

# Moakes Medical Centre

## Quality Report

Marsh Farm Health Centre  
The Moakes  
Luton  
LU3 3SR

Tel: 01582 569030

Website: [www.moakesmedical.co.uk](http://www.moakesmedical.co.uk)

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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 Moakes Medical Centre on 05 July 2016. Overall the practice is rated as good.

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

- The practice had a clear vision and had recognised the particular needs of patients in the community it served.
- The practice had worked to create an open and transparent approach to safety. A clear system, which was made known to all staff, was in place for reporting and recording significant events.
- Risks to patients were identified, assessed and appropriately managed. For example, the practice implemented appropriate recruitment checks for new staff, undertook regular clinical reviews and followed up-to-date medicines management protocols.

However, systems for processing deliveries of medicines should be improved. Additionally, thorough records for fire drills and building evacuation should be maintained.

- We saw that the staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were supported to access development learning and routine training was provided to ensure they had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients was consistently positive. Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Comments from patients on the 27 completed CQC comment cards confirmed these views.
- Results from the GP Patient Survey January 2016 were generally positive, with some outcomes higher than local and national outcomes. For example, 79% of patients described their experience of the surgery as good.
- Information about services and how to complain or provide feedback was available in the waiting area and

# Summary of findings

published on the practice website. Where appropriate improvements were made to the quality of care as a result of complaints and concerns. Outcomes from complaints were shared and learning opportunities identified as appropriate.

- The practice had only 0.5% of carers recorded from its patient list and should look to increase this number.
- Appointments were readily available. Urgent appointments were available the same day, although not always with the patients named or usual GP. For example, 72% of patients described their experience of making an appointment as good.
- The practice shared a purpose built, modern building with other care providers. They had access to good facilities and modern equipment in order to treat patients and meet their needs.
- There was a clear leadership structure and we noted there was positive outlook among the staff, with good levels of moral in the practice. Staff said they felt supported by management. The practice business plan should be updated to reflect local objectives.
- The practice proactively sought feedback from staff and patients in a variety of ways, which it acted on.

- The social prescribing project had enabled the practice to reach out to patients and offer support and advice to improve health and non-clinical elements of their lives.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are as follows:

- To implement a system to ensure that deliveries of medicines and vaccinations are refrigerated in accordance with appropriate guidelines and to maintain a written record of action taken.
- Records of fire drills and building evacuation arrangements should be maintained.
- The business development plan in place at the practice was corporately produced by the provider and would benefit from review and evaluation of progress against specific local objectives.
- The developmental outreach work, designed to identify and support patients with caring responsibilities should continue.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns and to report incidents or 'near misses'. The GPs and managers encouraged staff involvement.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected incidents patients received support, information and an apology as appropriate to the circumstances. The practice put steps in place to identify learning and changes to processes were introduced to avoid a possible repeat incident where necessary.
- The practice had well established systems in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. For example, this included arrangements for monitoring standards of infection prevention, the safety and security arrangements in place for the management and issuing of prescriptions and medicines.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed the practice had performed well, obtaining 99.5% of the total points available to them, for providing recommended care and treatment to their patients. This outcome was higher than the average scores in the local Clinical Commissioning Group (CCG) area and across England.
- Staff referred to guidance from the National Institute for Health and Care and Excellence (NICE) and used it as required to assess and deliver care in line with current evidence based guidance.
- The practice was positively engaged with an ongoing programme of Clinical audits, which demonstrated a commitment to quality improvement, professional development and patient care.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal and professional development was encouraged and supported.
- There was clear evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice staff participated in regular multidisciplinary meetings to meet the needs of patients and deliver appropriate care and support.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed that patients reported they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had only 14 patients registered as carers, which represented less than 0.5% of the practice list.
- 80% of patients described their overall experience of the practice as fairly good or very good, which was in line with the local CCG average of 80% and broadly comparable with the national average of 85%.
- Although only 27% of patients with a preferred GP said they usually get to see or speak to that GP, this was again in line with a local CCG average of 28% and slightly lower than the national average of 36%.
- Feedback from the 27 completed CQC comment cards was consistently positive. Patients told us they were impressed by the professional attitude and caring approach of the staff.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible. The practice had an informative practice leaflet. Posters were on display and a variety of leaflets were available in the waiting area. Information and advice was also available on the practice website

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



# Summary of findings

- The identification of the needs for individual patients was at the centre of planning and delivery of services at the practice. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Ninety percent of patients said the receptionists at the practice were helpful, which was slightly higher than the CCG average of 85% and a national average of 87%.
- Whilst 79% of patients described their experience of making an appointment as good, which again was higher than the CCG average of 67% and the national average of 73%.
- Urgent appointments were available the same day, with pre-bookable appointments with the health care assistant, nurses or GPs available up to two weeks in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence demonstrated the practice responded quickly to issues raised. Learning from complaints was shared with staff as appropriate. The practice encouraged positive feedback and celebrated success appropriately.

