

Leyburn Medical 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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

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 Leyburn Medical Practice on 4 October 2016. Overall the practice is rated as outstanding.

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 events.
- Risks to patients were assessed and well managed.
- The practice had recognised the challenges that they faced with regard to the rurality of the practice and had provided services closer to home.
 - The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- 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. Diabetes management was highly regarded by the practice and there were high levels of symptom control and low levels of hospital admissions. The practice participated in insulin initiation.

- Patients said they were treated with compassion, dignity and respect 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 minor injuries service supported by a community Paramedic Practitioner as the nearest accident and emergency service was 18 miles away.

Summary of findings

- The practice provided a dermatology service. They had invested in a dermoscope and one of the GPs had undertaken extra training.
- There was a clear leadership structure and staff felt supported by the management team. 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 several areas of outstanding practice:

The leadership in the practice drove continuous improvement and staff were motivated and accountable for delivering change. Safe innovation and learning was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The practice had introduced a bonus scheme to incentivise and reward staff and recognise effective care.

The practice demonstrated innovative improvement and practice within a rural area which they shared this with other organisations. The practice had a Paramedic Practitioner; we were told that this was the first example of this service in the country due to the locality of the practice.

The practice had taken over the governance of another local practice that needed support and were transferring learning and leadership skills.

The practice had worked closely with the district nursing team and hospital to develop a leg ulcer protocol and with the hospital to develop a deep vein thrombosis care (DVT) protocol. These had been adopted in the local area and provided this care closer to home with a smooth and patient centred process. The practice also provided an ultrasound service and a vasectomy service. This was economically beneficial to the local health economy as well as offering a convenient service to patients from the local community.

The practice had devised and implemented pre-appointment questionnaires that were sent out to patients suffering from asthma and coronary heart disease as they had recognised that there was a high proportion of these patients who did not attend for reviews. This system allowed the practice to reach out to these patients, be updated on their condition and to detect and call in those who needed additional treatment. They were able to demonstrate a year on year increase in asthma reviews.

The areas where the provider should make improve are:

Ensure that systems are in place to monitor prescriptions through the practice in line with national guidance.

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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The 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, however there was no procedure in place to track prescription forms through the practice following their receipt.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- There was a truly holistic approach to assessing, planning and delivering care and treatment to people who use services. New evidence based techniques and technologies were used to support the delivery of high-quality care. For example the practice used technology to provide data for capacity monitoring and had this as a weekly agenda item at the partners meeting.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. The practice had introduced an incentivised bonus scheme for staff based on QOF achievement.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. The dermatology service had been audited (with regard to the outcomes at histology) and this showed that the clinical accuracy of diagnosis was very effective. This provided effective care for patients closer to home.
- Staff, teams and services were committed to working collaboratively, patients who had complex needs were supported to receive coordinated care and there were innovative and efficient ways to deliver more joined-up care to

Summary of findings

people who used services. For example: the practice had developed a DVT management plan that had been adopted across the CCG area, ensuring an efficient, safe and patient-centred approach.

- The systems to manage and share the information that was needed to deliver effective care was coordinated across services and supported integrated care for people who use services. Templates had been developed to provide enhanced information and were linked to national guidance such as the National Institute for Health and Care Excellence (NICE).
- Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with people was used to do so. The practice had a significant number of patients who did not attend for asthma reviews and had tried to address this by the development of questionnaires. These were completed by the patient prior to reviews of asthma and coronary heart disease in order to ensure that patients who had symptoms were called to see a clinician. This also helped ensure that patient details were updated. The practice told us that the numbers of asthma reviews had increased since this was implemented. The practice demonstrated that their patients had the 2nd highest levels of HbA1c control in the CCG area and low hospital admission rates for diabetes.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- People's individual needs and preferences were central to the planning and delivery of tailored services. The practice had thought about the rurality of their location (The nearest hospital was 18 miles away and the nearest hospital with

Outstanding



Summary of findings

specialist services was 45 miles away) and adapted services for their patients accordingly: For example, the practice was the first in the country to have a Paramedic Practitioner, this was provided in conjunction with the hospital and ambulance service and was available 3-4 days every week and supported the minor injuries service provided by the practice.

