The Medical Centre Ridingleaze

Quality Report

Ridingleaze
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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

The Medical Centre Ridingleaze is part of the Pioneer Medical Group which was formed in April 2016 from the merger of three GP practices the others being the Bradgate Surgery (rated as outstanding), and the Avonmouth Medical Centre (previously rated as good). We carried out an announced comprehensive inspection at this location The Medical Centre Ridingleaze on 17 May 2017.

Overall the location is rated as outstanding.

The findings from this inspection are for the Pioneer Medical Group overall unless identified as being specific to the Medical Centre Ridingleaze.

The key findings from the inspection were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The service had clearly defined and embedded systems to minimise risks to patient safety.
- The service used innovative and proactive methods to improve patient outcomes, working with other local providers to share best service. For example, the service had worked in partnership with the One Care Consortium to develop integrated IT systems across the service. They won an Innovation Award from NHS England South in 2016 for best use of technology.
- Feedback from patients from the Friends and Family Test was consistently positive.
- The service had strong and visible clinical and managerial leadership and governance arrangements.
- The service had clearly defined and embedded local and organisational systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The location had good facilities and was equipped to treat patients and meet their needs. The service had secured funding through the NHS England's Estates and Technology Transformation Fund **(**ETTF**)** to work in partnership with local services to build a new community facility which would provide health and social care from one central site.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The service 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 service complied with these requirements.

The areas where the provider should make improvement are:

- The provider should review the arrangements for the storage of the emergency equipment so that if needed they can be assured it has not been tampered with.
- The provider should review the arrangements for intrauterine device insertion in respect of the environmental infection control risks.
- The provider should ensure that medicines stored in refrigerators are secure.
- The provider should review the potential risks and arrangements for the control of prescription paper.

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?

Good

The location is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the service. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. We found the service had some areas which could be reviewed to improve their safety specifically the infection control, secure storage of vaccines and emergency equipment.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The location is rated as good for providing effective services.

- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The location is rated as good for providing caring services.

- Comment cards showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was accessible; the service employed a care co-ordinator who liaised with patients and community or secondary services to facilitate access.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- GPs were routinely involved in visiting schools and educating children about health and well-being; they also contributed articles to the local community newsletters.

Are services responsive to people's needs?

Outstanding ☆

The location is rated as outstanding for providing responsive services.

- The service reviewed the needs of its local population and engaged with the NHS England Area Team and Bristol Clinical Commissioning Group (CCG) to secure improvements to bid for innovative projects such as the NHS England Estates and Technology Transformation Fund (ETTF).
- The service had been successful at bidding for inclusion into a community project called the 'Community Web' which enabled patients to receive six one hour sessions to support them to make positive changes to their life.
- The service 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 service had established integrated working with a regular morning meeting to which any attached healthcare professional could go. Clinicians planned joint visits with community staff. There was a direct telephone line to the service for healthcare professionals to access support and advice.
- Patients we spoke with said could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Patients can access appointments and services in a way and at a time that suits them across the three sites.
- Information about how to complain was available and evidence from seven examples reviewed showed the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

The location is rated as outstanding for being well-led.

Summary of findings

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The service had policies and procedures to govern activity and held regular governance meetings. The service operated an on call manager system for staff needing support.
- 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. For example, there was a weekly GP and management meeting,which included staff representatives, at the beginning of every week which identified any forthcoming events and issues that had arisen.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The service was successful at providing GP training both pre and post graduate and participated in the Introduction to Medicine course for sixth formers run by North Bristol Trust.
- The service ran a mentoring scheme for salaried GPs who were aligned with experienced GP partners.

- The provider was aware of the requirements of the duty of candour. We saw a letter from a local MP complimenting the service on the way in which they had handled family concerns following a patient death.
- The partners encouraged a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The service proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients such as shared care prescribing.
- The service took part in research which contributed to the service remaining up to date with latest developments in clinical care.

