed updated training at three yearly intervals. Staff who administered vaccines had also completed relevant annual refresher training. The nurse team also kept up to date by attending clinical nurse forums, by accessing online resources, liaising with pharmaceutical representatives and through discussion at internal meetings.
- The practice used annual staff appraisals to identify learning needs, as well as open communication between the practice manager and other staff on an ongoing basis. Appropriate training was available to

meet these learning needs and to cover the scope of individual roles. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs and practice nurses.

- Mandatory staff training included fire safety, first aid, infection control and confidentiality. E-learning resources allowed staff to complete and update training modules at their convenience. A variety of in-house and externally provided training was used in addition to this. Evidence was seen to demonstrate all GPs had completed required training which included infection control and fire safety.

Coordinating patient care and information sharing

Staff were provided with the information they needed through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice coordinated and exchanged information with other services to support continuity of care. For instance information was shared when patients were referred to other services.
- The practice held multidisciplinary team meetings with members of local community healthcare teams every three months to discuss specific patients with enhanced needs.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance.

- Staff followed legislation and guidance when gaining consent for treatment and when confirming patients' capability to be able to make decisions about their care. For example the Mental Capacity Act 2005 was adhered to.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.
- GPs gained written consent from patients undergoing minor surgery and made assessments of capacity where necessary before proceeding. Nurses confirmed the identity of the person responsible before gaining verbal consent for procedures such as children's immunisations.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- Patients with long term conditions including diabetes, asthma and heart conditions were reviewed regularly and offered advice on healthy living.
- Patients were signposted to appropriate services such as dietary advice.
- Smoking cessation advice was available from the practice nurse.
- The practice offered a variety of health checks and screenings to identify patients who may require extra support.
- A blood pressure screening machine was available to patients in the waiting room to encourage them to monitor their own health.

Cervical screening and child immunisation results showed the practice achieved results which were in line with local and national averages.

- The uptake for the cervical screening programme was 85%, which was in line with the CCG average of 83% and the national average of 82%. Exception reporting was higher than average for cervical screening at 27%, compared with the CCG average of 5% and the national average of 6%. Practice staff explained that they experienced high levels of refusal due to cultural beliefs. A number of the practice's patients also received healthcare in other countries including cervical screening. Unpublished data showed improvements had been made in exception reporting, which had reduced to 4% for 2016/2017.

There was a policy to send three reminder letters for patients who did not attend for their cervical screening test and these were followed up with text messages and telephone calls. GPs and nurses also discussed cervical screening with patients on an opportunistic basis when they attended for other appointments. The practice made the in-house interpreter available to provide patients with information in Punjabi where required. A female sample taker was always available. There were systems which ensured 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 test results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, but uptake for both was lower than local and national averages.

- 64% of women aged 50 to 70 had been screened for breast cancer within the target period, compared with the CCG average of 75% and the national average of 72%. Only 43% of patients aged 60 to 69 had been screened for bowel cancer within the target period, compared with the local average of 64% and the national average of 58%.

The practice followed up patients with text, email, letters and telephone call reminders to attend or participate in screening programmes. Staff followed an established recall protocol to encourage patients to take up screening opportunities. Clinical staff told us that reminder messages were added to patient records so that they could take the opportunity to remind patients about the importance of screening.

Childhood immunisation rates for the vaccinations given were similar to or lower than CCG averages.

- Rates for the vaccinations given to children under two years of age ranged from 69% to 96%, which was lower than the CCG range of 84% to 99%. Immunisation rates for five year olds ranged from 74% to 98%, compared to local averages of 93% to 98%. We saw unpublished data for 2016/2017 which showed that results were improving, with averages of 90% achieved.

The practice told us their childhood immunisation rates were lower than average because of a high number of patients were recruited from overseas to work locally. These patients often brought their families with them to take up employment and registered their children with the practice. Due to immunisation schedules differing in other countries or due to documentation not being presented to the practice to confirm which vaccinations had already been given, it was difficult for the practice to manage childhood immunisations for this group. The practice had also experienced higher than average refusal rates. The practice told us they made frequent contact with families who did not attend to discuss the benefits of child immunisations with them and encourage uptake.