- The practice had provided an ultrasound clinic since 2009. This local facility for scans meant care closer to home for patients and that local doctors could investigate diseases themselves minimising the need to refer patients on to secondary care.
- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. The practice had developed a leg ulcer management protocol in conjunction with the district nursing team.
- People could access appointments and services in a way and at a time that suited them. The practice provided extended hours on Tuesday and Thursday evenings in response to patient feedback.
- There was an active review of complaints and how they were managed and responded to, and improvements were made as a result.
- The practice provided care for 300-400 extra temporary resident patients in holiday periods due to its rural location.
- The practice had capacity management as a weekly agenda item at the partners meeting to help plan appointment availability for its patients. They used technology to provide data to meet patient demand and increase patient satisfaction

Are services well-led?

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

- The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. The practice were aware of the challenges they faced: for example with regard to the rurality, planned local development and the elderly demographic of their patients.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. This included the provision of commissioned services such as the non-scalpel vasectomy service and the original ultrasound service.

Outstanding



Summary of findings

- Governance and performance management arrangements were proactively reviewed and reflected best practice.
- Leaders had an inspiring shared purpose, strove to deliver and motivate staff to succeed. Staff were incentivised to provide patient-centred care with a bonus scheme which was target led and linked to QOF results.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.
- There was strong collaboration and support across all staff and a common focus on improving quality of care and people's experiences. We saw numerous examples of the staff development of ways to improve patient care.
- Rigorous and constructive challenge from people who used their services, the public and stakeholders was welcomed and seen as a vital way of holding services to account. The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

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 outstanding for the care of older people.

- There was a higher than local and national average number of patients in the older age group and the demand for home visits was high. The percentage of patients aged 65 plus years was 30% compared to the local average of 24% and the national average of 17%.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a paramedic practitioner as the nearest accident and emergency service was 18 miles away.
- The practice offered a free home delivery service for its dispensing patients.
- The practice offered an evidence based leg ulcer clinic to provide care closer to home.

Outstanding



People with long term conditions

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

- The practice had a large proportion of patients with long term conditions at 60%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The nursing team had devised a questionnaire for patients with coronary heart disease (CHD) and asthma; this helped ensure that only those needing care were seen but that records were updated accordingly.
- All these patients had a named GP and 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. Patients with co-morbidities had all of their conditions reviewed at the clinic related to their main condition.
- The practice offered insulin initiation for its diabetic patients and had low admission rates for these patients.

Outstanding



Summary of findings

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 88% which was above local figures of 83% and national figures of 81%.
- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 84% which was above local figures of 80% and national figures of 78%.
- Longer appointments and home visits were available when needed.

Families, children and young people

The practice is rated as outstanding 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, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high 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, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 81% which was in line with local figures of 84% and national figures of 82%.
- The practice provided a minor injuries and ultrasound service as the nearest hospital was 18 miles away.
- The practice provided a no scalpel vasectomy service which had been commissioned by the local CCG.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Outstanding



Working age people (including those recently retired and students)

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

- 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.

Outstanding



Summary of findings

- 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.
- They had devised a deep vein thrombosis protocol that provided a smooth and patient-centred process closer to home.
- The practice had invested in a dermoscope and extra training and provided a dermatology service for care closer to home.

People whose circumstances may make them vulnerable

The practice is rated as outstanding 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.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how 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 in normal working hours and out of hours.

Outstanding



People experiencing poor mental health (including people with dementia)

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 94% which was comparable to the local average of 93% and above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.

Outstanding



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had 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 national GP patient survey results were published on 7 July 2016. The results showed the practice was above local and national averages. 218 survey forms were distributed and 134 were returned. This represented 2% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards and eight CQC questionnaires which were completed on the day by patients, which were all positive about the standard of care received. We also received five CQC completed questionnaires from members of the patient participation group. Key points from the comment cards and questionnaires were that staff were very understanding, attentive and offered a fantastic service.

We spoke with eight patients during the inspection, including a patient using the minor injuries service, who all said they were satisfied with the care they received and thought staff were approachable, committed and caring. The latest friends and families test indicated that 94% of patients would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

Ensure that systems are in place to monitor prescriptions through the practice in line with national guidance.

Outstanding practice

The leadership in the practice drove continuous improvement and staff were motivated and accountable for delivering change. Safe innovation and learning was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The practice had introduced a bonus scheme to incentivise and reward staff and recognise effective care.

