

# Lapworth Surgery

## Quality Report

Old Warwick Road  
Solihull  
Warwickshire  
B94 6LH  
Tel: 01564 783 983  
Website: [www.lapworthsurgery.nhs.uk](http://www.lapworthsurgery.nhs.uk)

Date of inspection visit: 04/08/2016  
Date of publication: 22/03/2017

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?

Good 

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	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	12
Background to Lapworth Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lapworth Surgery on 4 August 2016. Overall the practice is rated as good.

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

- The practice had a practical approach to safety and effective systems for managing incidents and significant events.
- Risks were assessed and measures implemented to protect staff and patients from harm.
- Staff were suitably skilled to carry out their roles effectively and in line with current evidence based guidance. The practice supported their continued development using a system of appraisal.
- Patients told us that clinical staff listened to them and gave them enough time in consultations. They were informed about their choices and decision making rights, and were able to be involved in their own care and treatment.
- Information for patients about the services available was easy to understand and accessible. Alternative formats such as large print were available for patients to meet their needs.
- Patients told us they were happy with the timely availability of appointments, and were able to see the GP of their choice. Urgent appointments were available on the same day for those who needed them.
- The practice had suitable facilities and was equipped to treat patients with a wide range needs.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a clear leadership structure and staff told us they were supported by management as well as the wider team which was well established with

# Summary of findings

many staff members in post for a significant length of time. The practice requested feedback from staff and patients, and was responsive to suggestions for improvement.

- Clinical rooms were kept locked when they were not in use, but staff using these rooms on occasions did not lock doors and remove computer access cards when they left the room unattended for short periods during the day. Paper patient records were stored in cabinets located in area of the building which was kept locked when not in use.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor its performance. QOF is a system aimed at improving the quality of general practice and rewarding good practice. Results from 2014/15 showed that the practice was performing in line with or higher than both Clinical Commissioning Group (CCG) and national average achievements, and data from 2015/16 which has been published since the inspection was similar. The practice had higher than average exception reporting in several areas. 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.

We saw one area of outstanding practice:

- Data from the National GP Patient Survey published in July 2016 showed the practice results were significantly higher than local and national averages, indicating a consistently high level of patient satisfaction with all areas of the service. Analysis of the GP Patient Survey results previously published in January 2016 had placed Lapworth Surgery as the second highest achieving practice in England. This strong level of patient engagement and satisfaction was corroborated by a high return rate of positive CQC patient comment cards (58 in total), and the positive comments by patients we spoke with during the inspection.

The areas where the provider should make improvement are:

- Improve the security at the practice in relation to computer access cards when rooms are unoccupied during opening hours.
- Continue to review higher than average exception reporting for heart failure, peripheral arterial disease, and cardiovascular disease to ensure patients are receiving the most appropriate treatment.

**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.

- The practice had a clear policy and systems for managing incidents and significant events.
- We reviewed incident reports and summaries of significant events and saw evidence that lessons were shared and action was taken to improve safety in the practice.
- When things went wrong with care and treatment patients were given details of the event and received reasonable support, an apology, and were informed of any actions the practice had taken to prevent the same thing from happening again.
- Effective procedures were used to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There were suitable arrangements in place to respond to emergencies and major incidents.
- Clinical rooms were kept locked when they were not in use, but staff using these rooms did not lock doors and remove computer access cards when they left the room unattended for short periods during the day. Paper patient records were stored in cabinets located in area of the building which was kept locked when not in use.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor its performance. QOF is a system aimed at improving the quality of general practice and rewarding good practice. Results from 2014/15 showed that the practice was performing in line with or higher than both Clinical Commissioning Group (CCG) and national average achievements, and data from 2015/16 which has been published since the inspection was similar. The practice had higher than average exception reporting in several areas. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- The practice conducted a programme of clinical audit to monitor and improve quality.

Good



# Summary of findings

- Staff were suitably skilled to carry out their roles effectively and the practice supported their continued development using a system of appraisal.
- Staff liaised with external health and social care professionals to enable them to better tailor patient care.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed the practice results were significantly higher than local and national averages, indicating a consistently high level of patient satisfaction with all areas of the service. Analysis of the GP Patient Survey results previously published in January 2016 had placed Lapworth Surgery as the second highest achieving in England. This strong level of patient engagement and satisfaction was corroborated by a high return rate of positive CQC patient comment cards, and the positive comments by patients we spoke with during the inspection.
- During the inspection we saw that staff were friendly and considerate of patients. Everyone was observed to be treated with respect.
- Information for patients about the services available was easy to understand and accessible. Alternative formats were available for patients to suit their needs. For example the practice brochure was available in large print.
- To protect patients' right to privacy and dignity the practice had collected information leaflets into a large ring binder folder. Several copies of the folder were available to ensure these were accessible to a number of patients at the same time.
- Patients told us that clinical staff listened to them and gave them enough time in consultations. They were informed about their choices and decision making rights, and were able to be involved in their own care and treatment.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice analysed the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to meet its needs.
- Patients told us they were satisfied with the timely availability of appointments, and were able to see the GP of their choice.