Health assessments and checks were accessible to patients. The practice offered new patient health checks, NHS health checks for patients aged over 40, and over 75s

Are services effective?

(for example, treatment is effective)

health check and a Well Man Clinic. Follow-up appointments were conducted where concerns were identified. The practice also offered a range of reviews for patients with long term illnesses such as dementia, diabetes, asthma, high blood pressure and mental health.

There were processes for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks. The lead GP described the processes they would follow to schedule further investigations if needed.

Are services caring?

Our findings

At our previous inspection on 14 July 2016 we rated the practice as requires improvement for providing caring services.

Improvements were needed in:

- National GP Patient Survey data which showed that not all patients were satisfied with how they were treated.

At this inspection we found that the practice had responded to the National GP Patient Survey results and made changes to improve how patients felt they were treated. The practice was committed to addressing the areas requiring improvement in the survey results. Whilst the survey results in some areas were still below average they had clearly worked hard to achieve improvements. They had established systems to drive further improvements that would be gained over time. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we saw that members of staff were considerate and respectful of patients.

- Curtains in consultation and treatment rooms protected patients' privacy and dignity during examinations, investigations and treatments. Doors were closed during patient sessions and we could not hear the conversations taking place.
- Reception staff explained to us that they would offer to take patients to a private room if they were unwell or upset, or if they needed to discuss something of a personal nature.

At the previous inspection patients who completed comment cards (seven) were positive about the service they experienced. Patients said that practice staff were always helpful, polite and cheerful and that the service provided was excellent.

Results from the National GP Patient Survey (2017) showed that improvements had been made in most areas of patient satisfaction with how they were treated when compared with results for 2016. The greatest improvement related to the helpfulness of receptionists at the practice (an increase of 17%). For example:

- 82% (compared to previous result of 74%) of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93% and the national average of 89%.
- 74% (compared to previous result of 82%) of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 89%.
- 93% (compared to previous result of 91%) of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 68% (compared to previous result of 70%) of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 86%.
- 93% (compared to previous result of 88%) of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 95% (compared to previous result of 78%) of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

The practice carried out an in-house survey focusing on these results, and held a meeting with staff and the Patient Participation Group (PPG) to discuss the results of both surveys. It was noted that although results in these areas of the GP Patient Survey were lower than average, there was an improvement from the practice's results on the previous year. The PPG felt that the practice's in-house survey provided a more accurate reflection of patient experience, as there had been a low response rate to the National GP Patient Survey in both previous years. The practice had decided to continue with its ongoing methods of improving patient experience.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey 2017 showed some results were lower than local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.

Are services caring?

- 56% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

The practice was aware that these ratings were lower than average and had discussed these with the PPG to plan continued improvement of patient experience. We discussed the results of the survey with the lead GP and the practice manager. They told us the results were reflective of the long term sickness of key staff which had affected patients' experiences of the service. They anticipated with the improvements they had made and the staff cover arrangements in place these results would improve with the next survey. For example, the return to work of key staff previously on long term sick leave would see improvements in patient experiences.

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

- We saw evidence that translation services were available for patients who did not have English as a first language. A sign by the reception desk informed patients this service was available. The practice also employed a full time interpreter to cater for their large population of Punjabi speaking patients, and one of the GPs was able to offer appointments in Hindi.

- There was a communication poster in the waiting area which told patients information could be made available to them in easy read, large print, braille, sign language and email and text messaging formats.
- A welcome sign and a repeat prescription request box were located by the entrance to the practice, both of which were displayed in several different languages.

Patient and carer support to cope emotionally with care and treatment

The practice provided support for patients and carers in a number of ways:

- A number of posters and leaflets were displayed in the patient waiting area, to provide information about organisations and support available for a range of illnesses and circumstances. Information about support groups was also available on the practice website.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 68 patients as carers, which had increased by 20 following the last inspection (1.5% of the practice's patient list). The practice used the register to offer services to carers such as flu vaccinations. The practice liaised with Age UK to support carers who they identified as vulnerable older people. There was information on display asking carers to complete a registration form and a survey.
- The practice had implemented a protocol for staff to follow after a patient death. All staff were notified of patient deaths and these were also discussed in multidisciplinary team meetings to ensure support was available. Bereaved families received a sympathy card from their usual GP and were directed to available support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Systems ensured that staff were supported to maintain the level of service provided.