- The service used innovative and proactive methods to improve patient outcomes, working with other local providers to share best service. For example, the service had worked in

partnership with the One Care Consortium to develop integrated IT systems across the service. They won an Innovation Award from NHS England South for best use of technology.

- The service also won an Innovation Award from NHS England South in 2016, for the best practice merger. The prize money from the award was used to purchase two patient health pods which will be sited in two of the locations.
- The service worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example they participated in production of a Public Health document: Avonmouth, Lawrence Weston and Shirehampton Health Profile April 2016. This was produced in response to a request by the residents of Avonmouth who were concerned about their community and the impact of the environment on their health and wellbeing. The health profile identified the main diseases residents were concerned about, and presented a range of information and analysis about health conditions, in addition to some context about the people and the place. This information was used to plan services which met the specific needs of the community.

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

Outstanding 

The location is rated as overall outstanding 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 service offered proactive, personalised care to meet the needs of the older patients in its population. the service employed a care co-ordinator who liaised with patients and community or secondary services
- The service was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. They ensured continuity of care by matching the clinician with the best knowledge of the patient to the home visits.
- The service identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The care co-ordinator for the service followed up on patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the service shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible, and could be referred for inclusion in the 'Community Web' project to support them to access other support services.
- The service had close links with local facilities for older people and provided specific clinics at a care home and a sheltered housing site and signposted non-residents to activities run on the site to reduce social isolation. The service also referred to the Red Cross befriending services.

People with long term conditions

Outstanding 

The location is rated as overall outstanding 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.

Summary of findings

- The service followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There had been specific work within the service to target the high risk groups detailed in the April 2016 health profile. The service was proactive in accessing supportive networks and projects such as the H G Wells project for patients who were diagnosed with diabetes to enhance the treatment for patients.
- The service ensured attendance at the Air Quality Meeting (which is a community group concerned with the air quality in the area which is industrialised) by a member of the management team to support respiratory patients.

Families, children and young people

Outstanding ☆

The service is rated as outstanding for the care of families, children and young people.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were similar to England averages for all standard childhood immunisations for the 5 year age group.
- We observed that children and young people were treated in an age-appropriate way and were recognised as individuals.

  Appointments were available outside of school hours and the premises were suitable for children and babies.
- The service 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 service had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The service participated in the 4YP scheme (for young people) and had a drop in clinic for sexual health.
- The Pioneer Group worked closely with the local schools to promote health education for young people including

supporting young people to access mental health services such as the 'Off the Record" service. GPs routinely were involved in visiting schools and educating children about health and well-being; they also contributed articles to the local community newsletters.
- The service had the Paediatric Handi-app available to download through their website and Facebook page which provided expert support to parents/carers looking after children with the most common childhood illnesses.

Working age people (including those recently retired and students)

Outstanding ☆

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

- The needs of these populations had been identified and the service had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, routine appointments were bookable in advance with a 'sit and wait' surgery on a daily basis from 11am for patients that need to be seen that day, on the day telephone consultations, appointments, extended opening hours and Saturday appointments.
- The service was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Outstanding ☆

The location is rated as overall outstanding for the care of people whose circumstances may make them vulnerable.

- The service held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. People who are homeless can register using the service address and then access the open surgery for appointments.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The service offered longer appointments for patients with a learning disability. There was a practice nurse who had a specialist interest in these patients who ran a 'Healthy Home' project with patients carers educate them about the specific risks, such as diabetes and heart disease, for the patients in their care.

Summary of findings

- The service regularly worked with other health care professionals in the case management of vulnerable patients. The service employed a care co-ordinator who liaised with patients and community or secondary services. The service also liaised with the health visitor for travellers to share information and support attendance for health care.
- The service had information available for vulnerable patients about how to access various support groups and voluntary organisations. We observed the service had information discreetly available relating to domestic abuse, and ensured staff had attended training in this topic.
- Staff 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.
- The Pioneer group promoted staff training about domestic violence and they participated in two local schemes IRIS (Identification and Referral to Improve Safety) for women and HERMES (Health professionals responding to men for safety) for men. The IRIS newsletter for February 2017 newsletter indicated that the group had made more referrals than any other practice in Bristol (8 in the last quarter) which demonstrated their commitment to the safety of their patients.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The location is rated as overall outstanding for the care of people experiencing poor mental health (including people with dementia).