Good



# Summary of findings

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was significantly higher than local and national averages.

- The practice offered reasonable adjustments to assist patients who required them. The premises were equipped with disabled facilities and a hearing loop. Translation services were available to patients who required them.
- Information was readily available to assist patients in understanding the complaints system. The practice had not received any complaints during the previous two years.

## Are services well-led?

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

- The practice had a clear vision to provide personalised care to each of their patients.. There was an ethos of traditional small community care and family values, and staff we spoke with during the inspection showed an understanding of these aims.
- The staffing structure was clear and staff we spoke with were aware of their own roles and responsibilities and who to report to in a variety of situations. All staff could access practice specific policies conveniently. These were stored on a shared computer drive, and printed copies were kept in folders behind the reception desk.
- The practice used a governance framework which supported the delivery of its strategy and high quality care. This included arrangements to monitor and improve quality and identify risk.
- Systems were in place to ensure the practice complied with the requirements of the duty of candour. The practice had systems in place to ensure that when things went wrong with care and treatment patients affected were offered reasonable support, details to assist them in understanding what had happened, and a verbal and written apology.
- The practice proactively sought feedback from staff and patients. It had an active Patient Participation Group and it was responsive to suggestions for improvements to the service.
- There was a strong focus on continuous learning and improvement at an individual level as well as in terms of wider engagement with research and local initiatives.

Good



# 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.

- The practice had an above average number of patients aged from 75 to 80. The proportion of patients above this age was in line with the national average. The practice provided personalised care to meet the needs of these patients.
- Home visits were available for older patients who had difficulty attending the practice.
- The practice dispensary provided dosette boxes to older patients where appropriate to assist them in taking regular medicines. Members of the reception team who had received a Disclosure and Barring Service check delivered dispensed prescriptions to housebound patients.
- The practice liaised with Age UK and local healthcare teams to assess and monitor the needs of older patients.
- An over 75s health check was offered to help the practice identify any changes in the physical or mental health of older patients and the support needed.
- Older patients were invited to receive vaccinations to protect them against illnesses such as flu and shingles.
- A number of clinics were offered at the practice to accommodate patients who found it difficult to travel to other services to receive these. For example, phlebotomy and wart clinics.

Good



### People with long term conditions

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

- The practice maintained registers of patients with long-term conditions and used these to monitor their health and ensure they were offered appropriate services. For example, the practice offered review appointments and the flu vaccination to such patients annually.
- The practice nursing team had lead roles in chronic disease management such as diabetic care.
- Performance for diabetes related indicators was higher than local and national averages. 90% of patients with diabetes' last blood pressure reading within an acceptable range which was

Good



# Summary of findings

in line with the CCG and national averages of 81% and 78%. 100% of patients on the register had had a foot examination and risk classification in the previous 12 months, in between the CCG average of 92% and the national average of 88%.

- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had a named GP. Clinical staff engaged with relevant health and care professionals to deliver a multidisciplinary package of care.
- GPs made themselves available for home visits to patients nearing the end of life outside of working hours and during the night, as they wanted to offer personalised continuous care to patients in these circumstances.

## Families, children and young people

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

- Clinical staff showed a clear understanding of a patient's ability to consent if they were under the age of 16.
- Appointments with GPs and the practice nurse were available outside of school hours and during extended hour's appointments until 7pm on Monday and Wednesday evenings.
- There were children's toys available in the waiting area, and the premises were suitable for children and babies.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 96%, which was comparable to the CCG average of 84% to 99% and five year olds from 91% to 100%, which was comparable to the CCG average of 93% to 98%.
- The practice worked with midwives, health visitors and school nurses. One of the GPs was the practice's safeguarding lead who engaged with local health visitors, and staff were trained to the appropriate child safeguarding level.
- Children could access appointments on the same day.

Good



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

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

- The practice offered extended hours appointments until 7pm on Monday and Wednesday evenings for patients who could not attend during normal opening hours.

Good





# Summary of findings

- Patients could access telephone consultations, and these were made available outside usual hours to accommodate working people if requested.
- Flu vaccination clinics were held on two Saturday mornings in the autumn to enable those who worked during usual hours to attend.
- The practice was proactive in offering online services such as repeat prescription ordering.
- A full range of health promotion and screening was available, including NHS health checks for those aged 40 to 74.
- Non-NHS examinations, such as insurance medicals, were available outside of opening hours by request.

## 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 often provided care to patients travelling through the area on narrowboats who had no fixed abode or were away from home. The practice registered these people as temporary patients. There were no homeless patients registered at the time of the inspection, but it was the practice's policy to register and treat people from this group.
- There were no patients with a learning disability over the age of 18 registered with the practice, but staff explained that they were able to facilitate these patients and had training and protocols in place to do so.
- There was a system for highlighting vulnerable patients on records, such as those recently bereaved or with a history of domestic violence.
- Longer appointments were available to patients in vulnerable circumstances.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- Staff signposted relevant services and support groups to vulnerable people.
- All staff we spoke to during the inspection knew how to recognise signs of abuse in vulnerable adults and children and how to escalate concerns.
- The practice had identified patients who were carers and directed them to support available.