## Are services well-led?

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

- The practice had a corporate vision and strategy to deliver good quality care and promote good outcomes for patients. Practice staff were clear about their role in delivering services to patients.
- There was a clear leadership structure and staff felt supported by management. The practice had appropriate policies and procedures to govern activity and held regular governance meetings.
- Corporately, systems were in place to review, update and amend policies and procedures to ensure best practice guidelines were incorporated and followed by staff.
- The practice had a Business Development Plan which identified existing objectives and possible future developments. The plan was corporately produced by the provider and would benefit from local review and evaluation of progress against objectives.

**Good**



# Summary of findings

- There was a clear and accessible governance framework, which supported the delivery of good quality care to patients. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness, transparency and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice benefitted from an active and engaged patient participation group and a recently formed 'virtual' patient reference group.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people. GPs were able to offer home visits to those patients who are unable to travel into the surgery. On-the-day or emergency appointments were available to those patients with complex or urgent needs.
- The practice had clear objectives to avoid hospital admissions where possible. For example, when GPs visited patients who lived in residential care homes they ensured that patient medication was reviewed regularly and other routine tests were undertaken without the need for patient admission to hospital.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked constructively with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had clear protocols in place to support the treatment of patients with long term conditions. The practice held records of the number of patients with long term conditions. These patients were seen at the surgery on a regular basis and invited to attend specialist, nurse-led clinics.
- The practice offered longer appointments to these patients and home visits were available when needed.
- Arrangements were in place to ensure patients with diabetes were invited for a review of their condition twice yearly.



# Summary of findings

- 96% of the patients on the diabetes register had influenza immunization in the preceding 01 August 2014 to 31 March 2015.
- Nurse led clinics ensured annual reviews and regular checks for patients with asthma and COPD were in place. The practice had clear objectives to reduce hospital admissions for respiratory conditions. All patients who were admitted to hospital were reviewed by the practice respiratory nurse after discharge.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 81% of women aged between 25 - 64 years of age whose notes record that a cervical screening test has been performed in the preceding five years, was in line with the local CCG average of 80% and the national average of 82%.
- The practice provided appointments outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Immunisation rates for all standard childhood immunisations were broadly similar to local CCG performance averages. The practice provided flexible immunisation appointments.
- The practice supported a number of initiatives for families with children and young people, for example the practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis. A community midwife held a clinic at the practice on a weekly basis.

Good



## Working age people (including those recently retired and students)

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

Good



# Summary of findings

- As the practice had a high percentage of working age patients, they focused on their needs through analysis of patient surveys and feedback from the Patient Participation Group (PPG). The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering on line services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered easy access to telephone appointments and telephone consultations.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40 - 74 years.
- The practice was proactive in offering on line services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- The practice offered extended opening hours, from 8am until 8pm Monday to Friday and from 8am until 12pm midday on Saturday morning.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, such as homeless people, travellers and those with a learning disability. The practice recorded 134 patients on its register and had completed health reviews for 56 patients in 2015/2016.
- The practice offered longer appointments for patients with a learning disability. GPs also visited patients who lived at local care homes when they were unable to travel to the practice for an appointment.
- The practice had recorded only 14 carers recorded on their register, which represented 0.5% of the total patient list. To address this low recorded figure the practice had recently supported a member of staff to be trained as a carers 'champion', in order to raise awareness of the issues faced by carers and improve services available to them.

Good



# Summary of findings

- The practice regularly worked positively and collaboratively with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was slightly below the local CCG average of 81% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia, including access to a counsellor, who held regular appointments at the practice.
- Patients were actively referred to the Improving Access to Psychological Therapies service (IAPT) and the practice encouraged patients to self-refer.
- The practice had supported patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

We looked at the National GP Patient Survey results published in January 2016. The results showed the practice was performing mostly in line with local and national averages.

