

Dr A K Choudhary & Dr S R Danda Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr A K Choudhary & Dr S R Danda's practice on 21 July 2015.

Overall the practice is rated as good.

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

- Urgent appointments were available the same day.
- The practice had good facilities including disabled access which included a lift to allow access to first floor consulting rooms.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).

- The practice proactively sought to educate their patients to manage their medical conditions and improve their lifestyles by having additional in house services available. These included visiting professionals such as Age UK.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- The practice made good use of audits and had shared information from one of their audits with other practices to promote better patient outcomes.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were sufficient numbers of staff with an appropriate skill mix to keep patients safe. Appropriate recruitment checks had been carried out on staff.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams and there were systems in place to ensure appropriate information was shared.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect and maintained confidentiality. Data from the National GP Patient Survey showed that patients rated the practice as slightly above others for several aspects of care compared to local and national averages.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat

Good



Summary of findings

patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active Patient Participation Group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges.

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 good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population even out of hours, if necessary as well as rapid access appointments for those with enhanced needs. The practice offered home visits and usual doctor appointments to improve continuity of care. The practice had regular contact with community nurses and participated in meetings with other healthcare professionals to discuss any concerns.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions. These patients had a six monthly review with either the GP and/or the nurse to check their health and medication. Patients were encouraged to manage their conditions and were referred to health education and other in-house services when necessary, for example a dietician. The practice participated in the Proactive Care Programme. The aim of this programme was to avoid unplanned admissions for identified patients who were given same day access to the surgery to help reduce these.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were good for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice offered extended hours on two evenings until 7.30pm

Good



Summary of findings

for those people who could not attend during normal opening hours. The practice also offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). All patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advanced care planning for patients with dementia. The practice issues a pre-screening booklet to new patients prior to them attending their appointment to assist them and the health professional during their consultation.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 107 responses which is equivalent to 3.0% of the patient list) demonstrated that the practice was performing in line or above local and national averages.

- 83% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and national average of 60%.
- 93% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 92% and national average of 90%.
- 95% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 92% and national average of 91%.
- 76% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 71% and national average of 65%.
- 95% of respondents say the last nurse they saw or spoke to was good at listening to them compared with a CCG average of 92% and national average of 91%.

- 86% of respondents described their experience of making an appointment as good compared with a CCG average of 73% and national average of 73%.
- 96% of respondents find the receptionists at this surgery helpful compared with a CCG average of 85% and national average of 87%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 (which is 0.4% of the practice patient list size), comments on the cards were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs went the extra mile to provide care when patients required extra support. We also spoke with two members of the PPG who told us they could not fault the care they had received.

Dr A K Choudhary & Dr S R Danda Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a Practice Nurse and an Expert by Experience.

Background to Dr A K Choudhary & Dr S R Danda Practice

Dr A K Choudhary & Dr S R Danda's practice is located in a residential area of Hull and serves the surrounding areas. There are 3,486 patients on the practice list and the majority of patients are of white British background. There are two GP partners both of which are male. There are two practice nurses and one healthcare assistant. They are supported by a practice manager, reception and administrative staff. The practice is supported by an outside organisations domestic staff on a daily basis for cleaning duties.

The practice is in a comparatively deprived area and has a higher than average number of patients with health related problems in daily life and patients in receipt of Disability Allowance.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures, and treatment of disease, disorder and injury.

The practice is open for appointments on extended hours 8.00am to 7.30pm Monday and Wednesday and on a Tuesday, Thursday and Friday from 8.00am until 6.30pm. Out of Hours services are provided through Core Care, which patients' access via the 111 service.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services for example; childhood vaccination and immunisation scheme, minor surgery and patient participation.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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

How we carried out this inspection

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

- Is it safe?

Detailed findings

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

We also looked at how well services are provided for specific groups of people and what good care looks 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England and Healthwatch.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 21 July 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- Observed how staff handled patients and their information securely during telephone calls into the practice.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and this also formed part of the GPs' individual revalidation process.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety, infection control, medication management and staffing.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). These 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and had recently carried

out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

- Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. Not all staff were aware of who the infection control lead was. There was an infection control protocol in place and staff had received up to date training. The practice completed internal monthly and annual infection control audits and acted on any issues where practical. The practice also monitored its use of antibiotics to ensure they were not overprescribing, to tackle antimicrobial resistance. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were issued electronically and were signed by the GP before being given to the patient or pharmacy.
- Recruitment checks were carried out and the three files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty in particular at busier periods and at times of staff absence.