- The service carried out advance care planning for patients living with dementia.
- The service specifically considered the physical health needs of patients with poor mental health and dementia. Those patients with a diagnosed mental illness were seen by the same GP who had a specialist interest in mental health.
- The service had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The service regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Summary of findings

- The service had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The service had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia. Such as signposting patients to the local or community farm. Routinely referring to the local Polish counselling service.
- The service had complex patients with dual diagnosis mental illness and addiction. They had a one hour appointment on a Saturday which is booked by the clinician to review complex and/or poly-pharmacy patients.

Summary of findings

What people who use the service say

The NHS England - GP Patient Survey published July 2017 contained aggregated data collected from January-March 2017. 303 survey forms were distributed and 111 were returned.

- 92% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.

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

We received five comment cards which were all positive about the standard of care received. Respondents commented positively on the skills and knowledge of the staff team, and highlighted the pleasant and helpful reception staff.

There was some representation from the Pioneer Group patient participation group during the inspection who commented about service across the service; however this was limited in respect of the Ridingleaze site.

The service's friends and families test results for January 2017 were that 88% of respondents were recommend the service and for February 2017 92% of respondents would recommend the service.

The Medical Centre Ridingleaze

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a second CQC inspector.

Background to The Medical Centre Ridingleaze

The location is part of the Pioneer Medical Group, which is situated in the North of Bristol with over 20,000 patients in Brentry, Henbury, Southmead, Westbury on Trym, Coombe Dingle, Hallen, Lawrence Weston, Easter Compton, Henleaze, Avonmouth, Severn Beach, Shirehampton and Sea Mills. Patients can attend appointments at any site but are encouraged to consult with the same clinician.

The location address is:

The Medical Centre

Ridingleaze

Lawrence Weston

Bristol

BS110QE

The Medical Centre in Ridingleaze at Lawrence Weston has been at its current site since the 1980's. It is a purpose-built surgery which is located in a deprived urban location in North West Bristol. The surgery is close to the M5 and is approximately 4 miles from the City Centre of Bristol. The surgery has car parking for 12 cars including a space for blue badge holders.

All consulting and treatment rooms are on the ground floor as are the accessible facilities.

The service runs its own paediatric surveillance/childhood immunisation and substance misuse clinics.

Pioneer Medical Group has a shared list which means that patients do not have to see the doctor they are registered with. However, patients are encouraged to keep with the same doctor for any one episode of illness. All patients have a named GP. Patients can visit any of the Pioneer sites for care as they have one clinical database which can be accessed from all sites.

The surgery is open between 8am and 6.30pm Monday to Friday. There is a mixture of appointments available on the day and appointments that can be booked in advance. Patients can pre-book an appointment from 7.30am on Tuesday, Wednesday and Thursday, until 7pm Monday, Tuesday and Wednesday, and between the hours of 8.00am and 11am on a Saturday morning.

The Pioneer Medical Group take GPs returning to general practice, trainee GP placements, hospital training doctors and medical students from the University of Bristol.

Community staff are separately accommodated locally by Bristol Community Health.

