

Church Street Surgery

Quality Report

David Corbet House
Callows Lane
Kidderminster
Worcestershire
DY10 2JG
Tel: 01562 745040
Website: www.churchstreetsurgery.co.uk

Date of inspection visit: 2 August 2017
Date of publication: 22/09/2017

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?	Requires improvement	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Church Street Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church Street Surgery on 2 August 2017. Overall the practice is rated as good.

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

- The practice was one of six sites which formed the Wyre Forest Health Partnership (WFHP). Functions such as human resources and finance were undertaken by staff at the WFHP. Many of the governance and oversight functions were carried out in conjunction with the WFHP.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning from internal and external incidents was shared across six practices in the WFHP.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said that they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice actively reviewed complaints and made improvements were made to the quality of care as a result.
- Patients we spoke with said they had not always found it easy to make an appointment with a named GP or to get through to the practice by telephone after the introduction of the new appointment triage system. However, patients said that the situation was gradually improving now that the system was embedded.
- Urgent and routine appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff said that they were supported by the GP partners and the management team. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

Summary of findings

The areas where the provider should make improvements are:

- Monitor the action plan to improve patient experience in relation to booking appointments with named GPs and in relation to improving interactions with practice nurses.
- Review the current arrangements for increasing patient satisfaction for access to the practice by telephone.

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.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw that positive events were also recorded.
- From the sample of documented examples we reviewed, we found that there was an effective system for reporting and recording significant events, which were thoroughly investigated and analysed. Lessons learned were shared both internally and externally across the six local practices in the Wyre Forest Health Partnership (WFHP). When things went wrong patients were informed in a timely manner, received support, information, and a written apology. They were told about any actions to improve processes to prevent a recurrence.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The site manager prepared a quality and risk report for discussion at the monthly WFHP meeting.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had clearly defined arrangements to enable them to respond to emergencies and major incidents.
- There were sufficient staff on duty to keep patients safe.
- The practice was visibly clean and tidy.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework 2015/16 showed that patient outcomes were at or above average compared to the national average. Unpublished data from 2016/17 showed that the practice had maintained this result.
- There were systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw that staff had annual appraisals which included personal development plans.

Good



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2017 showed that patients rated the practice lower than others for several aspects of care. The practice had changed to an appointment triage system in October 2016 and the survey was conducted from January to March 2017. It was felt that initial problems with the new triage system might have influenced patients' responses to many of the survey questions and the practice had produced an action plan to address issues.
- Survey information we reviewed showed that patients said that they were involved in decisions about their care and treatment and that GPs were good at giving them enough time.
- The practice had identified 4% of their practice population as carers and they had a carers' champion.
- Information for patients about the range of services available was accessible in the reception area and on the practice website.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Managers of three local care homes were very complimentary about the level of care provided by practice staff.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. There were monthly meetings with the other practices in the WFHP as well as meetings in the locality, so that there was regular monitoring of service provision.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The appointment triage system ensured that patients had rapid access to a GP. Routine and urgent appointments were available the same day.
- Patients had mixed experiences regarding the ease of making an appointment with a named GP, but confirmed that they could see a GP the same day if required.

Requires improvement



Summary of findings

- Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was mixed, particularly in how they could access the practice by telephone.
- Telephone calls with GPs could be booked for lunchtimes and in the evenings to accommodate patients' working commitments.
- The practice offered extended hours on some evenings until 8pm and on a Saturday morning once a month from 8am until 11am. Patients with long term conditions could book reviews on a Wednesday or a Friday morning from 7am, which provided additional flexibility. Early morning appointments could also be booked with the phlebotomist.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG). For example, a telephone audit was carried out in response to complaints about the delays in getting through to the practice by telephone. Changes were made, including the recruitment of additional reception staff, which led to improvements.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from 24 examples reviewed showed that the practice responded quickly to issues raised, in accordance with their complaints policy. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The WFHP held regular away days for partners when strategy and business issues were discussed.
- There was a clear and visible leadership structure and staff told us that they felt supported by the GP partners and management team. The practice had policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. A monthly quality and risk report was submitted to the WFHP for discussion.
- Staff had received inductions, annual appraisals and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We saw that the practice complied with these requirements.
- The GP partners and management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents, sharing the information with staff and ensuring that appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had had a PPG for 25 years.
- There was a focus on continuous learning and improvement at all levels. Staff were encouraged to develop their skills. For example, an apprentice receptionist was now employed by the practice.
- New technology was actively used. For example, the WFHP had an internet based information storage system.
- GPs who were skilled in specialist areas used their additional knowledge to help patients and support colleagues. For example, diabetes and mental health.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A specialised home visiting service, supported by an advanced nurse practitioner, had been introduced for housebound patients, including older people. Emergency admissions had reduced as a result of the introduction of this service.
- The practice identified at an early stage older patients who might need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice had signed up to the admissions avoidance scheme, which identified patients who were at risk of inappropriate hospital admission.
- GPs provided care and support for patients at local care homes and responded to urgent health care needs when requested.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. For example, nursing staff carried out reviews for patients with asthma and diabetes.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Good



