

# Dr Ashraf Zaman

## 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 Zaman on 13 June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant and 'near miss' events. However there was no analysis of trends.
- Risks to patients were assessed and well managed.
- The practice undertook appropriate recruitment checks including references and professional registration checks.
- The practice had a comprehensive business continuity plan in place for major incidents.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were felt listened to and cared for and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- We saw evidence of a strong patient centric culture and staff informed us that they were committed to provide high quality, personalised care for patients.

# Summary of findings

- Staff we spoke to were knowledgeable with regard to their role and the changing needs of the patient population. They demonstrated a kind and caring attitude and were an asset to the clinical team.

The areas where the provider should make improvement are:

- Implement a process to monitor trends from incidents, complaints and significant events.
- Continue to identify and support carers.
- Continue to encourage patients to attend national cancer screening programmes.
- Establish a patient participation group (PPG) to ensure communication and feedback is sought from patients registered at the practice.

**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.

Good



- There was an effective system in place for reporting and recording significant events including 'near miss' events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice undertook appropriate recruitment checks including references and professional registration checks.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, for example we saw that safety alerts were well monitored and actions taken where necessary.
- The practice was visibly clean and tidy and demonstrated good infection prevention and control.
- 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 and key contractors.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 86% comparable to the CCG average of 81% and the national average of 83%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and improved outcomes for patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice's uptake for the cervical screening programme was 83%, which was above the CCG average of 80% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. Results from the national GP patient survey in July 2016 showed patients felt they were treated with compassion, dignity and respect. For example:
- 79% of patients said the GP was good at listening to them compared with the Luton Clinical Commissioning Group (CCG) average of 85% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% national average of 85%.
- We saw evidence of a strong patient centric culture and staff informed us that they were committed to provide high quality, personalised care for patients.
- Patients we spoke to and comments cards received said commented that staff were always helpful and friendly, appointments were always available and that clinicians took time to explain care and treatment.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- The practice held a register of carers, at the time of the inspection there were 17 patients on the register, approximately 0.5% of the total practice list size. Carers were provided information and support including flu vaccinations and health checks.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with NHS England and Luton Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and dementia reviews.
- Patients said they found it easy to get an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. For example,
- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 73%.
- The practice offered telephone consultations if required.
- Patients had access to Home First team via the practice. This was a locality scheme set up in order to enable a multidisciplinary team to support individuals that may need extra help and to keep them in their homes rather than be admitted to hospital.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were accessible facilities, which included a lift, a hearing loop, and interpretation services available. The practice used its multilingual staff to assist patients and with the increase of eastern European patients they were able to access interpretation service when required.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk for example, monitoring National Patient Survey results.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients. Although there was no active patient participation group, the practice gathered information and received feedback from patients through a variety of routes including the use of a suggestion box and actively speaking to patients.
- There was a comprehensive schedule of meetings held in the practice including those for reviewing unplanned admissions, significant events and safeguarding.

# 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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. They involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. Including referrals to the Home First Team.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 82% above the local CCG average of 73% and the national average of 78%.
- The nurse practitioner held a clinic with the community diabetes nurse to support patients with diabetes and to initiate treatment.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.



# Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. This group of patients were always offered an appointment when required.
- The practice had a designated baby change and breast feeding area on the first floor; a lift had been installed for easy access to this floor.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics. These community staff attended practice clinical meetings.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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).

Good



# Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Although the practice did not offer extended hours appointments telephone consultations were available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- There were a number of access routes to the practice for those patients who were unable to get to the practice during normal hours, for example, the use of the online booking system for appointments. Patients were also able to book a telephone appointment.
- The practice offered the Men ACWY vaccine to young teenagers and first year students going to university to protect them against meningitis (an inflammation of the lining of the brain) and septicaemia (blood poisoning).
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice's uptake for the cervical screening programme was 83%, which was above the CCG average of 80% and the national average of 81%.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There were 29 patients on the register of which 17 had received a health check and the remaining number were being actively contacted to attend however it was noted that due to the ethnicity of the population this was often difficult due to long term travel out of the country.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.

Good



# Summary of findings

- The practice held a register of patients with learning disabilities and was proactive in remaining them of the importance of health reviews.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice demonstrated awareness of challenges faced with the cultural makeup of the local population and had a holistic approach offering support and guidance for issues outside of general health matters for example, benefits and social care advice.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 17 patients as carers (0.5% of the practice list).