The location was inspected in June 2015 when it was registered with the previous provider.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service. We carried out an announced visit on 17 May 2017. During our visit we:

- spoke with a range of staff including nurses, administrators, representatives from the management team and GPs, 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 service used to deliver care and treatment plans.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the service'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).
- From the sample of 12 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Such an example was a review of treatment of a patient . We saw the process the service had followed to involve and support the family, with meetings with them to discuss actions taken to prevent recurrence. The service received a letter from the local Member of Parliament complimenting them on how this incident was handled to produce a positive outcome.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The service carried out a thorough analysis of the significant events and ensured that learning was disseminated through the team via email, meeting minutes and verbal updates.
- We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, when an emergency incident occurred which required the use of oxygen for a patient it was felt that despite supplies being sufficient to support at the time of the emergency, the volume held on site was felt to be insufficient and so supplies at all sites were increased.
- We saw evidence that the service also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies but were part of regular meetings with the health visitors and midwives to discuss 'at risk' children and families.
- Staff interviewed demonstrated 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.
- The Pioneer group promoted staff training about domestic violence and they participated in two local schemes IRIS (Identification and Referral to Improve Safety) for women and HERMES (Health professionals responding to men for safety) for men. The IRIS newsletter for February 2017 newsletter indicated that the group had made more referrals than any other practice in Bristol (8 in the last quarter) which demonstrated their commitment to the safety of their patients.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The service maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best

practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However we noted that GP consultation rooms were carpeted and could be used for invasive procedures. There was no risk assessment in respect of this.

The arrangements for managing medicines, including emergency medicines and vaccines, in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). For example, we observed that refrigerator temperature monitoring was recorded on the intradoc electronic record system and could be easily reviewed for temperature deviations. It was noted that one of the vaccine refrigerators had a broken lock and was sited in an unlocked cupboard.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. These repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The service carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw a review of all patients prescribed Lithium for bipolar disorder**.** Lithium toxicity can be fatal, cause seizures and irreversible renal damage and so that patients are treated safely the service adopted their own guidelines so that all prescriptions were for 28 days only and repeat prescribing is contingent on satisfactory biochemical testing as outlined by National Institute for Health and Care Excellence (NICE) guidance.
- Prescription pads were kept in a locked cupboard with prescription paper the key was in the key safe.We saw between 40 to 50 stamped pads; each GP had separate books with the dates and numbers received. Some dated back to being received in 2013. There was no audit or checking process.This cupboard was accessible to staff. This issue was raised with the registered manager and the prescription pads removed on day of the inspection. We observed that prescription paper was left in printers in locked rooms when practice was closed. However there was a master key and an sub contracted individual had access after hourshowever no risk assessment was in place for this.
- One of the nurses had qualified as an Independent Prescriber and 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 service to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

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

Monitoring risks to patients

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

- There was a health and safety policy available.
- The service had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet

patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The staff worked across the three sites and covered each other for absence or annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Emergency equipment was stored in an unlocked cupboard, and did not have any security tags on the bags which potentially could be opened and tampered with.
- Emergency medicines were easily accessible to staff in a secure area of the location and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan had been enacted on the weekend prior to our visit due to the computer virus prohibiting use of NHS computer systems. The Saturday clinic ran successfully on paper records and using personal telephony.

Good

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 service had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records and took action to ensure compliance. For example we were shown an audit of a records review of Diabetes mellitus type 2 prescribing to find out if NICE and local guidance was followed. The service found there had been a significant drop in the quality of recording guidance given to patients when initiating medicines to treat diabetes since 2014, dropping from 100% to 45% for recording explanation to the patient of potential side effects and risk of hypoglycaemia. The actions taken was to discuss findings with lead GP and practice nurse for diabetes and to present the findings at clinical meeting for open discussion and reminder of importance of warning patients of side effects of all medicines.

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 from 2015/16 showed the practice performance under the previous provider where 93% of the total number of points available were achieved compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

The overall exception rate for the clinical domains or indicators was 5% which was lower than the CCG of 8% and the national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 72% which was lower than the CCG average of 91% and the national average of 90%. (Diabetes was noted as an area for improvement by the new provider and the service was engaged in a the HG Wells project which is an outcomes improvement project driven by the high rates of diabetic complications in the South West Region.)
- Performance for mental health related indicators was 100% which was higher than the CCG average of 95% and the national average of 93%.