Good



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

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

Good



# Summary of findings

- Performance for mental health related indicators was similar to CCG and national averages. For example, 100% of patients experiencing poor mental health had a comprehensive agreed care plan documented within the last 12 months. This was higher than the CCG average of 93% and the national average of 88%.
- 80% of patients diagnosed with dementia had a face to face care review in the past 12 months, compared with an average 85% in the CCG area and 84% nationally.
- All staff at the practice had completed Mental Capacity Act and Deprivation of Liberty Safeguards training within the year prior to the inspection.
- The practice maintained a register of patients with mental health problems and used this to monitor their wellbeing. Patients on the register were offered longer appointments or appointments at the end of surgery so that additional time could be allowed.
- The practice liaised with multi-disciplinary teams in the management of patients experiencing poor mental health and we saw that care plans were in place for those with dementia.
- Information about how to access various support groups and voluntary organisations was available to patients experiencing poor mental health.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing higher than local and national averages. 211 survey forms were distributed and 119 were returned. This represented a 56% completion rate and 5% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 100% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 91% and the national average of 85%.
- 100% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%.

- 99% 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 85% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 58 comment cards which were all positive about the standard of care received. On a number of the cards patients stated that they had received exceptional care, felt confident of GPs' knowledge and considered themselves lucky to have such a reliable practice available to them.

We spoke with four patients during the inspection. All four patients answered our questions positively and said they found staff caring and felt they were treated with dignity and respect.

## Areas for improvement

### Action the service SHOULD take to improve

- Improve the security at the practice in relation to computer access cards when rooms are unoccupied during opening hours.
- Continue to review higher than average exception reporting for heart failure, peripheral arterial disease, and cardiovascular disease to ensure patients are receiving the most appropriate treatment.

## Outstanding practice

Data from the National GP Patient Survey published in July 2016 showed the practice results were significantly higher than local and national averages, indicating a consistently high level of patient satisfaction with all areas of the service. Analysis of the GP Patient Survey results previously published in January 2016 had placed

Lapworth Surgery as the second highest achieving practice in England. This strong level of patient engagement and satisfaction was corroborated by a high return rate of positive CQC patient comment cards (58 in total), and the positive comments by patients we spoke with during the inspection.

# Lapworth Surgery

## 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 advisor and a practice manager specialist advisor.

## Background to Lapworth Surgery

Lapworth Surgery serves the rural villages of Lapworth, Rowington, Baddesley Clinton and Shrewley in Warwickshire. It operates under a General Medical Services (GMS) contract with NHS England. A GMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities. The practice's current premises were purpose built in 1991 and the current GP partnership has been in place since 2008. Parking and facilities for the disabled are available.

Lapworth Surgery has a patient list of 2,556. The majority of the patient list is aged between 45 and 80, with a below average number of young families. Levels of deprivation in the area are low. The practice has expanded its contractual obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. Enhanced services offered by the practice include for example minor surgery, extended hours access and facilitating timely diagnosis and support for people with dementia.

The clinical team comprises one male and one female GP partners, a specialist nurse practitioner, a health care assistant and a phlebotomist. The team is supported by a practice manager, a dispenser, a secretary and dispensary assistant, and a team of five reception staff.

The practice's reception and dispensary operate from 8.30am and 6.30pm on Monday, Wednesday and Friday, and from 8.30am to 4.30pm on Tuesdays and Thursdays. The reception and dispensary close daily between 1pm and 2pm. Appointments are available at a variety of times during opening hours. Additional appointments are offered during extended hours until 7pm on Monday and Wednesday.

When the practice is closed for periods between the hours of 8am and 6.30pm, the phone system alerts the duty GP of any urgent calls via a pager. There are further arrangements in place to direct patients to the NHS 111 out-of-hours service between 6.30pm and 8am.

## 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.

# Detailed findings

## How we carried out this inspection

In preparation for our visit we reviewed a range of information about the practice and asked other organisations to share information they held with us. We then carried out an announced visit on 4 August 2016.

During our visit we:

- Interviewed a number of staff who were present on the day including GPs, nurses, dispensary staff, reception and administrative staff and the practice manager.
- Spoke with patients who were using the service that day.
- Observed staff interactions with each other and with patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice used an effective system in place for reporting and recording significant events.