390 patient survey forms were distributed and 102 returned. This represented a 26% response rate and approximately 3.7% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone, which was noticeably higher than the local CCG average of 67% and national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried, which was comparable to the performance of the local average of 67% and national average of 76%.
- 79% of patients described the overall experience of this GP practice as fairly good or very good, which was comparable to the local average of 80% and national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area, which was comparable to the local average of 73% and lower than the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 completed comment cards. All 27 comment cards were positive about the standard of care received. Patients said services were provided in a professional and courteous manner. Staff were described as very caring, attentive and knowledgeable.

A number of the comment cards identified named members of staff who had provided exceptional care and

attention. Some of the comments were from patients who had recently registered with the practice, whilst others had been registered since the practice opened in 2009.

We spoke with four patients during the inspection. All the patients said they were satisfied with the care they received and thought the staff were professional in their approach, committed to providing good services and demonstrated a caring approach to patients.

Patients, who were also members of the Patient Participation Group (PPG), told us about reviews and improvements to services the practice had undertaken in response to their feedback. For example, the practice had introduced an automated telephone call management system so that patients were not left 'hanging on' the telephone without any information. The practice told us that they regularly reviewed telephone access into the practice and had noticed some improvement in patient feedback about the responsiveness of the telephone system.

The members of the PPG made specific mention of the additional pressure the practice faced due to the planned reorganisation of GP services across the CCG area. The patients considered that the consultation and re-tendering of contract exercise had potentially impacted negatively on staff at the practice. The patients said there was concern that the practice may be closed

The practice had received 11 comments on the NHS Choices website since 2014. Five of these responses had been made in the last 12 months had revealed a mixed response, with three comments identifying problems accessing appointments.

## Areas for improvement

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

- To implement a system to ensure that deliveries of medicines and vaccinations are refrigerated in accordance with appropriate guidelines and to maintain a written record of action taken.
- Records of fire drills and building evacuation arrangements should be maintained.

## Summary of findings

- The business development plan in place at the practice was corporately produced by the provider and would benefit from review and evaluation of progress against specific local objectives.
- The developmental outreach work, designed to identify and support patients with caring responsibilities should continue.

# Moakes Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Moakes Medical Centre

Moakes Medical Centre provides primary medical services, including minor surgery, to approximately 2,757 patients in Luton and surrounding areas. Services are provided on an Alternate Provider Medical Services (APMS) contract (a nationally agreed contract).

Services are delivered to patients from one registered location;

Moakes Medical Centre,

Marsh Farm Health Centre,

The Moakes, Luton, LU3 3SR.

The practice forms part of the Network Healthcare Solutions Limited (NHS Limited), a corporate group which provided primary medical services at eight locations across England. Executive management oversight is provided by NHS Limited, which include corporate business planning, performance monitoring and central functions such as human resource management, payroll and regular review and update of policies and processes.

The practice serves a population group with a noticeably different profile to the England average. For example, the practice had almost double the number of young people aged 0 - 4 years than the national average, with 14% compared to 8%.

Similarly, the practice had 37% of its practice population less than 18 years of age, compared to the England average of 26%.

For patients in the older age ranges, the practice had 5.4% of patients over 65 years of age, compared to the England average of 11.5%.

The population group served by the practice is recorded as being 82% White British (2011 Census data), with the level of deprivation of people living within the area being in the most deprived decile. Male life expectancy for the area is 75 years, which was lower than the CCG average of 78 years and the national England average of 79 years. For female patients life expectancy is 79 years, compared to the local CCG average of 82 years and the England average of 83 years.

The on-site practice team consists of two GPs, one male and one female, two, part-time, long-term locum nurses and one health care assistant. The practice manager is supported by a team of three staff who provide all reception and administrative functions.

The practice is open between 8am and 8pm Monday to Friday.

Appointments with a GP, nurse or health care assistant are available as follows;

- Monday, Wednesday and Friday 9am - 12pm and 3pm - 6pm.
- Tuesday from 9am -12pm and 5pm - 8pm.
- Thursday from 9am - 12pm and 3pm - 8pm.

The practice offers extended hours for additional, pre-booked, appointments between 8am to 12pm Saturday morning.

Emergency appointments are available daily. A telephone consultation and call-back service is also available for those who need urgent advice.