The practice demonstrated innovative improvement and practice within a rural area which they shared this with other organisations. The practice had a Paramedic Practitioner; we were told that this was the first example of this service in the country due to the locality of the practice.

The practice had taken over the governance of another local practice that needed support and were transferring learning and leadership skills.

The practice had worked closely with the district nursing team and hospital to develop a leg ulcer protocol and with the hospital to develop a deep vein thrombosis care (DVT) protocol. These had been adopted in the local area and provided this care closer to home with a smooth and patient centred process. The practice also provided an ultrasound service and a vasectomy service. This was economically beneficial to the local health economy as well as offering a convenient service to patients from the local community.

Summary of findings

The practice had devised and implemented pre-appointment questionnaires that were sent out to patients suffering from asthma and coronary heart disease as they had recognised that there was a high proportion of these patients who did not attend for

reviews. This system allowed the practice to reach out to these patients, be updated on their condition and to detect and call in those who needed additional treatment. They were able to demonstrate a year on year increase in asthma reviews.

Leyburn Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a Pharmacist advisor.

Background to Leyburn Medical Practice

Leyburn Medical Practice is a purpose built GP premises which is based in the market town of Leyburn, Wensleydale. The practice also provides a minor injury unit which is open to registered and non-registered patients. It has a General Medical Services (GMS) contract and is a dispensing practice. The practice is also a teaching and training practice and currently has three GP Registrars and annual medical student placements.

The area covered by the practice is Leyburn and the surrounding villages. This area in the Yorkshire Dales is rural and has a larger proportion of older retired patients than local and national averages. It also provides services for those from the farming community. The average distance to the practice for patients is nearly two miles. The nearest hospitals are 18, 25 or 40 miles away depending on the level of specialist service required. The practice also provides care to patients on holiday in the area. There are plans to develop the area in the next 10-15 years to include social housing. The practice list size is currently 5949. The practice catchment area is classed as 8 out of 10 in the Indices of Multiple Deprivation (The lower the Indices of Multiple Deprivation (IMD) decile the more deprived an area is).

In April 2016 the practice took over the governance of a practice which is situated approximately eight miles away. The aim of the practice is to facilitate cross site working, and they have already implemented shared policies and procedures with staff who have access to information technology at both sites.

Car parking facilities are available but transport links are poor for the surrounding villages.

The practice consists of five GP partners (three female and two male). Some of the GPs also work at the other practice. There are two nurse practitioners, four practice nurses and three health care assistants, all of which are female. They have two managing partners and a range of dispensing, reception and administration staff.

The practice is open Monday to Friday from 8am to 6.30pm and offers extended hours on Tuesdays and Thursdays from 6.30pm to 7.15pm. From 6.30pm to 8am the service is covered by the out of hours service. The out of hours is accessed through the 111 service and is provided by Harrogate District Hospital Foundation Trust. Appointments are available from 8.30am and are available on the day and can be booked up to eight weeks in advance. The minor injuries unit is open from 8.30am to 6.30pm Monday to Friday and is supported by the GPs when the paramedic is not available.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 October 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, dispensing staff and managers and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new protocol was devised for patients taking new oral anti-coagulant drugs, this was identified from audit. We saw evidence of action taken in response to Medicines and Healthcare Products Regulatory Agency alerts (MHRA).

Overview of safety systems and processes

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

- 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. There was a lead member of staff for safeguarding. The GPs 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3, practice nurses to child safeguarding level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed for patients who did not live near a pharmacy and this was appropriately managed. The dispensary staff had received appropriate training and had annual appraisals and competency assessments. We saw standard operating procedures (SOPs) which covered aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The practice used a barcode system as a means of second check and had embedded a physical second check for controlled drugs and items barcoded then dispensed by the same person, ensuring a robust checking system.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary, and there was a named GP who provided leadership to the dispensary team. Near miss dispensing errors and errors which reached patients were recorded and were discussed as part of team meetings. Actions were taken upon receipt of alerts and updates and these were recorded and disseminated to all relevant staff
- The practice ensured prescriptions were signed before being issued to patients. Repeat prescription review dates were assessed as part of the prescription clerking

Are services safe?

