

# The Family Surgery

## Inspection report

107 Liverpool Road

Southport

PR8 4DB

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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 location		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	

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Family Surgery on 28 June 2022. The inspection was carried out as part of our inspection programme. This was the first inspection of the service since it was registered with CQC.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The family Surgery provides a number of services which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The Family Surgery provides a GP extended access service to patients who are registered in GP practices within the Southport and Formby Clinical Commissioning Group (CCG) locality. The provider 'Southport and Formby Health Limited' also provides a community cardiology service for assessment and diagnosis of patients with a non-urgent suspected cardiac condition. Treatment/management plans are then provided to patients if required. The provider is also collaborating with the GP practices in Southport and Formby Primary Care Network (PCN) to deliver elements of the PCN contract. These include: an enhanced care home service where nurses provide assessment, monitoring and care planning for patients living within a care home setting and a community pharmacist service providing medicines management support.

The medical director for the service is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way. The provider responded to the COVID-19 pandemic through the provision of three sites where patients with symptoms could access GP services.
- Staff reported a good culture and effective systems were in place for quality control and governance.

# Overall summary

## **We saw the following outstanding practice:**

The provider had adapted services in response to the COVID-19 pandemic to provide three sites across the Clinical Commissioning Group locality where patients who had symptoms of COVID-19 or required a face to face GP appointment could be seen by a clinician. They also provided a home visiting service so that patients who were housebound or shielding could be seen in their own home. This took some of the pressure from the GP practices within the locality. Feedback we received about how the provider had responded and the impact this had had within the locality was highly positive. The provider had mobilised the service with speed and had worked in collaboration with other agencies.

### **Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care.

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

## Background to The Family Surgery

The provider for The Family Surgery is Southport and Formby Health Limited and it is made up of federation of GPs providing a range of services within the Southport and Formby Clinical Commissioning Group locality.

The address of the service is: The Family Surgery, 107 Liverpool Road, Southport, Merseyside, PR8 4DB.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures and treatment of disease, disorder or injury.

The Family Surgery provides a GP extended access service seven days per week which provides pre-bookable appointments with a range of clinicians including GPs, advanced nurse practitioners (ANPs), practice nurses, health care assistants, physiotherapists, and mental health practitioners. The service offers routine appointments to patients who are registered in GP practices within the Southport and Formby Clinical Commissioning Group (CCG) locality. The extended access offers patients appointments between the hours of 5pm to 9pm Monday to Friday and 9am to 1pm on Saturday and Sunday. Patients are booked into the service by their registered GP practice.

The Family Surgery also provides a community cardiology service that triages and manages patients with non-urgent cardiology conditions. This may involve performing cardiological diagnostic and screening procedures. Diagnostics are provided through the use of an echocardiogram, 24-hour electrocardiogram (ECG) monitoring or 24-hour blood pressure (BP) monitoring. The service is staffed by consultant cardiologists, a GP with a specialist interest in cardiology, cardiac physiologists and healthcare assistants. The service is supported by a service manager and administration assistants.

The provider collaborated with the GP practices in Southport and Formby Primary Care Network to deliver some elements of the PCN contract. These include: an enhanced care home service where nurses provide assessment, monitoring and care planning for vulnerable patients living within a care home setting. This involves working in conjunction with a multi-disciplinary team, the provision of geriatric assessments, advanced care planning and liaison with GP practices. The provider also provides a community pharmacist service providing medicines management support.

The service is based on the first floor of a building that is currently a GP practice. The premises are fully accessible with a lift available to enable people to access the first floor.

The service covers a population of 125,000 patients and is commissioned by Southport and Formby Clinical Commissioning Group (CCG) and as part of a contract with the Primary Care Network (PCN).

### How we inspected this service

Before visiting we reviewed a range of information we hold about the service and asked the provider to send us information. This included the complaints they had received in the last 12 months, details of significant events and the details of their staff members. We carried out a visit to the location and toured the premises and facilities throughout.

Our inspection also included:

- Speaking with the registered provider
- Speaking with members of the staff team
- Reviewing records
- Requesting supporting information and evidence from the provider

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

The service had systems to keep people safe and safeguarded from abuse.