- The practice had a clear policy for incident reporting which staff could access. Staff told us they would inform the practice manager of any incidents, or the GP partners if the practice manager was unavailable. There was an incident recording book which all staff had access to and this was used to log details of any minor incidents and handover information. There was also an incident recording form available on the practice's computer system for significant events. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The GP partners told us that when things went wrong with care and treatment patients were given details of the event and received reasonable support, an apology, and were informed of any actions the practice had taken to prevent the same thing from happening again. The GP partners said they initially contacted patients by phone following an incident to discuss this and apologise, and would then send a written apology if appropriate.
- The practice held staff meetings twice per month during which learning from incidents was discussed. We saw meeting minutes which confirmed this.

The practice had recorded 13 significant events in the previous 12 months. We reviewed incident reports and summaries of significant events and saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a clinical error resulted in a patient test result being incorrectly managed, the patient received an apology and an explanation of the circumstances. The clinician involved attended a meeting where their competence in dealing with the issue was assessed and verified. Measures were put in place to monitor this area at intervals to ensure any further errors would be identified in a reasonable timeframe.

The practice received safety alerts issued by external agencies, for example from MHRA (Medicines and

Healthcare products Regulatory Agency). These were received by the practice manager who circulated these to the relevant staff members and maintained a file of printed alerts which was kept in the dispensary. Alerts were discussed at clinical meetings to ensure appropriate action was taken as a result. We checked three previous alerts and confirmed that the practice had reviewed patients prescribed the relevant medicines and taken action to change these prescriptions where necessary as a result.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- The practice had made arrangements for safeguarding children and vulnerable adults from abuse. Staff had access to safeguarding policies on the practice computer system, and printed copies were additionally kept behind reception. Child protection flowcharts were also displayed in staff areas of the building, to direct staff in how to take action and who to contact if they had any concerns. The measures in place reflected relevant legislation and local requirements. One of the GPs was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when relevant and provided reports for other agencies where these were required. All staff had received training on safeguarding children and vulnerable adults relevant to their role, and those we spoke with during the inspection understood their responsibilities. The GPs were trained to child protection or child safeguarding level three and all other staff to level two.
- There was a notice in the waiting room which advised patients of the practice's chaperone system. There was a preference to use the practice nurse or healthcare assistant, but if neither was available reception and administrative staff acted as chaperones. 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.
- We observed that suitable cleanliness and hygiene standards had been maintained at the practice premises. The practice nurse was the infection control lead who liaised with the local infection prevention

## Are services safe?

teams to keep up to date with best practice. We reviewed the most recent infection control audit dated 24 June 2016 which showed that areas for improvement had been identified and acted upon. For example open top waste bins had been removed in favour of pedal operated bins. All staff had received infection control training within the previous year.

- The systems in place for dealing with repeat prescriptions and monitoring the use of high risk medicines kept patients safe. GPs monitored the use of prescription pads and printer forms, and these were stored securely. The practice carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Clinical rooms were kept locked when they were not in use, but staff using these rooms did not lock doors and remove computer access cards when they left the room unattended for short periods during the day. Paper patient records were stored in cabinets located in area of the building which was kept locked when not in use.
- Cold storage medicines such as vaccines were securely stored. There was a system in place to monitor fridge temperatures and take action if these deviated from the recommended range.
- The practice nurse was a qualified Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. For example she had also undergone training in for INR testing to monitor patients prescribed anticoagulants. Anticoagulants are medicines that help to prevent blood clots, and INR testing measures how long the blood takes to clot. She received support and supervision from the GPs for this extended role. The practice used Patient Group Directions to allow the practice nurse to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The two GP partners shared responsibility for providing leadership of the dispensary, as at times there was only one GP in the building. One of the partners was the lead for medicines management. The members of staff involved in dispensing medicines had received relevant up to date training to a standard relevant for their role. The lead dispenser was trained to NVQ level three as a dispensing technician, and the healthcare assistant had completed an NVQ level two course in dispensing. The lead dispenser was able to demonstrate how they

stayed up to date with continuing professional development and training. Any medicines incidents or 'near misses' were recorded and systems were in place to monitor the quality of the dispensing process. Dispensary staff showed us recently updated standard operating procedures (SOPs) which covered all aspects of the dispensing process. SOPs are written instructions about how to safely dispense medicines.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were arrangements in place for monthly stock checks by the lead GP for controlled drugs and the surgery held appropriate equipment for the destruction of these medicines when necessary.
- During the inspection we reviewed five personnel files. The documentation verified that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice used procedures to monitor and manage risks to staff and patients. The last health and safety risk assessment of the premises was dated July 2016. Fire risk assessments were also up to date and the practice conducted annual fire drills and weekly fire alarm tests. All the practice's electrical equipment had been recently tested by an electrician to ensure it was safe to use. Clinical equipment was calibrated by a specialised company annually to ensure it was working properly. The safety of the premises was monitored using a number of risk assessments including infection control, substances hazardous to health and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- The practice manager was responsible for ensuring the number and skill mix of staff on duty each day adequately met the needs of patients. This was managed using a staff rota and by coordinating annual leave within teams. Due to the small size of the practice team, all non-clinical staff were multi-skilled in the reception and administrative roles. Members of the reception team were also trained in phlebotomy and in

## Are services safe?

the dispensary processes which they were permitted to undertake with supervision if required. The practice used the same locum GP to provide cover when either of the GP partners were on leave or off sick.