system and there was a system in place to ensure medication review dates were not exceeded. Staff told us about procedures for monitoring prescriptions that had not been collected and this was effectively managed.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. However balance checks of controlled drugs had not been carried out on a regular basis. The practice told us they would start this monthly following the inspection. Staff knew the procedures for the destruction of controlled drugs that were past their expiry date.
- Staff told us they were developing a process and SOP to check medicines were within their expiry date. We were shown the new SOP, which was awaiting ratification, staff described what they did currently to ensure stock was not out of date. Expired and unwanted medicines were disposed of in accordance with waste regulations. A delivery service was provided by the practice and this was appropriately managed. A second delivery service for those who required extra support or were vulnerable had been implemented in collaboration with a third party.
- We checked medicines refrigerators and found they were secure with access restricted to authorised staff. Temperatures were recorded in accordance with guidance and were within the recommended range.
- Vaccines and injectable medications were administered by nurses using Patient Group Directions (PGDs). PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. This was effectively managed by the practice.
- Emergency medicines and equipment were kept at the practice and these were managed appropriately by the community paramedic based at the practice.
- The receipt of blank prescription forms were handled in accordance with national guidance and the practice kept them securely. There was however no procedure in place to track prescription forms through the practice following their receipt.

- The practice ensured that they had systems in place to monitor high risk medications: including safeguards on the computer system, a robust repeat prescribing system and systems in place for disease-modifying antirheumatic drugs (DMARDs) and lithium monitoring.
- We reviewed four personnel files and found 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular 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 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. This was a weekly agenda item at the partners meeting. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

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

Are services safe?

- 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 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

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 a clear idea of the challenges they faced and strove to provide effective and patient-centred care.

- 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.
- The practice monitored that these guidelines were followed through risk assessments and audits.
- The appointment availability was analysed weekly by the practice using data from the computer system.

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 99% of the total number of points available with an exception reporting rate of 6.2% which was lower than local (7.9%) and national (9.2%) averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). 60% of the patients on the practice list had a long term condition.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar/above local and national averages.

The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 98% with a local average of 97% and national average of 94%.

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less

(01/04/2014 to 31/03/2015) was 78% which was comparable to the local average of 81% and the national average of 78%.

The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 88% compared to the local average of 83% and the national average of 81%.

The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 84% compared to the local average of 80% and the national average of 78%.

- Performance for mental health related indicators was similar to the national average.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to the national average of 90%.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to the local average of 93% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been ten clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. Examples included: recent action taken as a result included an improvement in the number of Type 1 diabetic patients who had a meter to test for blood ketone levels during illness and an improvement in continuation rates for the sub-dermal contraceptive implant following improved counselling skills.
- The practice had devised and implemented questionnaires that were sent out to asthma patients as they had recognised that there was a high proportion of



Are services effective?

(for example, treatment is effective)

these patients who did not attend for reviews. Many of these patients were working age adults who struggled to get time away from work to attend review appointments. This system allowed the practice to reach out to these patients, be updated on their condition and to detect and call in those whose asthma needed additional treatment. This enabled the practice to be updated on their condition and also recontact the patients who were having problems or showing symptoms of uncontrolled asthma. They were able to demonstrate a year on year increase in asthma reviews.

- Questionnaires were also sent out to patients suffering from Coronary Heart Disease and this helped ensure that patients who were symptomatic were contacted by telephone for reviews. We were told that stable patients did not attend for reviews and that this alternative was an effective use of patient's and nurse's time.
- The practice could demonstrate that they had the 2nd highest levels of diabetic control in the CCG area, and they had low admission rates for diabetic related problems. Up to date data from a recent audit showed 73% of patients were at HbA1c target levels as opposed to the CCG average of 64% and the national average of 62%. We were told by the GP and practice nurse that they worked well together and put a lot of time and effort into diabetic care. They were supported further by periodic hosting of the local diabetic eye screening service and a visiting diabetes consultant.
- The practice provided a dermatology service with investment in a dermoscope and further training for one of the GPs to provide care closer to home due to the rurality of the practice. The accuracy of clinical diagnosis had been audited by comparing dermoscopic findings with ultimate histology findings. The results showed a very high degree of agreement between the two assessments.
- There was a Deep Vein Thrombosis (DVT) protocol and the practice had developed a template in the computer system which was now shared throughout the CCG area. By using this protocol patients with a suspected DVT could be safely managed entirely within the community setting, with only a single trip to hospital for the ultrasound scan needed to confirm or refute a diagnosis of DVT.
- The practice held the contract with the CCG for a non-scalpel vasectomy service which provided care to patients throughout the CCG area. They had commissioned a database programmer to develop a