# Detailed findings

Home visits are available to those patients who are unable to attend the surgery and the out-of-hours service is provided by Care UK, which can be accessed via the NHS 111 service. Information about the out-of-hours services was available in the practice waiting area, on the practice website and on the practice telephone answering service.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. For example, NHS Luton Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they may hold about the practice.

We carried out an announced inspection on 05 July 2016.

During our inspection we:

- Spoke with the Director of Operations, Service Improvement Manager, one GP, a health care assistant, the practice manager and two administrative staff.
- Spoke with four patients, including members of the Patient Participation Group (PPG) (The PPG is a group of patients who volunteer to work with practice staff on making improvements to the services provided for the benefit of patients and the practice).
- Observed how staff interacted with patients.
- Reviewed 27 CQC comment cards where patients shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed at practice clinical meetings which took place regularly and we saw minutes from the meetings to confirm this.
- Information and learning was circulated to staff and the practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Information was received into the practice by the Practice Manager and cascaded to clinicians. Matters were discussed at clinical meetings. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, the practice received a safety alert about incorrect instructions for the administering of a particular medicine. The practice carried out a search on their system to see if any patients were using that particular medicine and then took the appropriate action.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw an incident where a prescription was inadvertently given to the wrong patient. The error was

recognised when the prescription was presented at the pharmacy. Since the incident the practice had conducted two reviews and had found no repeat of the circumstances had occurred.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however during our inspection we found that the process used to receive deliveries of medicines could be improved:

Staff demonstrated they understood their responsibilities to safeguard children and adults from abuse. Staff had access to e-learning and face-to-face training. Staff, had completed safeguarding training relevant to their roles, with GPs trained to level three. The practice had a nominated safeguarding lead.

- Systems for reporting concerns were clear. Safeguarding 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. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- The practice displayed notices in the patient waiting area and all treatment and consultation rooms, which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check. (DBS 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 visibly clean and tidy. Following the departure of the practice nurse in April 2016 the health care assistant had been trained to assume the infection control clinical lead. We saw that all staff training was up-to-date and information was shared across the practice to ensure systems were in line with best practice guidelines. There was an infection control protocol in place and audits were undertaken regularly. We also saw that where issues or concerns had been identified the practice had taken action to address any required improvements.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Where



## Are services safe?

appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.

- During our inspection we checked the emergency medicines in the practice and found all the stock we saw was within manufacturers' expiry dates. The practice had systems in place to check the security and storage arrangements for medicines usage. However, the practice did not have a system in place to record that the delivery of medicines and vaccinations were placed in the practice refrigerators in a timely manner. This could lead to medicines and vaccinations being left unrefrigerated.
- The practice carried out regular medicines audits, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had appropriate processes in place for handling repeat prescriptions, which included the review of high risk medicines.
- Blank prescription forms were securely stored and there were systems in place to monitor their use. The practice had a clear system in place to securely store and monitor the use of prescription pads, with serial numbers logged as each batch of prescriptions were received and later allocated to GPs.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw an appropriate example of a signed certificate in place.

We reviewed two staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice had a comprehensive locum GP information pack in place and would complete the necessary recruitment checks on those individuals when necessary.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety in most areas.

- The practice had a routine Legionella risk assessment and review (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) which had been completed by an external accredited company in August 2015. .
- The practice had up-to-date fire risk assessments, which included a log of the fire alarm tests. As the practice was located in premises occupied by multiple health care providers, and the premises was owned by the NHS property services, the coordination of formal full evacuation drills was complex. The practice told us that fire drills and evacuations were managed by the landlord of the building. The practice did not routinely make a separate record of the dates and details of fire evacuation events. We were told that the last fire drill was completed in May 2015.
- There was a health and safety policy available along with a poster in the staff communal areas which included the names of the health and safety lead at the practice. A health and safety assessment had been completed in July 2015. All electrical equipment was checked in April 2016 to ensure the equipment was safe to use and clinical equipment was checked and calibrated in February 2016 to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. Although the practice had a small staff group, appropriate arrangements were in place to ensure the management of planned staff holidays. Staff members would be flexible and cover additional duties as and when required. The practice used three 'regular' locum GPs to encourage the continuity of care for patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers which alerted staff to any emergency. There was also an emergency alert button in the clinical rooms.