### Arrangements to deal with emergencies and major incidents

Suitable arrangements were in place to respond to emergencies and major incidents.

- There was a panic alarm button under the reception desk and an instant messaging system on all the practices computers which could be used to alert staff to any emergency.
- All of the practice staff had completed basic life support training, which included instruction in the use of the defibrillator, in the last 12 months. There were also protocols for chest pain to assist staff in assessing the severity of a situation.
- The practice kept two defibrillators on site due to there being a relatively long ambulance service response time to the location. Adults' and children's pads were available. We also saw that there was an oxygen supply with adults' and children's masks, and other emergency equipment. The practice conducted a monthly check of this equipment to ensure all components were working and in date.
- The practice kept a supply of emergency medicines which were stored securely and all staff were aware of their location. All the medicines we checked were in date and stored securely.
- A first aid kit and accident book were available.
- A business continuity plan was stored on the premises and electronically for access off site in the event of a major incident such as a power failure or building damage. This included emergency contact numbers for all staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Updates to NICE guidelines were received via email notifications. New guidance was accessible online and via professional literature that clinical staff subscribed to. The practice discussed new guidance and standards at meetings and ensured this was followed using risk assessments and audits.

### 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 recently published results from 2014/15 showed that the practice had achieved 100% of the total number of points available, compared with the Clinical Commissioning Group (CCG) average achievement of 98% and the national average of 95%. We compared this data with the latest published data from 2015/16 and found that it was comparable for some indicators and had improved for others.

We found that exception reporting was significantly higher than the CCG or national averages for heart failure, peripheral arterial disease (PAD), depression, and cardiovascular disease. 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.

For example, the practice maintained a register of patients with heart failure for which its diagnosis confirmation rate was 100%. For those patients with left ventricular systolic dysfunction, 57% were treated with the recommended medicines, and 43% had been exception reported. Of those treated with the recommended medicines, 50% were additionally treated with a particular medicine and a further 50% were exception reported. We compared this data with the latest published data from 2015/16 and found that the number treated with the recommended medicines had increased to 71% with 29% exception

reporting. Of those treated with the recommended medicines the quantity additionally treated with a particular medicine had reduced to 40% with 60% exception reported. The practice explained that patients were only excepted for this indicator following clinical discussion, but that the figure may be high due to non-attendance. The practice had found that patients sometimes declined to attend the practice for monitoring of heart failure as they were already receiving treatment through secondary care.

For PAD, 89% of patients' most recent blood pressure reading was within the target range during the past 12 months, with 11% exception reported. This compared with the CCGs average exception reporting of 4% and the national average of 5%. 78% of patients had a record of an anti-platelet being taken in the previous 12 months with 22% exception reported. This compared with the CCG average exception reporting of 8% and the national average of 7%. We compared this data with the latest published data from 2015/16 and found that exception reporting was within a similar range. The GP partners always discussed the rationale for exception reporting patients with PAD, and they told us that they felt that this figure was clinically justified.

Of patients over the age of 18 registered with a new diagnosis of depression in the preceding year, 70% had been reviewed within an acceptable timeframe following diagnosis. The practice's exception reporting for this indicator was 30%, compared with the CCG average of 17% and the national average of 25%. The latest published data from 2015/16 showed that the practice's exception reporting had reduced to 4%, lower than the CCG average of 16% and the national average of 22%.

For cardiovascular disease, 25% of patients with a risk assessment score in the specified range were treated with statins. The practice had exception reported 75%, compared with the CCG average of 35% and the national average of 30%. The latest published data from 2015/16 showed that the practice's exception reporting had reduced to 50%, but was still higher than the CCG average of 36% and the national average of 31%. In respect of several of these indicators the practice explained that due to the small size of its patient list, there may be only a small number of patients meeting the criteria for indicators in particular diseases which could cause some percentage figures to appear inflated.

# Are services effective?

## (for example, treatment is effective)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to or higher than CCG and national averages. For example, 90% of the practice's patients with diabetes had a blood glucose level within the target range in the preceding 12 months compared with the CCG average of 82% and the national average of 78%. We compared this data with the latest published data from 2015/16 and found that it was similar. 100% of patients with diabetes had a record of a foot examination in the preceding 12 months compared with the CCG average of 92% and national average of 88%. Exception reporting for this indicator was 7%, similar to the CCG average of 5% and the national average of 8%. Again, data from 2015/16 was within a similar range.
- Performance for mental health related indicators was also similar to or higher than the CCG and national averages. For instance, 100% of patients with a form of psychosis had a comprehensive, agreed care plan documented in the preceding 12 months, compared to the CCG average of 93% and the national average of 88%. The practice's exception reporting for this indicator was 0%, lower than the CCG average of 10% and the national average of 13%. In the same timeframe 100% of the same group had had their alcohol consumption recorded, again higher than the CCG average of 94% and the national average of 90%. Exception reporting for this indicator was 0%, lower than the CCG average of 8% and the national average of 10%. The latest published data from 2015/16 was the same for both of these indicators at 100% with 0% exception reporting.