database which had been continuously developed over the years. As a database all fields could be analysed to facilitate clinical audit and review. It also included a set of standard patient letters and allowed the inputting of response to patient questionnaires. The practice used this database to keep a thorough check on the quality of service provided in terms of the effectiveness of the operation, complication rates and patient satisfaction with the service. The practice could show clearly the quality of the service it was providing.

- The practice had a high number of temporary resident patients during holiday times; this could result in a list increase of 400 over the summer months.
- The practice could demonstrate effective development of templates used during consultations to support patient care that included prescribing, contraindications and also life events. The practice used technology to provide data for capacity monitoring and had this as a weekly agenda item at the partners meeting.
- The practice used a secure email based advice and guidance service about chronic kidney disease delivered by the local renal physician to help manage this cohort of patients closer to home.

Information about patients' outcomes was used to make improvements such as: following identification of a gap in the recording of which responsible adult had attended the practice during consultations with children, the practice had reacted to this and the recording had gone from 25% to 75%.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, 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 administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could



Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months during which targets were identified for the following year.
- 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.
- The adoption of a 'one stop' appointment for patients with multiple long term conditions meant that patients had fewer visits to the surgery and the practice could be more efficient in utilising staffing resources. They were able to spend more time with patients who struggled to manage their conditions and needed more intensive input and support.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Non registered patients using the minor injuries service had their record of care printed out and sent to their own GP once the episode was complete. If the patient was staying long enough in the area the practice would deal with any follow up, if not they were advised to see their own GP when they got home and this was reflected in the notes sent to their GP.

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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 79% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and these results were higher than local and national figures. For example: patients aged 60-69 who had been screened for bowel cancer in last 30 months was 71% compared with local figures of 66% and national figures of 58% and patients aged 50-70 who had been screened for breast cancer in last



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

36 months was 83% compared with local figures of 78% and national figures of 72%. There were failsafe systems in place 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 98% and five year olds from 92% to 100%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the patient Care Quality Commission comment cards and questionnaires we received on the day 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 received five completed Care Quality Commission questionnaires from members of the patient participation group (PPG). 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 94% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line/above local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.
- Information leaflets were available in easy read format.
- The patient call board (which poorly sighted patients found difficult to read) had been replaced with a version with bigger text and clearer lettering.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients as carers (1.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had recognised the issues that their patients faced with regard to the distance to hospital to access services and had a culture of evaluating what they could offer to provide closer care. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Tuesday and Thursday evening until 7.15pm for working patients who could not attend during normal opening hours.
- Extended hours appointments were originally on Saturday mornings but few patients took them up. The practice consulted with patients again and in response moved the clinics to Tuesday and Thursday evenings which has had a much greater take up.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice made effective use of technology to monitor the capacity versus demand in the practice every week to ensure that there were sufficient appointments for its patients. Action taken included swapping GP sessions around through the week; buying in locum sessions; and flexing the proportion of on the day to pre-bookable appointments.
- The practice invested in a new telephone system in order to maximise the potential of their clinical system to provide online services to patients, including appointment booking, prescription ordering and the use of SMS texting for test results and other key messaging. They introduced GP telephone triage to improve responsiveness to those who need appointments within 48 hours and to create extra capacity for those who needed more regular appointment bookings (up to 50% of telephone triage calls were now dealt with fully over the telephone without the need for a face to face appointment). Patient satisfaction results in this area were high.
- Patients were able to receive travel vaccinations available on the NHS and referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had developed a leg ulcer protocol with other agencies in response to the demand in the rural area. This provided evidence based care closer to home by the practice nurses for its patients who otherwise would have to travel 18 miles to the nearest hospital. The results achieved were good and matched the healing rates the hospital clinic achieved.
- The practice operated an ultrasound clinic. This had been originally set up by the practice in 2009 and provided specially trained staff from radiology. This was economically beneficial to the local health economy as well as offering a convenient service to patients from the local community.
- The practice offered joint injections to provide care closer to home.
- Insulin initiation was provided for diabetic patients in a one stop approach.
- The practice offered a free home delivery service to its dispensary patients.
- The practice had a Paramedic Practitioner, we were told that this was the 1st example of this service in the country due to the locality of the practice (began in 2002). The paramedic practitioner provided care for patients with minor injuries and also those who needed urgent care and was based at the surgery for 3-4 days per week, therefore saving significant numbers of ambulance journeys each year. The paramedic was employed by Yorkshire Ambulance Service and his role was twofold: he saw walk in urgent cases including minor injuries, chest pain and other cases that might otherwise have gone through 999 or NHS111 and for which he would have been called out via the ambulance service control room. The other part of his role was to attend urgent home visits and triage the cases using his skills and where necessary calling the GP to discuss the case. When the Paramedic Practitioner was not there the minor injuries and other care was covered by the on call GP and by practice nurses (where the injuries were within their competencies). On the day of the inspection we spoke with a patient who had just seen the on call GP due to a minor injury and they were very satisfied with the service they had received.
- The practice had innovated this role working well with the local ambulance service and within the local primary healthcare team. The presence of the paramedic practitioner added an extra means for the