Arrangements to deal with emergencies and major incidents

Are services safe?

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit

and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned into patient's medical records.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Other patient groups were also identified for example a dedicated Age UK service team attended the practice regularly to offer health care advice and support to patients aged 50 and over.

The practice's uptake for the cervical screening programme was 86.6%, which was above the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

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 twos ranged from 91.5% to 97.9% and five year olds from 90.9% to 100%.

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

NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Current results were 90.8% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for cancer assessment and care related indicators was better than the local CCG and national averages. (100% compared to 96.3% locally and 95.5% nationally).
- Performance for heart failure related indicators was better than the local CCG and national averages. (100% compared to 96.4% locally and 97.1% nationally).

Are services effective?

(for example, treatment is effective)

- Performance for mental health assessment and care related indicators was better than the local CCG and national averages. (95.3% compared to 85.7% locally and 90.6% nationally).
- Performance for public health for example, child health related indicators was better than the local CCG and national averages. (100% compared to 94.7% locally and 98.8% nationally).
- Performance for dementia diagnosis related indicators was better than the local CCG and lower than the national averages. (91.2% compared to 89.0% locally and 93.2% nationally).

The practice could evidence quality improvement with two cycle clinical audits and all relevant staff were involved. We saw records of at least two clinical audits had been completed in the last year and were completed audit cycles that demonstrated improvements had been implemented and monitored. The practice participated in local CCG

audits such as antibiotic prescribing. An example of good practice was that information from an atrial fibrillation audit had been shared with practice staff in training sessions to improve treatment outcomes for these patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

All GPs were up to date with their yearly appraisals. There were annual appraisal systems in place for all other members of staff.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in July 2015, a survey undertaken by the practice's patient participation group (PPG) and patient satisfaction questionnaires completed by patients when attending the practice. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was rated 'in the middle range' for patients who rated the practice as good or very good. The practice was also in line or above average in comparison with CCG and national results for its satisfaction scores on consultations with doctors and nurses. 88% of practice respondents said the GP was good at listening to them compared with the CCG average of 85% and national average of 89%. 83% said the GP gave them enough time compared with the CCG average of 85% and national average of 87%.

All of the 14 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the PPG on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception

desk and was shielded by partitions which helped keep patient information private. In response to PPG suggestions, a system had been introduced to face the reception seating away from the reception area desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

Data from the National GP Patient Survey published in July 2015 showed from 115 responses that performance in some areas was slightly lower than local CCG and national averages for example,

- 88% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.

However, the percentage of patients who found reception staff helpful was 96% which was well above the local CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Are services caring?

Data from the National GP Patient Survey published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were below local and national averages. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.

- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice provided enhanced services to provide patients with extended hours for their appointments. The practice was open for extended hours 8.00am to 7.30pm Monday and Wednesday which assisted patients in the working age group as they could attend their appointment before or after work.

There was an active PPG which met on a regular basis, they carried out patient surveys and submitted proposals for improvements to the practice management team. One recent proposal to install a screen between the reception area and the patient facilities was accepted and implemented by the practice to improve privacy and dignity.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice PPG offered regular 'health information sessions' for all population groups.
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Different style seating and the design of the practice were suggested and implemented by the PPG.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.

- The Age UK service visited the practice on a monthly basis to give advice for patients aged 50+.

Access to the service

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was 90% compared to the CCG average of 78% and national average of 75%.

The practice was open for appointments from 8.00am until 6.30pm on a Tuesday, Thursday and Friday and offered extended hours on a Monday and Wednesday until 7.30pm for pre-bookable appointments.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

Information about how to make a complaint was available in the waiting room and in a practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. There had been four formal complaints in the previous twelve months which had been satisfactorily handled and dealt with in a timely way. Each complaint had an individual log, learning points were recorded for each complaint and they were discussed at an annual complaints meeting at the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

The practice had overarching governance arrangements which outlined structures and procedures in place which incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated improvement in patients' care.

- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff had appraisals and continuing professional development. The practice had learnt from incidents and complaints.

Leadership, openness and transparency

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example, reducing hospital admissions for children.

The practice was aware of future challenges for example possible mergers and income reduction. Hence there was the possibility of increased pressure on the practice in the future. The practice needed to take into account a potential increase in the ageing population with more long term conditions and increased mental health conditions. In addition to this the practice also needed to take into account future succession planning for professional GPs staff leaving or retiring from the practice.