There was evidence of quality improvement including clinical audit.

- The practice had completed five clinical audits in the last year, two of which were completed audits where the improvements made had been implemented and monitored.
- The practice also participated in local audits, peer review and national benchmarking. For example, the practice's dispensary audit had been shared with the CCG for quality assurance.
- The practice had used audit results to improve patient care. For example, the practice had conducted an audit of patients receiving hormone replacement therapy (HRT) to identify how often this medicine was being

reviewed and what checks were undertaken. The practice recognised that there was no formal evidence based guidance in place regarding monitoring of patients receiving HRT, but was eager to maintain best practice. The practice identified that whilst most patients were being reviewed and having a blood pressure check six monthly, there was a lack of consistency. The practice therefore developed a clinical policy for staff to follow in order to improve the safety of prescribing and monitoring.

### Effective staffing

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

- The practice used an induction programme to assist all newly appointed staff in meeting the requirements of their role as quickly as possible. This included mandatory training such as fire safety, confidentiality, safeguarding, and infection prevention and control.
- The practice could demonstrate how they ensured mandatory and role-specific training and updates for specific staff members was up to date by using a training matrix to monitor when this was due.
- Members of staff taking samples for the cervical screening programme had received specific training including a competence assessment and this was updated every three years. Failsafe systems were in place to ensure that results were received for all samples taken and any irregular results followed up. The practice encouraged patients to attend for cervical screening by sending a letter from a GP to any who had not responded to screening requests and ensuring a female sample taker was available.
- Staff who administered vaccines had also completed the appropriate training, and could demonstrate how they stayed up to date with changes to the immunisation programmes by accessing online resources. Immunisation uptake was encouraged in children and adults by identifying patients using searches and alerts on the clinical system who had not received the recommended vaccinations and following up with them by letter.
- The learning needs of staff were monitored using annual appraisal meetings and reviews of practice development needs. For example, the practice nurse was training in minor illness clinics and was attending these with a GP to build experience and inform patients

# Are services effective?

## (for example, treatment is effective)

of this new role. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support for revalidating GPs. All members of staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

The information they required to plan and deliver care in a timely and accessible way was accessible to staff through the practice's patient record system. For example, care plans, test results, medical records and risk assessments.

Staff liaised with external health and social care professionals to enable them to better tailor patient care. This included when patients were referred between services and following discharge from hospital. The practice held monthly multidisciplinary team meetings which the district nurses and palliative care team were invited to attend. We saw minutes of these meetings to confirm that this.

The practice also shared relevant information with other services in a timely way, such as when referring patients to other services.

### Consent to care and treatment

Patients' consent to care and treatment was obtained by staff where appropriate and this was 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.

- Staff conducted assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young patients.
- GPs and the practice nurse we spoke with understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.
- In cases where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- The practice encouraged health promotion by providing information and referrals to support services.
- Well person health checks were offered every three years to patients over the age of 40, and more frequently for patients with asthma, diabetes, coronary heart disease, blood pressure, dietary and weight problems.
- The nurse team provided a smoking cessation service and advice on weight reduction.

The practice's uptake for the cervical screening programme was 89%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer written reminders signed by a GP for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by ensuring a female sample taker was available and that a good variety of appointments were available at times that would suit a range of different patient groups. The practice nurse used failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from the National Cancer Intelligence Network published in March 2015 showed that the practice was in line with averages. For example, 74% of women aged 50 to 70 had been screened for breast cancer within the target period, similar to the CCG average of 75% and the national average of 72%. 68% of patients aged 60 to 69 had been screened for bowel cancer within the target period, compared with the CCG average of 64% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 96%, which was comparable to the CCG average of 84% to 99% and five year olds from 91% to 100%, which was comparable to the CCG average of 93% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

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

NHS health checks for patients aged 40–74, and enhanced health checks for over 75s. 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 the inspection we saw that staff were friendly and considerate of patients. Everyone was observed to be treated with respect.

- Consulting rooms in the practice were equipped with curtains to protect patients' dignity during treatment or examination.
- Doors to clinical rooms were kept closed during consultations. No conversations were overheard from outside these rooms during the inspection.
- Reception staff told us how they would support patients with different needs and respect their privacy, dignity and diversity. For example by discreetly offering assistance to patients who appeared to struggle with mobility, and providing a private room for patients who appeared distressed.

Patients returned 58 Care Quality Commission comment cards which were all positive about the care and service provided by the practice. Patients said staff were kind and professional, and clinicians always made time when patients needed them. Patients used comment cards to express high levels of satisfaction with the services provided at the practice.

We approached four patients who were attending the practice on the day of the inspection to ask their opinions on the care they received. All four patients answered our questions positively and said they found staff caring and felt they were treated with dignity and respect.