- The practice employed an interpreter specifically to accommodate the practice's large Punjabi speaking population. Approximately one third of the practice's consultations were conducted in languages other than English. The staff member was available on a full time basis and completed administrative and reception duties in between consultations. One of the GPs was able to offer consultations spoken in Hindi. External translation services were also available for patients whose first language was not English and when staff members who interpreted were unavailable. The entrance to the practice displayed a welcome sign and information on the repeat prescription box in a variety of different languages.
- The nurse practitioner at the practice acted as a care coordinator for older patients and engaged with local support groups. She was also involved with organising events and supported patients to participate in these.
- Longer appointments were available for patients who needed them, such as those with a learning disability.
- Homeless patients were registered by the practice using the local Salvation Army address. Homeless patients were advised to attend to see the GP when they needed to and wait for an appointment the same day. One of the GP partners was the lead for this group of patients and made time available to see any patients who were waiting.
- The practice worked closely with a local probation hostel where a number of patients were resident to tailor services as required. For example, there was an arrangement for any prescriptions for this group of patients to be sent directly to a specific pharmacy for collection.
- The practice offered home visits to house bound patients and those with clinical needs which resulted in difficulty attending the practice.
- The practice provided care to a small number of older patients living in a nearby care home and to patients living in a nearby supported living home.

- Appointments could be arranged on the same day for children and for patients who required an urgent consultation.
- The practice offered travel vaccinations for those only available privately for a fee and those available through the NHS.
- There were suitable facilities in the practice for patients with disabilities. A hearing loop was available and a communication poster advised patients that information could be provided in easy read formats, large print, braille and sign language.
- The practice nurse had organised an Asian Dementia awareness session at the practice which was attended by 20 patients and their relatives. Support organisations such as the Citizens Advice Bureau (CAB), Age UK and Alzheimer's UK also attended to provide additional advice and support for patients. We were told that other sessions would be held as a number of patients had made enquiries about another event.

Access to the service

The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes, epilepsy, and heart disease.

- The practice was open between 8.30am and 6pm from Monday to Friday, closing for an hour daily between 12.30 and 1.30pm. At the times between 8am and 6.30pm when the practice reception was closed the telephone system diverted to the duty GP's mobile telephone so that any urgent patient needs could be dealt with.
- Appointments were available from 9.20am to 12.10pm and 2.30pm to 5.10pm daily. Additional appointments were also available on selected days from 8.30am, from 2pm and until 5.40pm.
- Extended hours appointments were offered with a GP from 6.30pm to 8pm on Tuesday each week, and with a GP and a nurse from 9am to 11am on one Saturday morning per month. A nurse practitioner was available on one Tuesday evening per quarter. In addition to pre-bookable appointments that could be booked up to 13 weeks in advance or a day ahead, urgent appointments were available on the same day for people that needed them. The practice had made arrangements to direct patients to the NHS 111 out of hours service from 6.30pm to 8am.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey (2017) showed that patients' satisfaction with how they could access care and treatment had improved in most areas on the previous year's results. Results were mainly in line with or higher than local and national averages. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 76%.
- 94% of patients said they could get through easily to the practice by telephone compared to the CCG average of 80% and the national average of 71%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 91% and the national average of 84%.
- 86% of patients described their experience of making an appointment as good compared to the CCG average of 83% and the national average of 73%.
- 57% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 72% and the national average of 64%.
- 47% felt they did not normally have to wait too long to be seen compared to the CCG average of 66% and the national average of 58%.

There had however, been a decline in the results for patients seeing or speaking to their preferred GP, at 45% compared to the CCG average of 66% and the national average of 56%. The practice had analysed these results, discussed these at clinical meetings and looked at ways to make improvements. They had recognised that long term sickness absence by one of the lead GPs had significantly impacted upon the practice and had taken steps to address this. For example, block booking of regular locums helped with continuity and gave patients the option to see the same GP for follow up appointments.

The practice had held a meeting with staff and the Patient Participation Group (PPG) to discuss areas identified for improvement following the National GP Patient Survey. For example, as a number of patients said they had to wait longer than 15 minutes for their appointment the practice had worked a number of catch-up slots into the day.