- The provider had a range of safety related policies and procedures which had been communicated to staff.
- Staff were provided with safety related information as part of their induction and training.
- Policies and procedures were in place to safeguard children and vulnerable adults from abuse. These included details as to the types of abuse, procedures in place to prevent abuse and details of the local agencies to refer to in case of suspected abuse.
- There was a lead for safeguarding and staff knew what action to take if they had any concerns or suspected potential abuse.
- Staff had received up-to-date safeguarding training appropriate to their role.
- Alerts were recorded on the electronic patient records system to identify if a child or adult was deemed to be at risk of abuse.
- Staff recruitment processes included ensuring appropriate pre-employment checks had been carried out prior to appointment. These included Disclosure and Barring Service (DBS) checks. (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). Where a member of staff was employed on a casual basis and they held a substantive post within an NHS service the provider sought confirmation of their DBS checks. Following the inspection, they also changed their procedures to ensure staff working in these circumstances also signed a statement detailing any criminal convictions since the time of their last DBS check which was required to be within three years.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- The premises were equipped to meet infection prevention and control requirements.
- Infection and prevention checks and audits were carried out on a regular basis.
- Cleaning schedules were in place and cleaning checks and audits were carried out on a regular basis.
- There were systems for the management of healthcare waste.
- The premises and equipment were safe and appropriately maintained.
- The provider carried out appropriate health and safety risk assessments and checks.

## **Risks to patients**

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff had been provided with training in managing emergencies.
- There was a business continuity plan in place in case of major disruption to the service.
- There were suitable medicines and equipment to deal with medical emergencies. These were stored appropriately and checked regularly.
- The provider assessed, monitored and reviewed risks and took action to mitigate risks to the safety of patients and staff.
- A risk register was in place and this included details of the control measures to mitigate the risks identified.
- Risk assessments and the risk registered were reviewed on a regular basis.
- Health and safety checks and audits were carried out on a regular basis.
- A fire risk assessment and prevention plan was in place and measures were taken to mitigate the risk of fire. Staff were trained in fire safety.

# Are services safe?

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe and protected their confidentiality.
- Information needed to deliver safe care and treatment was available to staff in line with their roles and responsibilities.
- Systems were in place for sharing information with other agencies to enable them to deliver safe care and treatment. This was part of information sharing agreements.
- Referrals to other services were made promptly and in line with local protocols. Referrals to other services had been made appropriately for those patients whose care and treatment we looked at.
- Information received from secondary care or other agencies was dealt with in a timely manner including the management of test results.
- Confidentiality and information governance policies were in place.
- The provider completed data compliance audits to ensure appropriate information governance.

## Safe and appropriate use of medicines

The service had systems for the appropriate and safe handling of medicines.

- The service had systems for the appropriate prescribing and handling of medicines.
- There were no medicines stored at the service with the exception of those required in case of an emergency. These were in line with recommended medicines. Checks were carried out on emergency medicines on a regular basis with an alert system in place to warn of any approaching expiry dates.
- Processes were in place for the safe prescribing of medicines and staff kept appropriate records of medicines.
- Prescriptions were stored securely and there was a system to ensure accountability for prescriptions.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events.
- Staff understood their duty to raise concerns and report incidents and near misses. Staff told us they felt confident to raise issues and felt that they would be supported if they did so.
- We saw an example of action taken in response to an event. This included an investigation, root cause analysis, action taken to remedy the issue and to share the learning across the staff team.
- The provider was aware of the requirements of the duty of candour. Staff told us they felt the provider encouraged a culture of openness and honesty.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a system in place to disseminate alerts to all members of the team linked to their role. Alerts were discussed at regular staff meetings.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were assessed.
- We looked at the care and treatment provided to a sample of ten patients. This indicated that clinicians assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- We saw no evidence of discrimination when making care and treatment decisions.
- Regular meetings were held where best practice guidance and care and treatment were discussed.
- Educational events were held that included looking at best practice guidance.
- Performance data was monitored to improve outcomes for patients.
- The provider had risk assessed the services they offered. They had produced a guide/list of conditions deemed to be appropriate for patients to be seen with within the extended access service. These were appropriate to the qualifications, skills and experience of the staff team and nature of the service provision.