We met with three members of the Patient Participation Group (PPG) as part of the inspection. The members were pro-actively involved with the practice and described a constructive relationship between the two. The PPG had an open dialogue with the practice as well as formal quarterly meetings attended by the practice manager and a GP. The members had found the practice to be caring and compassionate in all situations and respectful of the PPG's contribution to the service.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores in all areas. For example:

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 100% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 100% 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%.
- 100% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 99% 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%.
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The practice results were significantly higher than local and national averages in a number of areas, indicating a high level of patient satisfaction with all areas of the service. The practice also had a high response rate to the GP Patient Survey; 211 survey forms were distributed and 119 were returned. This represented a 56% completion rate and 5% of the practice's patient list. The average national completion rate was 38%. Analysis of the GP Patient Survey results previously published in January 2016 had also placed Lapworth Surgery as the second highest achieving practice in England, and this had been featured in national media. This strong level of patient engagement and satisfaction was corroborated by the high return rate of positive CQC patient comment cards, and the positive comments by patients we spoke with during the inspection. The practice felt their rapport with patients had contributed to their positive feedback. For instance the GPs were on first name terms with many of their patients and took a personalised approach to care. The practice told us that their patients were loyal and had come to expect a high standard of service from the team.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that clinical staff listened to them and gave them enough time in consultations. They were informed about their choices and decision making



## Are services caring?

rights. This meant that patients were able to be involved in their own care and treatment. CQC comment cards we collected on the day of the inspection gave similar feedback, and we also saw that care plans were personalised to patients.

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 again higher than local and national averages. For example:

- 100% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 98% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice facilitated patients involvement in decisions about their care by ensuring the information they needed was available to them in a variety of formats.

- A wide range of information leaflets were available for patients. To protect patients' right to privacy and dignity the practice had collected these into a large ring binder folder. Several copies of the folder were available to ensure these were accessible to a number of patients at the same time. This enabled patients to discreetly look for advice leaflets and information about how to access support. This system also kept the walls of the waiting area uncluttered so any important notices displayed were clearly visible to patients.

- Information was displayed on a television screen in the patient waiting area to raise awareness of various health issues.
- GPs signposted and referred patients to guidance relevant to their conditions. Details of information used were referenced in patient notes.
- Alternative formats were available for patients to suit their needs. For example the practice brochure was available in large print.
- Translation services were available for patients where English was not their first language.

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

The information folders in the patient waiting area provided information about support groups. Staff also directed patients to organisations and local groups for support where appropriate.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients as carers (2.3% of the patient list). The practice had a carers' registration form which was available from reception and on the practice website. Written information was displayed in the waiting area to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement their GP would phone them and arrange to make a home visit or for them to come for an appointment. The GPs offered advice on how to find a support service. Due to the practice area being small and many patients being known to the practice by name, staff often attended funerals personally following a death.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours appointments until 7pm on Monday and Wednesday evenings for patients who could not attend during normal opening hours.
- Patients could access telephone consultations, and these were made available outside usual hours to accommodate working people if requested.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Children and patients whose medical problems needed immediate attention could access appointments on the same day.
- GPs made themselves available for home visits to patients nearing the end of life outside of working hours and during the night, as they wanted to offer personalised continuous care to patients in these circumstances.
- The practice offered travel vaccinations available on the NHS as well as those only available privately.
- The premises were equipped with were disabled facilities and a hearing loop. Translation services were available to patients who required them.
- The practice had personalised care plans in place for patients with dementia and mental health concerns. There were no patients with a learning disability on the practice register at the time of the inspection.
- Flexible appointments were available for patients with long term conditions.
- The practice produced a yearly newsletter to help engage patients with news and events and provide them with useful information.
- There were no chemists local to the practice, and the dispensary supplied medicines to 95% of patients. The GPs and other staff personally delivered prescription medicines to housebound patients free of charge. All staff that carried out this role had a DBS check.
- The practice ran clinics for INR testing to monitor their patients prescribed anticoagulants as it recognised the difficulty they may have in accessing hospital care in this

area due to a lack of public transport. Anticoagulants are medicines that help to prevent blood clots, and INR testing measures how long the blood takes to clot. The practice's health care assistant had recently undertaken a course on monitoring patients who have been prescribed an anticoagulant, and the practice was creating a protocol to allow her to safely assist the nurse practitioner with INR testing clinics.

### Access to the service

The practice's reception and dispensary were open from 8.30am to 6.30pm on Monday, Wednesday and Friday, and from 8.30am to 4.30pm on Tuesdays and Thursdays. The reception and dispensary were closed daily between 1pm and 2pm. Appointments were available at a variety of times during opening hours. Additional appointments were offered during extended hours until 7pm on Monday and Wednesday.

When the practice was closed between the hours of 8am and 6.30pm, the phone system alerted the duty GP of any urgent calls via a pager. There were further arrangements in place to direct patients to the NHS 111 out-of-hours service between 6.30pm and 8am.