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

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

- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 83% comparable to the local CCG average of 86% and the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. This included care planning and memory assessments.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 64% below the local CCG average

Good



# Summary of findings

of 90% and the national average of 89%. The practice recognised this low figure and worked closely with the local mental health professionals and held a weekly clinic to encourage patients to engage with the practice.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke to demonstrated a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages in most areas. There were 351 survey forms distributed and 59 were returned. This was a 17% response rate and represented approximately 2% of the practice's patient list.

- 77% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 64% 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 72% and the national average of 80%.

As part of our inspection we also asked for CQC patient comment cards to be completed prior to our inspection. We received 33 comment cards which were all positive

about the standard of care received for example, patients many of which had been registered at the practice for several years, commented that staff appointments were always available and ran to time, staff were always helpful and that clinicians took time to explain care and treatment.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us that they were able to get an appointment to see either the GP or the nurse when needed.

The practice had gathered patient feedback using the NHS Friends and Family Test (FFT). (The FFT is an opportunity to ask patients about the services they have used). The practice had received 50 responses to the FFT between May and June 2017. The results showed 43 people (86%) were either extremely likely or likely to recommend the service.

## Areas for improvement

### Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Implement a process to monitor trends from incidents, complaints and significant events.
- Continue to identify and support carers.
- Continue to encourage patients to attend national cancer screening programmes.
- Establish a patient participation group (PPG) to ensure communication and feedback is sought from patients registered at the practice.

# Dr Ashraf Zaman

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Ashraf Zaman

Dr Ashraf Zaman at the Malzeard Road Surgery provides a range of primary medical services from a partly purpose built premises at Malzeard Road, Luton, LU3 1BD. The overall boundary area of the practice is greater Luton. The core area covers the Biscot and Bury Park districts. The practice serves a population of approximately 2,965 patients.

The area served has an above average deprivation rate compared to England as a whole. Approximately 98% of the practice population are from a South Asian and Bangladeshi background. Recently there has been an increase in patients from Eastern Europe. The practice serves a considerably higher than average population between the ages of 0 and 39 years and a considerably lower than average population over the age of 45 years.

The clinical staff team includes a male GP, a nurse practitioner (female) and a part-time practice nurse. The team is supported by a practice manager and a team of administration staff.

The practice is open from 9am to 6.30pm Monday to Friday except Wednesdays when the practice closes at 1pm. The practice does not offer extended hours appointments however telephone consultations are available.

When the practice is closed, out of hours services for patients requiring a GP are provided by either the NHS 111 service or Care UK.

## Why we carried out this inspection

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

## How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations, for example the Luton Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced inspection on 13 June 2017. During our visit we:

- Spoke with a range of staff (a GP, a nurse practitioner, the practice manager and administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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 staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events. We saw that the relevant guidance was available to all staff.
- We looked at minutes of the meetings that demonstrated this happened as and when required. Details of any discussions and decisions made were immediately available to staff who were all required to attend. Those staff unavailable on the day had access to the minutes of those meetings through the practice computer system.

There was a system for reporting and recording significant events.

- We reviewed a sample of the six documented examples of significant events from the last 12 months. We found that when things went wrong with care and treatment, the patient was informed of the incident as soon as reasonably practicable, received support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw the practice had sent a fax message in error. The incident was fully investigated and discussed with the practice team. This information was recorded and lessons learned were shared with staff.
- We saw that significant events were discussed, reviewed and action points noted during the monthly clinical meetings. Individual actions were taken forward by the practice manager. Staff we spoke with confirmed lessons learnt from incidents were shared with them however the practice did not undertake an analysis of trends.
- Patient safety alerts and MHRA (Medicines and Healthcare Regulatory Agency) alerts were received into the practice by the practice manager and disseminated to the appropriate staff for action. We noted appropriate actions were taken following receipt of alerts. For example, we reviewed a patient safety alert related to a medicine used to treat seizures and possible risks of

prescribing this to specific groups of patients. Clinicians had conducted a search on the clinical system to identify any patients in this group who had been prescribed the medicine. The patients were contacted to inform them of the change to their medicine.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A summary sheet about safeguarding with contact details was available in each consultation and treatment room. The GP was the lead for safeguarding. The GP provided reports, attended safeguarding meetings and shared information with other agencies where necessary.
- There were monthly meetings with the health visitor to discuss the care of vulnerable children. The outcome of discussions about specific patients including future discussion points were recorded in the patient's electronic record. The electronic patient record had a marker to alert staff to a patient with safeguarding needs.
- Staff had received the appropriate level of safeguarding training relevant to their role. The GP was trained to the appropriate level to manage child (level three) and adult safeguarding. Staff demonstrated they understood their responsibilities. For example, we saw that staff had referred a safeguarding concern for an adult patient who presented with self-neglect. The practice had worked with the local authority to ensure their safety and wellbeing.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff we