Summary of findings

- The percentage of patients with diabetes on the register with a record of a foot examination in the previous 12 months was 89%, which was 2% below the Clinical Commissioning Group average and the same as the national average.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a centralised WFHP system to recall patients for a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice website contained information for patients with long term conditions, such as asthma, heart disease, chronic lung disease and osteoarthritis.

Families, children and young people

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

- From the sample of documented examples we reviewed, we found that there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. Children who did not attend three practice appointments within a six week period were flagged and referred to the safeguarding team.
- The practice had developed a sick children template, which followed NICE guidelines for diagnosis.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Priority was given to children aged under five years.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours during the week and Saturday morning appointments once a month.
- Triage call back times were flexible to accommodate patients' working patterns.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- Patients could sign up to receive text messages for appointment reminders.
- NHS Health Checks were offered by the nursing team, including healthy living advice.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, refugees and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances might make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- There were 106 patients on the learning disability register and 62 had had a review since April 2016.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Two substance misuse workers saw patients at the practice and a GP had a special interest in substance misuse.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff whom we interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Good



Summary of findings

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).

- The practice carried out advance care planning for patients living with dementia.
- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is in line with the Clinical Commissioning Group (CCG) average and the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, a mental health worker was now employed to work at the practice for one and a half days each week.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 91% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, which was 1% below the CCG and 2% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- A Gateway worker (a qualified mental health practitioner, employed by the Worcestershire Health and Care NHS Trust) saw patients at the practice each week.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff whom we interviewed 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

The National GP Patient Survey results were published on 7 July 2017. The results showed that the practice was performing slightly below local and national averages for many of the questions. There were 255 survey forms distributed and 122 were returned. This represented a 48% response rate and approximately 1% of the practice's patient list.

- 75% of patients described the overall experience of this GP practice as good compared with the CCG average of 89% and the national average of 85%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were mainly

positive about the standard of care received. Patients wrote that GPs were extremely caring, thorough and understanding. They said that they never felt rushed and thought that the overall level of service was excellent. The adverse comments related to the new appointment triage system, which contrasted with the patient who wrote that it was a very good system.

We spoke with three patients during the inspection, who were all members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG members told us that they were satisfied with the care they received and thought that GPs and nurses were approachable, committed and caring and always gave them enough time.

Results from the May 2017 Friends and Family Test showed that 87% of patients would be extremely likely or likely to recommend the practice (there were 324 respondents).

Areas for improvement

Action the service SHOULD take to improve

- Monitor the action plan to improve patient experience in relation to booking appointments with named GPs and in relation to improving interactions with practice nurses.

- Review the current arrangements for increasing patient satisfaction for access to the practice by telephone.

Church Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Church Street Surgery

Church Street Surgery is registered with the Care Quality Commission as a partnership provider. The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. At the time of our inspection Church Street Surgery was providing care to 15,260 patients.

The practice is one of six locations which make up the Wyre Forest Health Partnership (WFHP). Functions such as human resources and finance are undertaken by WFHP staff. Policies, protocols and clinical templates are set at organisational level, but tailored to individual sites. Many of the governance and oversight responsibilities are undertaken by the WFHP. For example, performance monitoring is done by WFHP staff.

Church Street Surgery is located in the town centre of Kidderminster, Worcestershire. The practice is accessible to patients with disabilities and there is a lift to the upper floors (patients can only access the ground and first floors). There are disabled car parking spaces on site and public car parking is available at the nearby shopping centre for other patients.