## Are services safe?

- All staff received annual basic life support training.
- The practice had access to a defibrillator and pads, which was shared with other healthcare providers in the building. A risk assessment had been undertaken to establish that access was freely available. The practice manager held regular dialogue with staff from the adjoining practice to ensure positive operational communication links were maintained.
- Emergency oxygen was available with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were kept in a secure area of the practice and all staff knew of their location. The medicines we reviewed were in date and were readily accessible should they be required.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and appropriate arrangements for contacting staff in an emergency. The plan was available via an internet service accessible from outside the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on accident and emergency attendance, emergency admissions to hospital, outpatient attendance and public health data. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

### 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 showed the practice achieved 99.5% of the total number of points available, which was higher than the local CCG average of 91% and national average of 95%.

The practice achieved this result with an overall level of 7% exception reporting which was lower than local 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).

Data from 2014/2015 showed:

- Performance for diabetes related indicators was generally above both local and national averages.
- For example, the practice scored 96% for patients with diabetes, on the register, who had influenza immunisation in the preceding period of 01 August 2014 to 31 March 2015. This was similar to the local CCG average of 93% and the national average of 94%.
- Other performance measures identified the number of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 84%. This compared well to the local CCG average of 77% and the national average of 80%.
- The practice had provided dedicated clinics for patients with diabetes. These had worked to address patient needs and ensured regular review and monitoring was in place to identify and implement improvement wherever possible.
- When comparing performance for mental health related indicators the practice again achieved positive results in the range of outcomes within the individual measures. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01 April 2014 to 31 March 2015) was 100%. This compared well against the local CCG average of 88% and national average of 89%.
- For another measure, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2014 to 31 March 2015) was 92%, while the local CCG and national average was 88%.
- For patients on the dementia register the practice had a lead GP with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns.

There was evidence of quality improvement including clinical audit, for example;

- The practice had a regular cycle of clinical audits. The practice had undertaken six audits within the previous

# Are services effective?

## (for example, treatment is effective)

two years. Of these three had been 'full cycle' audits, where repeated audits had been completed, action implemented and outcomes reviewed and improvements or changes reported.

- Areas in which audits had been undertaken included soft tissue injections, minor surgery and cervical screening.
- As a direct result of the audits the practice were able to introduce an improved recall system for minor surgery patients to ensure checks were made on their recovery plans and progress. The findings of the cervical screening audit identified improvements in the engagement with patients, the use of an information leaflet in appropriate languages and the introduction of an easy read leaflet made available to patients with learning difficulties or their carer. The practice also participated in the national awareness promotion week.
- The practice participated appropriately in local audits, national benchmarking, and peer review and research. Findings from audits were used by the practice to evaluate, review and where appropriate, improve services.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, information governance, basic life support, infection control, health and safety and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attendance to update training sessions.
- For example, for those clinical staff involved with the review of patients with long-term conditions the practice had qualified nurses dealing with patients with Asthma and COPD.
- The practice also had a mutually beneficial arrangement in place which saw members of the Improved Access to Psychological Therapies (IAPT) and

well-being team located in the practice to provide easier access for patients using counselling and therapeutic services. Feedback had revealed patient sensitivity to accessing these services in a different location and they preferred to attend the medical centre.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal 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.
- Staff had access to regular clinical educational training sessions which were delivered using a variety of methods, including on-line e-learning, off-site presentations and at the practice. The practice staff attended CCG led training days which were held throughout the year, with protected learning time assured each month.
- Staff had access to appropriate accredited external training opportunities Staff received training that included safeguarding, infection control, chaperoning, basic life support, information governance, customer service training, and dementia awareness.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care and used a GP2GP system to facilitate the electronic transfer of patient notes.
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.

# Are services effective?

## (for example, treatment is effective)

- Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital.
- The practice had 19 registered patients who lived in three residential care homes across the area. GPs undertook regular visits to the care homes as requested and liaised with family members and care home staff appropriately.

### Consent to care and treatment

We saw that patients' consent to care and treatment was obtained and recorded in line with legislation and guidance.

- The practice had a consent policy in place and 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.

### Supporting patients to live healthier lives

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

- These included patients considered to be in the last 12 months of their lives, carers, people that are homeless, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant services.
- Smoking cessation advice was provided by the nursing team.
- A NHS dietician visited the practice once a week

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had completed health checks for all seven patients on the learning disability register in 2015 - 2016.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending reminder letters to patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were broadly comparable with local CCG and national averages. For example:

- Data published in March 2015 showed 44% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 51% locally and 58% nationally.
- Data showed 75% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 70% locally and 72% nationally.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 97% to 100% and five year olds from 93% to 100%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. Health checks were also offered to patients aged 75 and over and new patients were offered a health check upon registering.

Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

From January 2016 the practice had been involved with a Social Prescribing project. The funding for the project was provided by Public Health and is project managed by Luton Borough Council and Luton CCG. Funding had been allocated on a 12 month basis supported by a three year plan.

## Are services effective?

(for example, treatment is effective)

The aim of the project is to improve the health and wellbeing of patients through a personally tailored 'social prescription' to accredited service providers.

The chosen service providers may provide physical, social or educational activities and be located in the not-for-profit sector, private organisations or other branches of public health related bodies.

Examples include weight loss support groups and exercise campaigns, such as 'Luton Health Walks'. Feedback from patients who had engaged with the project was consistently positive, with reports of improved mental and physical health being noted.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff were able to recognise when patients may wish to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs.
- The practice had an electronic check-in facility available which promoted patient confidentiality.

We received 27 CQC patient comment cards. Patients said they felt the practice offered a good service and said staff were helpful, caring and treated them with dignity and respect.

We received feedback from four other patients who spoke with us. All the patients told us that they were very pleased with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses.

For example:

- 86% of patients said the last GP they saw was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 83% said the GP gave them enough time, compared to the CCG average 81% and the national average 87%. The practice told us that they reviewed patients' survey results and GPs could allocate longer appointment times for routine appointments at their discretion.

- 89% said they had confidence and trust in the last GP they saw, where the CCG average was 93% and the national average 95%.
- 80% said the last GP they spoke to was good at treating them with care and concern, where the CCG average was 81% and the national average 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern, compared to the local CCG average of 86% and the national average 91%.
- 90% said they found the receptionists at the practice helpful, compared with the local CCG average 85% 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 involved in decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also consistently positive and aligned with these views.

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly above local and national averages.

For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care, which matched the local CCG average and where the national average was 82%.
- 91% said the last nurse they saw was good at involving them in decisions about their care, which was higher than both the local CCG average of 83% and the national average 85%.

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

- Staff told us that a translation service was available for patients who were hard of hearing or did not have English as a first language.

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

## Are services caring?

- Notices in the patient waiting area told patients how to access a wide range of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 14 carers identified which was 0.5% of the practice list. The practice had recently supported a member of staff to undertake additional training in order to fulfil the role of the practice's carers lead (and to act as the Carers' Champion). The developmental role was designed to be the focal point for carers information providing a link with local support groups and services.

The practice recognised the number of carers they had formally registered was low. However, it was also acknowledged the demographics of the patients list, with a low number of patients from the older age range, may also impact on the low number of carers.

- The practice maintained a bereavement register. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation to meet the family's needs and/or by giving them advice on how to find a support service. The practice would also send a card to the bereaved family.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Clinical staff had access to advice and support from a wide range of specialist staff including a geriatrician, dietician, the local respiratory team and staff also worked closely with the diabetes team.
- There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was proactive in developing services. They offered on-line appointment booking, a text messaging service to remind patients of their appointments and repeat prescriptions.
- A full range of health promotion and screening clinics and advice was available to meet the recognised needs of the patient group.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly. Appropriate training had been provided for staff to support understanding and awareness.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever vaccination centre.
- 85% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was higher than the local and national average of 75%.

- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis. A community midwife held a clinic at the practice on a weekly basis.
- The practice had a system in place to identify patients with a known disability.
- 75% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in 2014/2015, which was below the local CCG average of 81% and national average of 84%.
- The practice had access to counsellors who held regular appointments at the practice. Patients were also referred to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.

### Access to the service

The practice was open between 8am and 8pm Monday to Friday. Within those times appointments with a GP, nurse or health care assistant were available as follows; Monday, Wednesday and Friday 9am - 12pm and 3pm - 6pm. On Tuesday from 9am -12pm and 5pm - 8pm, and on Thursday from 9am - 12pm and 3pm - 8pm. The practice offered extended hours for additional, pre-booked, appointments between 8am to 12pm Saturday morning.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was above local CCG and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 83% of patients said they could get through easily to the surgery by phone compared to the local CCG average 67% and the national average of 73%.