## **Monitoring care and treatment**

The provider carried out quality improvement activity.

- Quality improvement activity was undertaken to review the effectiveness and appropriateness of the care provided. A number of audits had been carried out. These included;
- A review of medical records looking at – the assessment of the patient's condition, investigations, prescribing, evidence that care and treatment had been provided in line with best practice guidance, that advice had been given to patients, the appropriateness of referrals and follow ups and whether the records were clear and contemporaneous.
- A prescribing audit with regards to antibiotic prescribing and for medicines that are not recommended for prescribing in primary care. A senior clinician checked all community nurse and advance nurse practitioner consultations and provided feedback on these with the clinicians.
- The provider was working alongside the secondary care team at a local hospital to review patients admitted to hospital from care homes and the outcomes of the attendances with an aim to reduce admissions.

## **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

- The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them.
- Staff told us they were encouraged and given opportunities to develop.
- Up to date records of staff qualifications and training were maintained.
- Staff were required to undertake regular mandatory training in topics such as; Information governance, fire safety, equality and diversity, infection prevention and control, basic life support and safeguarding.



# Are services effective?

- Staff had been provided with training in topics relevant to their roles and responsibilities. For example, those whose role included taking samples for the cervical cancer screening programme had received specific and up to date training for this role.
- Staff were provided with on-going support including supervision, annual appraisal and support for revalidation. Staff who were employed on a casual basis who held substantive posts within the NHS did not fall within the provider's system for appraisal. Following the inspection, the provider shared a tool they had introduced to secure confirmation that clinicians had undergone their annual appraisal in their substantive post, and they were asked to share any required development that had been identified as a result of this.

## Coordinating patient care and information sharing

Staff worked with other organisations, to deliver care and treatment.

- Patient information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system.
- Before providing treatment clinicians had access to details of the patients' medical history to ensure care and treatment was provided appropriately.
- There were arrangements for following up on patients who had been referred back to their GP to be followed up or referred to other services.
- Staff worked together and with other health and social care professionals to deliver effective care and treatment.
- The service worked with patients to develop personal care plans that were shared with relevant agencies. This was noted particularly in the enhanced care home service.
- Care plans were of a good standard and had been and shared with other relevant agencies such as the out of hours service and ambulance service.

## Supporting patients to live healthier lives

Staff supported patients to manage their health.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health and to live healthier lives. Where appropriate, staff gave people advice so they could self-care.
- Clinical staff were aware of their responsibility to carry out assessments of capacity to consent for children and young people in line with relevant guidance.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service supported national priorities and initiatives to improve the population's health, for example, by referring patients for smoking cessation or dietary advice.

## Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## We rated caring as Good because:

### Kindness, respect and compassion

Patients received care and treatment in a caring manner from staff who treated them with kindness and respect.

- The service sought feedback on the quality of care patients received. This was shared with us and was highly positive.
- The provider was committed to provide a positive patient journey. They described a patient centred service where patients were provided a high standard of care and attention.
- Staff had been provided with training to understand patients' diverse needs. Those we spoke with displayed an understanding and non-judgmental attitude.
- The provider had produced an 'Equality action plan'. This detailed the protected groups, evidence to support how the provider is working to ensure equality for these groups and any identified actions to improve.
- The provider invited patients to provide feedback on the service following their appointment. The questions used were similar to those used in the NHS Friends and family test. Results shared with us for April 2022 and May 2022 for the 7 day GP services showed that 93% and 94% of patients respectively had a 'very good' or 'good' experience of the service and would recommend it. Results for patient experience being 'good' or 'very good' for the community cardiology service were at 97% and 98%. Patients comments included descriptors such as 'friendly', 'efficient', 'caring', 'professional', 'kind' and 'helpful' when describing the service. They also reported feeling 'listened to' and felt staff were 'informative'.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not use English as a first language.
- Patients could be offered a face to face consultation to discuss their individual needs and wishes and discuss their treatment options.
- Information could be made available in different formats to help patients be involved in decisions about their care.
- The provider shared examples from the enhanced care home service of how staff were encouraging patients to make personalised decisions about their care and treatment and in some cases their preferences for end-of-life care. An example involved a comprehensive assessment and plan to ensure the person's cultural and religious needs could be met. The learning from this was used as a learning event for the team who explored and shared resources on different faiths and how this may influence discussions around advanced care planning.
- The provider had reviewed how information was provided to patients in line with the accessible information standards.
- Information regarding diabetes and cervical screening was available in an easy read format and in alternative languages.
- Staff had been provided with training in equality and diversity. Transgender awareness training had also recently been provided.

### Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff told us they recognised the importance of treating people with dignity and respect.
- Treatment room doors were closed and nobody could access treatment rooms without permission.
- Privacy curtains were provided in consultation and treatment rooms.
- Feedback from patients about how staff treated them was highly positive.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

The provider organised and delivered services to meet patients' needs.

- The provider understood the needs of patients and planned services in response to those needs. The provider told us they identified needs across the patient group and put proposals forward to Commissioners as to how they could meet these. This had seen a growth of the service.
- The facilities and premises were appropriate for the services delivered and accessible to patients who required disabled access.
- A lift was available for patients to access the first floor of the building.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use the service on an equal basis to others. For example, through the provision of interpretation services and a sign language service. Patients who were vulnerable or had specific needs such as a learning disability were offered a visit to the service to familiarise themselves with the premises and staff.
- Telephone consultations were available and this supported patients who were unable to attend the service in person.
- The provider had commenced a piece of work to look at best practice and promoting services for people within the LGBTQ+ community.
- The provider was proactive in meeting the needs of the patient population during the COVID-19 pandemic. At the start of the pandemic the commissioners approached the provider to support GP practices in providing face to face assessment and treatment of patients who were symptomatic of COVID-19, along with other patients requiring a face to face examination. During this period, there was a variation to the provider's contract to enable this activity and a cessation of the normal extended GP access provision. The provider set up three COVID-19 'hot clinics' in response and these ran from April 2020 to September 2021.
- The provider acted promptly to produce standard operating procedures for the pandemic response service with enhanced infection prevention and control measures, managing the premises for the sites effectively, securing sufficient personal protective equipment (PPE) and setting up a transport service to bring patients to the sites.
- The provider also provided a home visiting service throughout the pandemic to provide services to patients who were housebound or shielding. The service provided up to 30 home visits per day across 3 geographical locations. The provider also provided a phlebotomy service for these patients.
- A phlebotomy clinic was also set up to provide additional phlebotomy appointments across the locality and to support clearing any backload of this from GP practices.
- An ear syringing service was also provided as a community service to pick up on shortfalls within the provision in GP practices.
- The provider also responded by providing COVID-19 vaccines to people living in care homes.
- The Commissioners provided highly positive feedback about the way in which the provider responded to meet patient need within the locality during the pandemic. They told us the mobilisation of the service was 'tremendous' and that the provider had worked at speed and in collaboration with other agencies.
- The service provides a community cardiology service providing face-to-face and remote appointments for direct access to diagnostics through the provision of echocardiogram, extended monitoring electrocardiogram (ECG) and 24 hour blood pressure monitoring. A clinical management plan was then created as required and sent to the patients GP the same day. Patients were also referred to tertiary services as clinically appropriate. The benefit of this for patients was a more timely appointment with over 90% of patients seen within 15 days.

## **Timely access to the service**

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

# Are services responsive to people's needs?

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Referrals to other services were made in a timely way.
- Care and treatment was followed up by the patient's registered GP practice where required.
- Patients were booked into the service by their registered GP practice.
- Waiting times, delays and cancellations were minimal.
- The provider had systems in place to closely monitor capacity, demand and utilisation of clinical appointments.
- The provider surveyed patients following their appointment. Results shared with us for April and May 2022 for the 7 day GP services showed that 93% and 94% of patients respectively had a 'good' or 'very good' experience of the service and would recommend the service. Patients comments when asked to feed back on their experience included descriptors such as 'efficient', 'convenient', 'on time', 'prompt', 'no waiting' and 'good appointment availability'. The results for the community cardiology service for a 'good' or 'very good' experience was at 97% and 98% with positive feedback and comments such as 'Not long to wait', 'local community', 'quick and efficient' and 'handy venue'.