## Are services safe?

spoke with provided a good understanding of the responsibilities of the role and we saw evidence where the offer or use of a chaperone was recorded in the patient record.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. Hand wash facilities, including soap dispensers were available throughout the practice and patients were reminded of the importance of hand hygiene in the practice waiting areas and in the newsletter.
- There were cleaning schedules and monitoring systems in place for the building including specific clinical areas and equipment.
- The GP and nurse practitioner were both the infection prevention and control (IPC) clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken, the latest audit was undertaken in April 2017 and we saw evidence that action had been taken to address any improvements identified as a result. For example, the audit identified that sanitary bins were not provided in the female toilets, this was remedied and we saw evidence of these now being in situ.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within her expertise. She received

mentorship and support from the lead GP for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation.

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

### Monitoring risks to patients

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

- There was a health and safety policy available and an up to date health and safety risk assessment.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment were checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice occasionally used locum staff to cover when the GP was not available. Locum packs were available that contained information about the practice and the locality.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to 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. A first aid kit and accident book were 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 stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for contractors and staff. A copy was kept off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and 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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. New guidance and changes in practice were discussed during clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice regularly reviewed the records of patients with diabetes, dementia, poor mental health and those needing palliative care to ensure adherence to good practice guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%.

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable with the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 82% which was above the local CCG average of 73% and the national average of 78%. Exception reporting for this indicator was 3% which was lower than the CCG average of 10% and national average of 9%.

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 due to side effects.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 86% which was higher than the CCG average of 81% and the national average of 83%. Exception reporting for this indicator was 3% which was comparable with the CCG average of 5% and national average of 4%.
- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 64% which was lower than the local CCG average of 90% and the national average of 89%. Exception reporting for this indicator was 0% compared to the CCG average of 12% and the national average of 13%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 83% which was comparable to the local CCG average of 86% and the national average of 84%. Exception reporting for this indicator was 8% compared to the CCG and national averages of 7%.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years, all of these were completed audits where the improvements made had been implemented and monitored.
- Findings were used by the practice to improve services. For example, one of the audits looked at the prescribing rates and benefits of vitamin D. Three cycles of this audit had been completed between September 2015 and June 2017. This showed improved identification and management of patients with osteoporosis (Osteoporosis is a condition that weakens bones, making them fragile and more likely to break).

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff taking blood samples, administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attendance to educational sessions and conferences.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of four documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they

were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Regular multi-disciplinary meetings took place with other health care professionals, including district nurses, health visitors and social workers on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to local support groups and services. The practice had a range of leaflets available in different languages to assist patients with advice on subjects such as health recipes for patients with diabetes.
- The practice's uptake for the cervical screening programme was 83%, which was above the CCG average of 80% and the national average of 81%. There was a policy in place to offer telephone or written reminders for patients who did not attend for their cervical

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screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were 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. For example,

- 45% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 68% and the national average of 73%.
- 25% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 50% and the national average of 58%.

We discussed this with the practice and were told they felt the below average cancer screening results was due to the low number of patients on the practice patient list in these age groups and the ethnic makeup of the population.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice

exceeded the 90% target for uptake of vaccinations given to under two year olds. For example, uptake rates ranged from 93% to 98%. For MMR vaccinations given to five year olds, the practice achieved an average of 88% compared to the national average of 91%.

The practice offered the Men ACWY vaccine to young teenagers and first year students going to university to protect them against meningitis (an inflammation of the lining of the brain) and septicaemia (blood poisoning).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had completed 164 checks between April 2016 and March 2017.

The practice held a register of patients with learning disabilities and at the time of inspection there were 29 patients on the register of which 17 had received a health check and the remaining number were being actively contacted to attend however it was noted that due to the ethnicity of the population this was often difficult due to long term travel out of the country.

# Are services caring?

## Our findings

### Effective needs assessment

The practice assessed needs and 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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. New guidance and changes in practice were discussed during clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice regularly reviewed the records of patients with diabetes, dementia, poor mental health and those needing palliative care to ensure adherence to good practice guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%.