There are seven GP partners and five associate GPs, two of whom are currently on maternity leave. The GPs are supported by a pharmacist, a site manager, two advanced nurse practitioners (plus a visiting advanced nurse practitioner), five nurses, a mental health nurse, a phlebotomist, two health care assistants and reception and administrative teams. The practice also participates in a scheme with Kidderminster College to host an apprentice and there is currently one apprentice receptionist working at the practice.

Church Street Surgery is an approved training practice for doctors. There is currently one foundation year two doctor working at the practice. The practice also offers placements to one medical student at a time from the University of Birmingham.

The practice opens from 8am until 6.30pm. Appointments are available from 8.30am until 12.40pm on weekday mornings and from 2.20pm to 5.40pm on Monday afternoons and from 2pm to 5.40pm on the remaining afternoons. Early morning appointments were available on Wednesdays and Fridays from 7am. The practice offers extended hours on some evenings until 8pm and on one Saturday morning each month from 8am until 11am.

When the practice is closed, patients are directed to the NHS 111 service. OOH services are provided by Care UK. Patients can also attend the Minor Injuries Unit at the Kidderminster Hospital Treatment Centre.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed nationally published data from sources including the Wyre Forest Clinical Commissioning Group, NHS England and the National GP Patient Survey published in July 2017.

We carried out an announced inspection on 2 August 2017. During our inspection we:

- Spoke with a range of staff (GPs, Director of Services for the Wyre Forest Health Partnership, site manager, medicines management team, nursing team and members of the reception and administration teams) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us that they would inform the site manager about any incidents and that there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- We found that when things went wrong with care and treatment, patients were informed about the incident as soon as reasonably practicable, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events, which were discussed with their own staff and shared with the other sites in the Wyre Forest Health Partnership (WFHP). We noted that positive events were recorded too. For example, practice staff responded to an emergency outside the premises and not only attended the patient, but also directed traffic so that an air ambulance could land. The hospital commended the practice team for their part in saving a person's life.
- The practice also monitored trends in significant events and evaluated any action taken.
- We viewed the system for acting on patient safety alerts. For example, from the Medicines and Healthcare products Regulatory Agency (MHRA). MHRA alerts were received by the site manager, who forwarded them to the GPs, pharmacist and nursing team if appropriate. A hard copy was kept in the alert folder with a record of the action taken. All alerts were logged and discussion of alerts was a standing item on the agenda of the weekly meetings, which were attended by representatives of all the practice teams. Alerts were also discussed at WFHP meetings. We viewed three recent alerts and saw that they had been appropriately actioned.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the designated lead for safeguarding. We viewed minutes of the multi-disciplinary meetings which the safeguarding lead GP attended. Reports were provided for other agencies where necessary.
- Staff interviewed demonstrated that they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or a risk assessment. (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. Seven comment cards referred specifically to the high standard of cleanliness. There were cleaning schedules and monitoring systems in place.
- The Wyre Forest Health Partnership lead for infection prevention and control (IPC) liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit was carried out in June 2017 and we saw examples of actions taken as a result.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. We were told that a nurse had had a needlestick injury caused by

Are services safe?

a sharps box not being emptied when full. The protocol was followed, but a significant event was raised and all staff were reminded not to fill sharps boxes above the black line. The practice kept a record of the Hepatitis B status of staff. All instruments used for treatment were single use. There was suitable locked storage available for waste waiting for collection.

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

- Processes for handling repeat prescriptions included the review of high risk medicines. We saw that the monitoring of patients on high risk medicines was carried out before repeat prescriptions were issued. Each month a computer search was carried out to check that these patients had had blood tests within the agreed timeframe. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Uncollected prescriptions were checked weekly; those not collected after four weeks were removed and recorded as having been uncollected. The usual GP would also be informed. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure that prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems to monitor their use. Two of the advanced nurse practitioners nurses had qualified as independent prescribers and the visiting advanced nurse practitioner had qualified as a supplementary prescriber: they could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage

them safely. There were also arrangements for the destruction of controlled drugs. The standard operating procedure for the safe and secure handling of controlled drugs was viewed.

We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We were told that locums were rarely employed, because the GPs in the WFHP usually provided cover for absences and annual leave. We viewed the comprehensive information pack that was given to new GPs and GP locums prior to employment.