  There was evidence of quality improvement including clinical audit:

- There had been ten clinical audits commenced in the last two years across the service, seven of these were completed audits where the improvements made were implemented and monitored. An example being an audit to check intrauterine device fitting was meeting the required standards. The results showed a very low complication rate. However one patient had felt quite faint and practice was changed as a result. Intrauterine devices were always fitted with an assistant so that the patient would not be left alone if further assistance was required, and there was a protocol in the treatment room used for treatment of bradycardia (slow heart beat).
- In addition the service had audited seven non-clinical areas to assist with improving service delivery. Findings were used by the service to improve services. For example, recent action taken as a result of a review of GP urgent appointment slots and number of patients on open surgery at each site meant that resources could be directed more effectively.

Effective staffing

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

- The service had an induction programme for all newly appointed staff. This covered such topics as

Good

Are services effective?

(for example, treatment is effective)

safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw examples of induction programmes which were role specific for new staff.

- The service could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions we spoke with nursing staff who had received funding and time off to complete disease specific diplomas. There was a comprehensive programme of online staff training; staff told us that they were supported with attendance at external courses and meetings.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the documents we reviewed we found that the service 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 staffs' daily 'coffee break' meeting was also open to any community staff who wished to discuss a patient.

The service 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. 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 service identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available from the service.

Good

Are services effective?

(for example, treatment is effective)

- Social prescribing was used for patients to support them to healthier lifestyles.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to five year olds from 93% to 97%.

The results for the practice performance under the previous provider (2015/16) showed the practice's uptake for the cervical screening programme for the percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years was 88%, which was above the CCG average of 80% 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 service demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The service also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the service followed up women who were referred as a result of abnormal results.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

The NHS England - GP Patient Survey published July 2017 contained aggregated data collected from January-March 2017. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 94% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the clinical commissioning group medicines optimisation pharmacist who worked with the service specifically wrote to the inspection team to praise the work undertaken by the service to promote safer prescribing for their patients. Examples given were joint liaison in projects such as the HG Wells diabetes project, and ensuring that clinical staff new to the service and any students or trainees had allocated time with them to discuss medicines management.

Each local care home had a nominated GP who visited patients who were registered at the surgery each week.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, the 4YP (for young people) service was open to all young people who did not have to be registered with the service.

The service 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. Use of Big Word and google translate for translation

services. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

The NHS England - GP Patient Survey published July 2017 contained aggregated data collected from January-March 2017. Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.

Patient and carer support to cope emotionally with care and treatment

The service employed a care coordinator who acted as the link between hospital, GP, social care and community services. The care co-ordinator followed up any vulnerable patients discharged from hospital and facilitated access to support. The care co- ordinator became a point of contact for them, liaised with their GP and other health or social care providers and offered information to obtain support from local charitable or support organisations.

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 service website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. The waiting room display screened community initiatives such as chair Zumba and the local walking group as well as posting community information on their Facebook page and website.

The service had close links with local facilities for older people signposted patients to activities to reduce social isolation. The service also referred to the Red Cross befriending services.

The service offered longer appointments for patients with a learning disability. There was a practice nurse who had a specialist interest in these patients who ran a 'Healthy Home' project with patients carers educate them about the specific risks, such as diabetes and heart disease, for the patients in their care. We were told about a patient with a learning disability and diabetes who needed to improve compliance with medicines to improve control of their illness. The practice nurse introduced a sticker chart for the patient to record when they had taken their insulin which had resulted in a significant improvement in their average blood sugar levels.

The service's computer system alerted GPs if a patient was also a carer. The Pioneer Medical Group had identified 606 patients as carers from across the 20,000 patients (3%); 13 of whom were young carers. They used the register to improve care for carers. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support with appointment timings, flu vaccines and home visits.