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

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had a complaints policy and procedure and a system was in place for receiving, investigating and acting on complaints.
- Information about how to make a complaint was made readily available to patients.
- The service had been subject to one complaint. We viewed this and found that an appropriately detailed investigation had taken place and a detailed and apologetic response had been provided to the complainant.
- The service informed patients of further action that was available to them should they not be satisfied with the response to their complaint.
- The service learned lessons from concerns and complaints. For the complaint we viewed we saw evidence that action had been taken to prevent a re-occurrence of the matter.
- The duty of candour had been applied in the management of the complaint.
- Complaint investigations and responses were seen and signed off at director level.
- The provider has oversight of complaints and how these were managed through the governance processes.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability**

Leaders had the capacity and skills to deliver good quality, sustainable care.

- Staff told us that leaders were visible and approachable. They worked closely with staff and provided regular opportunities for meetings, discussion and development.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges within the locality and were working with commissioners and stakeholders to identify and plan to address them.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

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

- The provider had a clear vision for the service. They told us the vision included, to provide a greater range of NHS services such as outpatient clinics and diagnostics locally for the benefit of patients. To deliver services closer to the patient in their own community. To provide shared resources amongst GP practices and thereby create economies of scale. To be a high quality, responsive, forward thinking organisation.
- Staff felt included in discussing and shaping the vision and strategy and understood their role in achieving this.

## **Culture**

The service had a culture of providing good quality sustainable care.

- Staff told us they felt respected, supported and valued and that they were happy and proud to work in the service.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Procedures were in place for acting upon behaviour and performance that was inconsistent with the vision and values.
- The service actively promoted equality and diversity. It identified and addressed the causes of workforce inequality. Staff had received equality and diversity training.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Leaders and staff demonstrated a patient centred focus to their work during our discussions with them.

## **Governance arrangements**

There were clear responsibilities, roles and systems of accountability.

- Structures, processes and systems to support governance and management were set out.
- Leaders had established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- There was a schedule of quality assurance checks and audits.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- There were clear lines of accountability with an established governance committee and board members.

# Are services well-led?

- Staff were clear on their roles and accountabilities.
- Systems were in place to ensure clinical staff used evidence based guidance in the treatment of patients.
- Performance was reviewed against key performance indicators linked to contractual agreements.
- The provider carried out a range of risk assessments and put in plans to mitigate or control identified risks. They also had an overarching risk register that detailed control measures. Risk assessments were reviewed on a regular basis.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider monitored the performance of the service.
- The provider had oversight of safety alerts, incidents, and complaints.
- A business continuity plan was in place.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Staff were aware of requirements to submit data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient records.
- The service used performance information and feedback to monitor the quality of the service provided and ensure and improve performance.
- Information technology systems were used to monitor and improve the quality of care provided.

## Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to plan, develop and improve services.

- The service encouraged feedback from patients, staff and external partners and acted on this to shape services.
- Staff were invited to complete a survey and the provider acted on their views.
- Staff told us they attended regular meetings and had an annual appraisal where they could discuss their learning and development needs.
- The practice valued feedback from patients and acted upon this.
- The provider had knowledge of and incorporated local and national objectives.
- The provider worked alongside commissioners, partner agencies and other practices to improve and develop the primary care provided to patients in the locality.
- A newsletter was produced and circulated across the service and staff were kept up to date with news and events on the provider's intranet.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and development.

- There was a focus on learning and improvement.
- The service made use of internal and external reviews of incidents, complaints and safety alerts. Learning from these was shared and used to make improvements.

## Are services well-led?

- Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through regular staff meetings and surveys.
- The provider was aware of the challenges in primary care both within the locality and nationally. They demonstrated a commitment to support commissioners by developing service provision in response to patient need.