A nurse practitioner carried out telephone triage three days each week to help manage appointments. They received appropriate support and was able to access advice from GPs where necessary.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. All home visit requests were directed to the GPs, who then telephoned each patient to discuss their needs and prioritise their visit accordingly. 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.
- The practice manager was the designated individual responsible for managing all complaints.
- We saw that information was available to help patients understand the complaints system. Details were displayed by the reception desk, and forms were available to assist people who wanted to put their complaint in writing. Information was also on the practice website.

We looked at 17 complaints received in the last 12 months and found these had been handled satisfactorily. Records showed these had been responded to in a timely way and the practice had met with patients face to face where appropriate to resolve matters. Lessons were learned from individual concerns and complaints and used to improve the quality of care.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 14 July 2016 we rated the practice as requires improvement for providing services that were well led.

Improvements were needed in:

- Measures to identify and mitigate risks to ensure staff and patients were protected, in relation to medicine management.
- Systems to ensure training in infection control and fire safety was up to date and that improvements were made following learning from incidents.

At this inspection we found that the practice had made improvements with revised and updated systems to address areas identified. The practice is now rated as good for providing services that are well led.

Vision and strategy

The practice aimed to offer inclusive high quality care and services to what they recognised as a diverse population with a number of social challenges. Staff we spoke with during the inspection described the practice's priorities as putting patients first, treating people with dignity, providing a caring and safe environment, and accommodating a multi-cultural population. The key challenge faced by the practice at the time of the inspection was the planned housing development in the local area, as the premises would not be able to accommodate a significant increase in the patient list size. The practice was working with local authorities to find or develop larger premises without leaving their existing patient group.

Governance arrangements

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

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services in 2015/

2016 it was performing mostly in line with or above local and national standards. We saw that QOF data was regularly discussed at clinical meetings with action taken to maintain or improve outcomes.

- There was a clear staffing structure and staff were aware of their own and each other's roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Staff were aware of their content and where to access them.
- The practice had systems for overseeing and monitoring staff training. We reviewed staff training logs and saw that these had been fully documented and were up to date. All staff had received the necessary training and updates and details were documented appropriately.

Leadership and culture

During the inspection the lead GP and the practice manager demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care.
- They provided safe, good quality care that was supportive and fully inclusive. There was an open door policy and staff told us they found the partners friendly, professional, and easy to communicate with.
- There were 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 providing staff with additional training or support when incidents had occurred and a training need had been identified as a result.
- Staff told us the practice held regular practice meetings which included discussion of significant events, complaints and patient feedback.
- Staff told us they got on well with the GP partners and practice manager, and felt able to approach them if they needed to discuss something.
- Staff we spoke with said they felt valued and appreciated in their roles. They enjoyed being part of a small practice team and felt involved in the development of the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

Are services well-led?

Good 

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

- The practice had an active Patient Participation Group (PPG) which provided feedback and offered suggestions for improvements. The practice was pro-active in considering ideas raised by the PPG. For example, the practice had installed a blood pressure machine in the waiting area to encourage patients to self-monitor. Additionally, a TV had been placed in reception to promote information about health and services available.
- We saw evidence that the practice had engaged with patients to obtain feedback about the service it provided through both the National GP Patient Survey and a survey carried out by the PPG. We saw that improvements had been made in areas relating to the responsiveness of the service.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion.

- Annual appraisals and quarterly staff meetings provided staff with opportunities to provide feedback. Staff told us they would feel confident in giving feedback and discussing any concerns with their colleagues or management.

Continuous improvement

The practice told us they:

- Were part of a buddy group with four other local surgeries. This involved the practice manager and GPs meeting with the other practices to engage in peer review and feedback as well as best practice discussions.
- They participated in a local initiative to identify and support older patients in the early stages of frailty by liaising with social services and the community nursing team to manage their package of care.
- They engaged with local groups, including practice management and nurse forums. The GP partners met with a local clinical journal group which often had guest speakers to share expertise. The practice was also a member of a GP federation.
- Following the success of the first Asian Dementia awareness session held at the practice further sessions were planned. Community engagement was being explored with leaders at local temples to look at ways to provide additional support for patients.