The care co-ordinator acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. They worked with a GP carer liaison worker from Carers Support to run carer's surgeries across the service.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service understood its population profile and had used this understanding to meet the needs across the whole of the of its population. The service worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, they participated in the production of a Public Health document: Avonmouth, Lawrence Weston and Shirehampton Health Profile April 2016. This was produced in response to a request by local residents who were concerned about their community and the impact of the environment on their health and wellbeing. The health profile identified the main diseases residents were concerned about, and presented a range of information and analysis about health conditions, in addition to some context about the people and the place. This information was used to plan services which met the specific needs of the community. There had been specific work within the service to target the high risk groups detailed in the April 2016 health profile.

- The prevalence of patients with a diagnosis of diabetes was above the Bristol and national average so the service submitted a bid to be part of the local HG Wells project which is an outcomes improvement project driven by the high rates of diabetic complications in the South West Region. The project entailed arranging additional clinical input for diabetic patients. The service had implemented education sessions for the staff, allocated clinical pharmacist time to identify patients not meeting blood pressure and lipid targets, undertaken virtual diabetic specialist nurse reviews, provided additional education for insulin dependent diabetics over target and implemented a hypoglycaemia reduction project.Over the time frame of the project (Oct 2015 to November 2016) there had been an improvement in the number of patients diagnosed with diabetes meeting glycated haemoglobin (HbA1c) (64 patients), and lipid targets (11 patients).

- There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for patients with multiple and complex needs. They worked in partnership with substance misuse services to provide care to patients with addiction, and provide support for community detoxification from alcohol misuse. However the local services were unable to match demand with service and there was no community support for patients with an alcohol dependence.Pioneer Medical Group GPs have used their own time, skills and judgement to manage five patients through alcohol detoxification in the local community and a quarter of those patients on the opiate substitution waiting list are wholly managed by GPs.

We found that the involvement of other organisations and the local community was integral to how services were planned. The service had also secured funding through the NHS England's Estates and Technology Transformation Fund **(**ETTF**)** to work in partnership with local services to build a new community facility which will be a community building with health, the council and community being equal partners. There will be navigators to assist patients to access the right person at the right time. One of the GPs at the location had been working with Ambition Lawrence Weston (a resident driven organisation striving to make Lawrence Weston a good place to live and work) since its inception and was a board member.

The service took a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that met these needs to address health inequality. There was a long standing relationship with the practice and many of its community providers with regular attendance at meetings with the senior healthcare navigator from public health and local strategy groups on social prescribing with providers and public health. The service had bid to be included in a pilot scheme called the Community Web. This scheme meant that patients who may have a social need which impacted on their health could access one to one support to facilitate them to make life style changes. Six sessions per patient can be booked and the patients are supported by a healthcare navigator who can actually attend any suggested activities with the individual facilitating attendance confidence building. The project was initiated from 1 April 2017 across the service and had received referral for 60 patients with only 10% of those did not take up the support offered.

- The service 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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- The service had the Paediatric Handi-app available to download through their website and Facebook page which provided expert support to parents/carers looking after children with the most common childhood illnesses.
- The Pioneer Group worked closely with the local schools to promote health education for young people including supporting young people to access mental health services such as the 'Off the Record' service. GPs routinely were involved in visiting schools and educating children about health and well-being; they also contributed articles to the local community newsletters.
- The staff at the service were involved in the wider community and self-help education groups at local schools and children's centres. They contributed to the local community newsletter and were part of the Lawrence Weston Health task group which works toward addressing health inequality in the area.
- The service had expanded access to phlebotomy so patients could access this 7.30am to 5.30pm and Saturday mornings at the Bradgate site.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. There were accessible facilities and interpretation services available.

As well as health inequalities the residents of Avonmouth and Lawrence Weston are impacted by social isolation, poverty, transport issues and language barriers and the service had food bank vouchers available to those in need.