Monitoring risks to patients

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

- There was a health and safety policy, dated 2015. We saw that health and safety risk assessments were carried out and that action was taken to rectify any issues that had been identified.
- The practice had a fire risk assessment dated August 2013 and we saw evidence that a fire risk assessment had been scheduled for three days after our inspection. Regular fire drills were carried out; the most recent was in November 2016. There were six designated fire marshals in the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated regularly to ensure that it was safe to use and was in good working order. We saw that portable appliance testing was carried out in July 2017 and that equipment was calibrated in May 2017.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The most recent legionella risk assessment was carried out in January 2017.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure that enough staff were on duty to meet the needs of

Are services safe?

patients. WFHP encouraged cross site working, which meant that staff could be asked to volunteer to provide cover at other sites, especially during periods of annual leave or illness.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Each consultation room also had a separate panic button.
 - All staff received annual basic life support training and knew where the emergency medicines were located. All the medicines that we checked were in date and stored securely.
- The practice had a defibrillator and oxygen with adult and children's masks. A first aid kit and accident book were available.
 - The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for utilities, key contractors and staff. The plan was uploaded on to the internet based storage system, which meant that it was available to view from any location in the WFHP. Hard copies were held by the site manager and a GP and a copy was kept in the fire folder. We saw that the business continuity plan was used in June 2017 when there was a power cut.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw that a new protocol for the diagnosis and management of high blood pressure had been developed and circulated in response to recent NICE guidance.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

Data from 2015/16 showed:

- The practice achieved 99.7% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 98.6% and national average of 95%. Unpublished results from 2016/17 showed that the practice had achieved 99.8%.
- Overall exception reporting was 8%, which was comparable with the CCG and national averages of 7% and 10% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 81%, which was comparable with the CCG and national averages of 84% and 78% respectively.

- 91% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, which was comparable with the CCG and national averages of 92% and 89% respectively.

There was evidence of a quality improvement programme which included clinical audit:

- There had been 11 clinical audits undertaken in the last 12 months. A full cycle audit had been completed on patients prescribed a medicine for the treatment of overactive bladder. On the first cycle, 21 out of 25 patients had had recent blood pressure checks before a repeat prescription was issued. On the second cycle, all patients had had blood pressure checks, which evidenced safer prescribing. Another full cycle audit was carried out to check expiry dates on blood bottles. On the first cycle, 13 were found to be out of date, on the repeat audit, only three were out of date, which showed an improvement.
- Audits were also carried out in response to NICE guidelines. For example, the practice carried out an audit on patients who were at risk of pregnancy who were taking a medicine primarily used to treat epilepsy, bipolar disorder and to prevent migraine headaches, following advice issued by NICE. Patients were contacted and advice given in accordance with the NICE guidelines.

Effective staffing

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

- We saw the induction programme and checklist for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Core competencies were signed off at the three month review meeting.
- The practice could demonstrate how they ensured role-specific training and regular updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We viewed the training log on which staff training was recorded and tracked. Staff had access to e-learning modules to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. We saw that staff had received an appraisal within the last 12 months. GPs received both internal and external appraisals.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and were expected to study e-learning training modules and take part in any training that was provided in-house.
- GPs had special interests such as diabetes, dermatology, mental health and substance misuse, which benefitted patients and clinical colleagues.

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.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw that training had been undertaken in the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, clinical staff could describe how they carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who might be in need of extra support and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 82%, which was in line with the CCG average of 83% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured that a female sample taker was available. There were systems to ensure that results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients were encouraged to attend national screening programmes for bowel and breast cancer. The uptake for breast cancer screening for women aged 50 to 70 years in the last 36 months was 75%, which was in line with the CCG and national averages of 75% and 73% respectively. The

Are services effective? (for example, treatment is effective)

uptake for bowel cancer screening for patients aged 60 to 69 years in the last 30 months was 57%, which was slightly below the CCG average of 62% and in line with the national average of 58%. We were told that the practice would be discussing whether to be more proactive in encouraging the uptake of breast and bowel screening.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates

for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 88% to 96% and five year olds from 88% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The majority of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. The three adverse comments related to dissatisfaction with the new appointment triage system. This contrasted with the patient who wrote that the new system was very good. Most patients said that they considered that the practice offered an excellent service and that staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients, who were all members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG members told us they were satisfied with the care provided by the practice and that their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey July 2017 showed that patients felt that they were treated with compassion, dignity and respect. The practice was slightly below average for its satisfaction scores on consultations with GPs and nurses for the majority of questions. For example:

- 86% of patients said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 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%
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 82% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The practice said that they were disappointed with these results. We saw that the 2017 results were discussed at a partners' meeting and that an action plan had been produced. The action plan included additional training for receptionists in dealing with and signposting telephone calls. We were told that there had been changes to appointment length times for the nursing team, which may have been a factor in the survey responses. An additional practice nurse had been recruited and the phlebotomist was attending a course to qualify as a health care assistant, which would increase capacity for appointments with the nursing team. The practice was monitoring the situation.