Are services responsive to people's needs?

(for example, to feedback?)

practice to provide services to patients, within Leyburn, keeping services closer to home and saving many hospital attendances, and reducing the need for long ambulance journeys. An audit of the role and work involved had been done spanning 13 years and showed for example; In 2015, 110 patients had been responded to as an emergency, 81 minor injuries had been assessed and 32 patients had been seen on behalf of GPs by the Paramedic Practitioner. In addition 68 patients were not conveyed to hospital in 2015 as a result of the role of the Paramedic Practitioner.

- The citizen's advice bureau held a debt counselling clinic in the practice.
- The practice used social media to communicate with patients and had redesigned the website.
- One of the GPs had regular liaison meetings with the local School Nurse and Health Visitor Team and worked closely with representatives from the local horse racing community which predominantly employed young people.
- The practice were participating in a clinical pharmacist pilot in conjunction with the CCG.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Phone lines were open from 8am and appointments were from 8.30am every morning to 6.15pm. Extended hours appointments were offered at 6.30pm to 7.15pm on Tuesdays and Thursdays. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 94% of patients were satisfied with the practice's opening hours compared to the national average of 79%.

- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

This was done by telephone triage by the GPs. 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 an effective system in place 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 by posters displayed in the waiting room.

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, vaccine stock control was improved following a complaint regarding non-availability of a vaccine.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. They told us that they had an aspiration towards excellence and the provision of high quality services closer to home:

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice used data very effectively, monitoring all aspects of its operations in terms of both quantity and quality of care.

Governance arrangements

The leadership, governance and culture of the practice was used to drive and improve the

delivery of high-quality person-centred care. Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. Governance and performance management arrangements were proactively reviewed and reflected best practice. The practice had recognised the difficulty in accessing services to their patients due to the rurality of the practice and had grown the range of services they offered. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies and templates were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 in place 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. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.
- 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. We collected ten Care Quality Commission Questionnaires from staff prior to the inspection and all ten staff told us that relationships with managers were very good.
- The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. For example:

The practice had introduced a bonus scheme that incentivised and provided financial reward to staff who demonstrated effective care. This was identified during annual appraisal and was target driven.

- Staff told us the practice held regular team meetings.

Are services well-led?

Outstanding



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

- 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.
- The practice had a culture of developing staff to meet patient's needs; an example of this was the development of the health care assistant role towards the medical assistant role.
- The practice had taken over the governance and ownership of a nearby practice that needed support in April 2016. They were transferring learning and leadership skills. They aimed to facilitate cross site working, and had already implemented shared policies and procedures with staff access to information technology from both sites. This meant that GPs were able to triage at busy times from either site and look at results for patients.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had redeveloped the practice's website and developed information leaflets for patients travelling to hospital following advice from the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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

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

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. The practice had a clear idea of the challenges ahead and participated in local collaboration to develop pathways of care closer to home for its patients. The practice had a culture of sharing innovation and improvement, providing services closer to home by developing protocols and motivating and encouraging staff to continuously improve practice.