Access to the service

Patients can access GP and nurse appointments and services in a way and at a time that suited them across the three sites. The service was open in normal working hours of 8am and 6.30pm Monday to Friday. They offered a mixture of routine appointments available on the day and appointments that can be booked in advance. Patients can pre-book an appointment from 7.30am on Tuesday, Wednesday and Thursday, until 7pm Monday, Tuesday and Wednesday, and between the hours of 8.00am and 11am on a Saturday morning.They offered routine appointments up to two weeks in advance plus a 'sit and wait' surgery on a daily basis from 11am for patients who wished to be seen that day. The service sent text message reminders of appointments with a facility to cancel appointments

Urgent care (on the day appointments) was coordinated by the duty GP who contacted the patients individually for a telephone consultation and assessed their clinical problem. This allowed patients to be directed to the most appropriate care. The duty GP coordinated the urgent care appointments across the service. The duty resource was increased to allow for winter pressures but as a minimum had one duty GP each morning and two duty GPs each afternoon. The service had adopted this system as it allowed the work accumulated from the morning session to be completed. The duty GPs were sited with the administrative staff who answered the calls from patients and so was an accessible resource for queries or concerns. The service also had a care-coordinator as part of the team who was able to follow up issues for patients. The inspection team was given examples of how this worked to benefits patients. One such example was in respect of a patient who took a self-discharge from hospital and for whom no discharge summary or medicines had been provided. The duty GP had the time to co-ordinate services including advice from a speech therapist about treatment for post tracheotomy patients, arrange for appropriate medication, a home visit and refer for care and support at their home.

The NHS England - GP Patient Survey published July 2017 contained aggregated data collected from January-March 2017. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 59% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

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

The service had a system to assess:

- whether a home visit was clinically necessary; and

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

The patient or carer were telephoned in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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. Home visits were allocated to the patients usual GP.

Listening and learning from concerns and complaints

The service had a system for handling complaints and concerns.

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

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. The majority of complaints were categorised as being in respect of customer care and the actions taken involved full investigations with an examination of process so that, for example, ensuring the duty manager was alerted to any patient dissatisfaction so they were able to resolve any difficulties as soon as possible. We were told that the patient participation group were involved in reviewing of complaints and how they are managed and responded to, and improvements are made as a result.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The service had a clear vision to deliver high quality care and promote good outcomes for patients.

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. GPs who were skilled in specialist areas used their expertise to offer additional services to patients such as shared care prescribing.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the service was maintained. There was a formal schedule of meetings to plan and review the running of the service. Representatives from all areas of the business participated in the management team meetings.The service held and minuted a range of regular role specific team meetings. The minutes were comprehensive and were available for staff to view.
- 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.The service provided a monthly clinical update where topics such as tips on record keeping, public health, communicable disease and sepsis were discussed with a digest sent to all GPs, this also included relevant safety alerts.
- We saw evidence from minutes of a meetings structure that allowed time for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We saw a letter from a local MP complimenting the service on the way in which they had handled family concerns following a patient death.We found that the service had systems to ensure that when things went wrong with care and treatment:

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

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

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

Are services well-led?

Outstanding ☆

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

doing so. We noted management team away days were held every year. Minutes of meetings were comprehensive and were available for practice staff to view.

- There was strong collaboration and support across all staff and a common focus on
- improving quality of care and people's experiences. Staff said they felt respected, valued and supported, particularly by the partners in the service. All staff were involved in discussions about how to run and develop the service, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the service.
- There was a proactive approach to seeking out and embedding new ways of providing care and treatment. The service used innovative and proactive methods to improve patient outcomes, working with other local providers to share best service. For example, the service had worked in partnership with the One Care Consortium to develop integrated IT systems across the service. They won two Innovation Awards from NHS England South in 2016 for best use of technology and for the best merger. Following the successful practice merger the business partner has been invited to speak at conferences to share any lessons learned. The prize money from the award was used to purchase two patient health pods which will be sited in two of the locations.
- The service worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example they participated in production of a Public Health document: Avonmouth, Lawrence Weston and Shirehampton Health Profile April 2016. This was produced in response to a request by the residents of Avonmouth who were concerned about their community and the impact of the environment on their health and wellbeing. The health profile identified the main diseases residents were concerned about, and presented a range of information and analysis about health conditions, in addition to some context about the people and the place. This information was used to plan services which met the specific needs of the community.
- We were told that the leadership of the service had an inspiring shared purpose, and worked hard to deliver and motivate staff to succeed. An example was the mentoring scheme for salaried GPs who were aligned with experienced GP partners. The GPs we spoke with stated that this was a supportive mechanism which facilitated on the job learning and professional development. Salaried GPs were included in the duty doctor alongside a more experienced partner who provided support to them in a challenging role.