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

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was significantly higher than local and national averages.

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

Patients we spoke with during the inspection told us that they were able to get appointments when they needed them. They were happy with the timely availability of appointments, and were able to see the GP of their choice.

There was a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The staff member accepting the call asked if the patient was willing to share the reason for the visit to assess the urgency of the need for a visit. If the

# Are services responsive to people's needs?

(for example, to feedback?)

patient's illness was so urgent that it would be inappropriate to wait for a GP to visit, alternative emergency care arrangements were made. The GPs returned a call to all patients prior to making a home visit in order to prioritise these.

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

A system was in place for managing complaints and concerns.

- We saw that the practice had a complaints procedure. These met with contractual requirements and national guidance for GPs.
- The practice manager was named as the person responsible for dealing with complaints.

- Information was available to assist patients in understanding the complaints system. For example, the practice website and patient information folders in the waiting area included details of how to make a complaint. Information was also printed in the practice leaflet and copies of the complaints procedure in the form of a leaflet was available for patients to take away.

The practice had not received any complaints in the previous two years. Reception staff told us that patients could raise concerns verbally as well as in writing, and they knew how to record and escalate complaints and concerns to the practice manager.



# 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

It was the vision of the practice partners to provide personalised care to each of their patients. There was an ethos of traditional small community care and family values, and staff we spoke with during the inspection showed a clear awareness of these aims. The practice had a strategy to uphold this ethos while meeting the increased demands of new patients and the widening of the role of Primary Medical Services in modern healthcare. For example, the practice hoped to increase the use of nurse prescribing in the following year to allow greater capacity for appointments.

### Governance arrangements

The practice used a governance framework which supported the delivery of its strategy and high quality care.

- The staffing structure was distinct and staff we spoke with were aware of their own roles and responsibilities and who to report to in a variety of situations.
- All staff could access practice specific policies conveniently. These were stored on a shared computer drive, and printed copies were kept in folders behind the reception desk.
- A programme of continuous audit was used to monitor quality and to make improvements.
- The practice was aware of its performance against local and national indicators, clinically and in terms of patient satisfaction.
- Processes were in place to assess and manage risks to staff and patients.

### Leadership and culture

During our inspection the practice's partners demonstrated they had the clinical experience, knowledge and capacity to ensure the practice ran effectively and provided a high quality of care. The GP partners prioritised the prevention of deteriorating health by monitoring patients at risk and encouraging sustainable health lifestyles through proper understanding of their patients. Staff we spoke with told us they found the GP partners and the practice manager easy to communicate with.

Systems were in place to ensure the practice complied 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. Staff knew how to communicate notifiable safety incidents, and the partners encouraged a caring and friendly culture in support of acting in patients best interests. The practice had systems in place to ensure that when things went wrong with care and treatment patients affected were offered reasonable support, details to assist them in understanding what had happened, and a verbal and written apology.

Staff told us they were well trained and supported by management and that change was managed well in the practice. Staff confirmed that the practice held regular team meetings on a monthly basis. The GPs also had daily meetings to discuss patients and prioritise care according to their level of need.

The practice leadership team endeavoured to inspire an open culture where staff felt able to contribute to improvements and raise concerns. Staff told us they were able to raise issues for discussion during team meetings and felt supported by the rest of the team in doing so. The practice also held occasional staff social evenings such as meals and bowling.

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

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

- The practice had an active Patient Participation Group (PPG) which worked to support improvement and engage with patients. 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. For example the PPG contributed information to the local parish magazines and gave talks at schools and the Women's Institute to raise awareness of their role and developments at the practice. The PPG held formal quarterly meetings with the practice which were attended by the practice manager and a GP. The PPG told us they had an open dialogue with the practice between these meetings and they felt valued and respected for the role they played. The practice was

# Are services well-led?

Good 

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

responsive to suggestions for improvement submitted by the PPG, for instance a television had been installed in the patient waiting area to display information as a result.

- Feedback was gathered from staff members through annual appraisals, monthly staff meetings, and daily discussions. Staff told us they would feel confident in giving feedback to the practice manager as well as discussing any concerns.
- The practice used the NHS Friends and Family Test to gather brief patient feedback on a continuous basis, and this was available in the waiting area, by text message and on the practice website. The practice further monitored patient feedback provided via the NHS Choices website.

## Continuous improvement

The practice was a member of a local GP federation and had committed to take part in a number of initiatives to improve the quality of practice. For example, it had agreed to participate in the local initiative Fit for Frailty, which sought to identify and manage the care of older patients in the early stages of frailty through communication with social services and the community nursing team. The practice was also a member of a local buddy group with several other practices which it engaged with to share new ways of working and monitor its performance.

The GP partners supported the NHS priority to make research integral to everyday clinical practice by participating in the Royal College of General Practitioners 'Research Ready' accreditation scheme. This meant the practice conducted clinical research studies for the University of Warwick.