The practice told us that they had installed an automated information and queuing system on the telephone network to improve the patient experience. This was in response to feedback from the PPG and local survey outcomes. The practice told us that they continued to review telephone access into the practice and anticipated an improvement in

# Are services responsive to people's needs?

(for example, to feedback?)

these results once the new telephone system had been in operation for a longer period. Patients we spoke to on the day of the inspection told us they were able to get appointments when they needed them.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. The practice manager was the identified lead person who handled complaints in the practice. The practice carried out an analysis of complaints and produced an annual complaints report. Information on how to complain was readily available to patients. The practice leaflet contained information about how to complain, notices were displayed in the waiting area and information was available on the practice website. Patients we spoke with told us they had never had the need to complain but would talk to the practice manager if they had any problems. .

Information about the role of the Parliamentary and Health Service Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England) was routinely available.

We looked at three complaints received in the last 12 months and found all of these had been dealt with in a timely way. The practice shared their complaints data with the executive management team at Provider level. Lessons learnt from concerns and complaints were shared across the other services managed by the provider and action was taken as a result to improve the quality of care. For example, in response to concerns about telephone access to the practice and booking appointments the practice had made significant changes to their telephone management system. An electronic registration screen was available to ease patient waiting times at the reception desk and an on-line appointment booking system had increased the range of appointments accessible to patients.

# 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 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 GP Partners held quarterly business planning meetings and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

The practice had a Business Development Plan which identified existing objectives and possible future developments. The plan was corporately produced by the provider and would benefit from review and evaluation of progress against local objectives.

### Governance arrangements

The practice described its management style as “professional yet informal”. There was a clear focus on positive engagement with staff across the clinical and administrative bases.

The practice had clear governance structure which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing framework and that staff were aware of their own roles and responsibilities.
- The policies in place at the practice were issued at corporate level by the provider. Copies of all relevant policies and associated guidance and protocols were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by executive managers and the practice management team through regular meetings and progress review sessions.
- 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.

### Leadership and culture

Staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The Provider’s management team encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and a verbal and written apology.
- The practice kept written records of written correspondence.

There was a clear leadership structure in place and staff told us they felt supported by management.

- We saw that the practice held regular team meetings at which staff were encouraged to participate.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff was involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The staff team had remained stable since the practice had opened in 2009, with GPs, the practice manager and three other staff members who had been with the practice since it opened.

The management team at the practice, with support from the provider, had been reorganised to provide additional support for the practice manager. The realignment of duties had facilitated a change of focus for the practice manager and enabled service development improvements to be identified and implemented. For example a review of policies and procedures and the consolidation and plans for re-procurement of the practice contracts.

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

# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the Friends and Family Test, the Patient Participation Group (PPG) and through surveys and complaints received.
- The PPG members told us that as a result of the concerns about the availability of appointments they had taken steps to publicise the volume of patients that did not attend (DNA) for their scheduled appointments.
- The PPG determined that if patients were made aware of the negative impact of the DNA levels then more patients would inform the practice if they had to cancel their appointment. Posters were displayed around the practice from March 2016 and patients were sent SMS text message reminders of their appointment details.
- DNA rates in January and February 2016 had meant a loss of 62 clinical hours, or up to 15% of available appointments in a month. In March and April 2016, immediately following the publicity campaign, DNA figures improved. For example, in April 25 clinical hours were lost through patients not attending their appointment which was a 2.4% improvement on previous rates.
- However, the latest figures, for May and June, indicated that the DNA rate had once again started to show an increase, although it was still below the pre-campaign levels. The practice recognised this was an ongoing

concern and maintained a positive and proactive approach to reduce DNA figures in order to improve access to appointments for those patients who needed them.

- The practice told us that they had made improvements to the telephone system and had completed a programme of redecoration and minor refurbishment work throughout the premises as a result of patient feedback.
- The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice told us that they made changes to the way annual patient reviews and recalls were planned and this had increased patient uptake.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. At the time of our inspection, the practice was involved in a range of patient care services to meet the individual and collective needs of the practice population. For example, the practice had identified the target to reduce obesity by promoting a healthy lifestyle, exercise on prescription, and GP referral to external weight management organisations and practice nurse/HCA led weight reduction plan.

The practice had a service development focus on reducing health inequalities by working in close partnership with other agencies such as the social prescribing project, the primary care link worker and IAPT coordinator.