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

The service 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. The PPG met regularly, were involved in patient surveys and offered suggestions for improvements to the service management team. For example, the group had raised issues about timeliness of answering calls and the service used their telephony monitoring system to identify the call wait for patients. This has meant an increase in staff able to answer calls at peak times.
- The service had produced information for patients before the practice merger and undertook a post-merger survey which specifically asked patients which aspects of the service they particularly valued and any services they would like to be re-introduced.
- The NHS Friends and Family test, and any complaints received. There was an annual staff survey. We saw the results of a recent SCORE survey (SCORE – safety, communication, operational reliability and engagement) which is an anonymous online tool for assessing team culture and engagement. The service was due to have a debrief at the end of May 2017 and plan action for improvement. However the service appeared to perform well on job satisfaction. This aligned with comments from staff who told us they were proud of the organisation as a place to work and spoke highly of the culture. Staff said they felt involved and engaged to improve how the service was run and would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The service was successful at providing GP training both pre and post graduate and participated in the Introduction to Medicine course for sixth formers run by North Bristol Trust. It was rated as an A* training

Are services well-led?

Outstanding ☆

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

practice. They had four educational supervisors and one clinical supervisor for training GPs, F2s, and doctors with GMC conditions to practice, returners to general practice. One GP was responsible for the coordination of the undergraduate teaching programme. The service took students from year one through to year five at each site.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The service took part in research which contributed to the service remaining up to date with latest developments in clinical care. The service operated an internal 'hub and spoke' model of research activity with a hub site with dedicated daily GP and nurse practitioner research appointments. Clinicians were able to book patients directly into the research slots and refer patients directly to the research teams where appropriate. They had participated in seven National Institute for Health Research Clinical Research Network non- commercial / academic studies, achieving a total of 104 recruits in the last academic year.

We observed that governance and performance management arrangements were proactively reviewed and reflected best practice. The Pioneer Medical Group were selected to be part of the Primary Care West Of England Collaborative Innovator project in September 2016 which focused on safety and culture change. As a direct result of this project the Pioneer monthly safety meetings were introduced. The safety meetings are in addition to the governance meeting structure allowing for there to be an additional route to take discussion of significant events and any subsequent learning. This had freed up agenda time at the ongoing whole practice clinical meetings enabling them to focus on learning from consultants, other specialists and each other. This project also led directly into the ongoing appraisal process redesign and one the service objectives was that all staff could have the opportunity to take part in an annual improvement project.A health pod is being installed at this location. The pods will give patients the ability to record their pulse, blood pressure, weight, alcohol, and smoking history. The information is read-coded back into the patient's clinical record. The Pod works in several languages which will help patients whose first language is not English. The service intend to use the Pods to support:

- New patient checks
- Smoking cessation
- Weight management
- Chronic disease management

The service had initiated contact with Heartwize, an initiative in Leicester to run basic cardiopulmonary resuscitation (CPR) in schools. The plan was to work with local GP colleagues and the three local secondary schools to train pupils in basic CPR and use of a defibrillator.

The service had registered with One Care to receive coding and workflow training to improve and standardise their data quality, and had registered an expression of interest to work with One Care to supply pharmacists into primary care.

Pioneer Medical Group had applied to become a dementia friendly service. This was led by a GP trainee.