In contrast to the survey results, the views of the patients with whom we spoke on the day and the external stakeholders were positive about the level of care and access to clinicians. For example, the managers of the three local care homes where some of the practice's patients lived all said that they were very satisfied with the level of service provided.

Are services caring?

Care planning and involvement in decisions about care and treatment

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

Patients confirmed that children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the National GP Patient Survey July 2017 showed that patients had mixed opinions about the level of their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients that this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in reception and on the practice website.

- The e-referral system (previously Choose and Book service) was used with patients as appropriate. (e-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

Patient and carer support to cope emotionally with care and treatment

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 537 patients as carers (4% of the practice list). We heard how carers were often identified by the visiting team co-ordinator, who took requests for visits and could cascade information to the relevant staff. A carers' information board was displayed in the reception area and a carers' leaflet was routinely included in the pack given to new patients. The practice had a carers' champion. Written information was available to direct carers to the various avenues of support available to them. The Worcestershire Carers' Association attended the practice twice a year so that they could provide advice to carers.

Staff told us that if families had experienced bereavement, their usual GP would be notified by the administration team in accordance with the death protocol. The GP would contact the family and offer advice on support services. A sympathy card would be sent if appropriate. The practice had carried out bereavement audits in order to determine whether the level of support from the GPs could be improved. It was found that relatives of patients whose death certificate was issued outside of the practice tended to receive less support from the patient's usual GP than relatives of patients whose death certificates were issued by the usual GP. The system had been strengthened as a result of the audit findings and a re-audit showed an improvement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on some evenings until 8pm for working patients who could not attend during core opening hours. Extended hours appointments were also provided on one Saturday each month from 8am until 11am.
- Early morning appointments were available on Wednesdays and Fridays from 7am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A specialist home visiting team, supported by an advanced nurse practitioner, co-ordinated visits for the housebound patients, including care home residents. The service, which operated across the six sites in the Wyre Forest Health Partnership, was introduced in January 2015. Emergency admissions had been shown to reduce as a result of this scheme (figures showed that there were 18 emergency admissions in October 2015 and five in July 2016). Out of 338 home visit requests received in January 2016, 51% resulted in a home visit, the remaining 49% were signposted to more appropriate services, which was a more efficient use of resources.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop. GPs used a laminated sheet of the human anatomy to aid communication with patients who were hearing impaired.

- Interpretation services were available. We were told about a family of refugees who were able to bypass the telephone triage system and have a directly bookable face to face appointment with a GP who spoke the same language. If the GP was not available the telephone interpreter service was used, still bypassing the telephone triage system.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am until 12.40pm every morning and from 2.20pm until 5.40pm on a Monday and from 2pm until 5.40pm for the rest of the week. Early morning appointments were available on Wednesdays and a Fridays from 7am. Extended hours appointments were offered until 8pm on some evenings and from 8am until 11am on one Saturday each month. The appointment triage system meant that routine and urgent appointments were available the same day.

Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was mixed.

- 70% of patients were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 81% and the national average of 76%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 71%.
- 86% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 90% and the national average of 84%.
- 77% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 81%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 60% of patients said they did not normally have to wait too long to be seen compared with the CCG average of 73% and the national average of 64%.

The practice said that they were disappointed with these results. We were told that the new appointment triage

Are services responsive to people's needs?

(for example, to feedback?)

system, which had been introduced in October 2016, had prompted a lot of complaints from patients, because the process of getting an appointment was very different from the previous system. It was thought that this reaction might explain the low results in the survey, because the survey was conducted from January to March 2017, when the triage system was still relatively new. We saw that the 2017 results were discussed at a partners' meeting and that an action plan had been produced. The action plan included additional training for receptionists in dealing with and signposting telephone calls, advertising GPs' working days and moving all call handlers to a dedicated room away from the reception desk. Two additional GPs had been recruited and the two associate GPs who were on maternity leave were due to return to work, so the practice was hopeful that the ability to meet demand for GP appointments would improve.