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable with the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 82% which was above the local CCG average of 73% and the national average of 78%. Exception reporting for this indicator was 3% which was lower than the CCG average of 10% and national average of 9%.

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 due to side effects.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 86% which was higher than the CCG average of 81% and the national average of 83%. Exception reporting for this indicator was 3% which was comparable with the CCG average of 5% and national average of 4%.
- Performance for mental health related indicators was comparable to the local CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 64% which was lower than the local CCG average of 90% and the national average of 89%. Exception reporting for this indicator was 0% compared to the CCG average of 12% and the national average of 13%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 83% which was comparable to the local CCG average of 86% and the national average of 84%. Exception reporting for this indicator was 8% compared to the CCG and national averages of 7%.

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# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population: The practice had a higher than average population from Bangladesh and South Asia and with the support of the Luton CCG had set up the practice to address the specific needs and support required by this population group. We were told that this could pose problems for the practice in managing reviews and health checks as patients quite often return to their own country for long periods of time without informing the practice.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning and patients were referred to the Home First team, a community based multidisciplinary team who assisted in the management of frail and elderly patients.
- The nurse practitioner held a joint clinic with the local community diabetes nurse to support diabetic patients and to initiate treatment if required.
- The practice held a weekly mental health clinic supported by the community mental health nurse.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. This was particularly pertinent due to the ethnicity of the practice population who travelled often to their home country.
- There were accessible facilities, which included a hearing loop, and interpretation services available. The

practice used its multilingual staff to assist patients and with the increase of eastern European patients they were able to access interpretation service when required.

- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice offered a holistic approach to the needs of its population for example offering advice and information to non English patients. This included the cultural differences experienced by patients and their families.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example the practice had an easy referral pathway to mental health services.

### Access to the service

The practice was open between 9am to 6.30pm Monday to Friday except Wednesdays when the practice closed at 1pm. There was no late evening or weekend surgery. When the practice is closed out of hours services for patients requiring a GP are provided by either the NHS 111 service or Care UK.

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

Results from the most recent national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 73%.
- 65% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 66% and the national average of 76%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 39% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 49% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Appointments occasionally did not run to time but patients told us that they were informed by reception if this was the case and they felt they were not rushed or hurried during consultations.

The practice had a system to assess:

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

All home visit requests were passed through the clinical system to the GP to assess. Home visits were often undertaken by the GP and nurse Practitioner. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters and forms available in the waiting area and information on the practice website. This detailed other agencies that patients could contact for example, the ombudsman or NHS England.

We looked at two complaints received in the last 12 months and found that the practice had satisfactorily handled the issues and dealt with them in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. However complaints were not considered for trend analysis.

# 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.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice aspired to increase the patient list and to continue to educate patients in the benefits of appointments, where appropriate with the nurse practitioner.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. Staff were able to demonstrate how they accessed documents and policies on the internal computer system.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held quarterly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had identified and recorded the recent national cyber-attack as a 'near miss' and had processes in place to deal with such an event.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

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

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

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

We saw evidence of a strong patient centric culture and staff informed us that they were committed to providing high quality, personalised care for patients. We were provided with numerous examples of work the practice had undertaken to accommodate patient's needs and in particular to safeguard patients they felt may be at risk. For example, patients who were vulnerable and isolated had received intervention through the practice's liaison with other support agencies, including those with drug or alcohol dependencies. Staff informed us that they felt it was the personal approach and caring nature of the practice that underpinned the patient feedback they received. This caring approach was demonstrated on the day of inspection.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held quarterly team meetings.

# Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff we spoke to were knowledgeable with regard to their role and the changing needs of the patient population. They demonstrated a kind and caring attitude and were an asset to the clinical team.
- The practice had gathered patient feedback using the NHS Friends and Family Test (FFT). The FFT asks people if they would recommend the services they have used and offers a range of responses. The practice had received 50 responses to the FFT between May and June 2017. The results showed 43 people (86%) were either extremely likely or likely to recommend the service.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We spoke to staff who demonstrated they were a valuable support to the practice, they were well informed in relation in how the practice was run and told us they felt involved and engaged in any changes that took place.

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

- The practice encouraged and valued feedback from patients and staff. Although the practice did not have a patient participation group (PPG) they were actively trying to encourage patients to form a PPG had sought feedback and engaged with patients in the delivery of the service. For example, patients had requested faster access to the practice by telephone and as a result the practice increased the number of receptionists at busy times.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was part of the pre diabetes screening programme.