On the day of the inspection, patients told us that they were able to get appointments when they needed them and that it was easier to get through on the telephone than it had been. Routine and urgent appointments were always available on the same day.

The practice had a system to assess:

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

Patients were advised to telephone the practice before 11am whenever possible if they wanted to request a home visit. An advanced nurse practitioner triaged the requests and assessed whether the patient could be seen by an advanced nurse practitioner or a GP. 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.
- A GP was the practice lead for complaints, but the day to day responsibility was devolved to the site manager.
- Information was available to help patients understand the complaints system both in reception and on the practice website.

We looked at 24 complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely manner, in accordance with the practice policy for handling complaints. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, the practice had received numerous complaints about the delay in answering telephone calls after the introduction of the new appointment triage system. In response the practice identified the busy times and made changes to the timings of staff lunch breaks in order to ensure that more staff were available for patients who telephoned during their lunch breaks.

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 high level of commitment to delivering the best possible care for patients was evident on the day of the inspection. Team working was actively promoted across the sites in the Wyre Forest Health Partnership (WFHP).

The practice had experienced difficulties in recruiting staff, especially GPs, so they had explored different ways of dealing with clinical capacity issues, such as employing a pharmacist and advanced nurse practitioners, who could take some of the workload from GPs. The appointment triage system also freed up GP appointments, because not all patients required a face to face consultation.

Governance arrangements

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

- WFHP held away days for partners once a quarter, which provided the opportunity to discuss strategy and business plans. Separate away days were organised for associate GPs and advanced nurse practitioners.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff on the internet based storage system. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. The WFHP Management Intelligence Suite was updated monthly with practice details which included QOF performance and targets.
- 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. For example, infection control processes, Legionella and fire risk assessments.
- We saw that significant events, complaints and patient safety alerts were standing agenda items at meetings both at practice and WFHP Board level. The discussion at meetings enabled lessons to be learned and shared across teams.

Leadership and culture

On the day of inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They told us that the provision of high quality, compassionate care was a priority for all the practice team. Staff told us that the GP partners and management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings, including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- There were weekly practice meetings at which all staff groups were represented. There was a standing agenda, which included discussion of significant events, achievements, compliments and complaints, safeguarding, palliative care and quality and risk issues. Educational meetings were held every Friday for clinical staff and there were regular staff meetings. The nursing team also met informally at coffee break time.
- Staff told us that there was an open culture within the practice and that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view. Recently, formal minutes had been replaced by a newsletter, which was considered to be a more lively and relevant means of communication with staff.

Are services well-led?

Good 

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

- Staff said they felt that their contribution to the practice was respected and valued by the partners and management team in the practice. When asked for their opinions in advance of our inspection, staff commented on the improved staff morale and collaborative working since joining the WFHP and since the recruitment of new staff.
- Staff told us that they appreciated the social events which were organised by the practice and gave the opportunity to socialise outside of the workplace.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. Staff told us that they would not hesitate to give feedback and discuss any concerns or issues with colleagues, GP partners and the management team.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the Patient Participation Group (PPG), and through surveys and complaints received. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG, which was formed 25 years ago, met once a quarter, and we noted that comprehensive minutes were recorded of the meetings. The PPG took part in patient surveys and made suggestions for improvements to the practice. For example, the PPG highlighted the difficulties caused by the hearing loop not being switched on. A significant event was logged as a result. Training was given to receptionists and a clearer notice was placed at reception to advise patients to ask receptionists to ensure that the loop was switched on and working. A patient newsletter was produced by the site manager in collaboration with the PPG. A member of the PPG also sat on the Board of the WFHP.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and keen to engage in local pilot schemes to improve outcomes for patients in the area. For example, the practice participated in a pilot scheme whereby a physiotherapist came to the practice once a week and could administer physiotherapy injections, which was more convenient for patients, because they did not have to travel to the hospital.

The practice was involved with training doctors and medical students which illustrated the commitment to encouraging learning for the future workforce beyond their own organisation. A former trainee GP was now an associate GP, which evidenced the supportive training environment at the practice. We also read thank you letters from medical students and trainee GPs who rated the training provided highly.

The supportive approach to staff development was evidenced by the fact that a former apprentice was now employed as a receptionist and that the phlebotomist had been mentored through training by the practice.