

# College Road Surgery

## 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 previously carried out an announced comprehensive inspection at College Road Surgery on 13 January 2016. The overall rating for the practice was requires improvement, with requires improvement ratings for:

- Providing effective services;
- Providing caring services;
- Providing responsive services;
- Being well-led.

We found the practice required improvement in these areas due to breaches in regulations relating to safe care and treatment, and to providing person-centred care. This was because:

- The practice was not monitoring and screening patients for atrial fibrillation in line with the National Institute for health and Care Excellence (NICE) guidance. The practice had particularly high exception reporting in this area.

- The practice did not make appropriate arrangements to identify patients who are carers to enable them to receive care, treatment and support that meets their needs.

We also found other areas where the practice should improve. These findings were as follows:

- Medicine prescriptions were not always signed for on receipt.
- Respondents to the national patient survey indicated that their satisfaction level in relation to access to care and treatment was lower than local and national averages.

The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Colle Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On 27 June 2017 we carried out an announced, follow-up comprehensive inspection to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 13 January 2016. This report covers our findings in relation to those requirements.

# Summary of findings

Our key findings were as follows:

- People were protected by a strong, comprehensive safety system and a focus on openness, transparency and learning when things went wrong.
  - The practice had clearly defined and embedded systems to minimise risks to patient safety.
  - Arrangements for managing medicines kept patients safe. Blank prescription forms and pads were securely stored and there were systems to monitor their use, including processes to ensure they were signed for on receipt.
  - Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
  - Most patient outcomes were in line with or above local and national averages.
  - The practice was monitoring and screening patients for atrial fibrillation in line with the National Institute for health and Care Excellence (NICE) guidance.
  - The practice had appropriate arrangements to identify patients who are carers to enable them to receive care, treatment and support that meets their needs.
  - The practice had good facilities and was well equipped to treat patients and meet their needs.
  - Patients' satisfaction with how they could access care and treatment was in line with or above local and national averages.
  - Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints, concerns and patient feedback.
  - There was effective oversight, planning and responses to practice performance.
  - 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice is now rated as good for providing effective services, for providing caring services, for providing responsive services, and for being well-led. The overall rating for the practice is now good.

**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 good for providing safe services.

Good



- People were protected by comprehensive safety systems and there was a focus on openness, transparency and learning when things went wrong.
- There was a system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence that events had been consistently recorded, discussed and shared.
- Practice staff used opportunities to learn from incidents to support improvement.
- Information about safety was valued and was used to promote learning and improvement, and was shared with outside agencies.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Risks to patients were identified and dealt with.
- Arrangements for managing medicines kept patients safe.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use, including processes to ensure they were signed for on receipt.

### Are services effective?

**At our previous inspection on 13 January 2016, we rated the practice as requires improvement for providing effective services as there was high exception reporting in QOF. The practice did not monitor patients with atrial fibrillation appropriately and had high exception reporting for this condition.**

**We found these arrangements had significantly improved when we undertook a follow up inspection on 27 June 2017. The practice is now rated as good for providing effective services.**

Good



- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed patient outcomes were in line with regional and national averages. The most recent published results showed that the practice achieved 99% of the total number of points available compared with the Clinical Commissioning Group (CCG) and national averages of 97% and 95% respectively.

# Summary of findings

- We found the QOF exception reporting rate had reduced when we undertook the follow up inspection on 27 June 2017. For 2015-16, the practice's overall exception reporting rate was 9%, compared with the CCG and national averages of 6%. The practice's own data indicated a further reduction in exception reporting for 2016-17, with only a small number of patients for certain conditions subject to exception reporting.
- During our previous inspection on 13 January 2016 we found the practice did not have an ECG (electrocardiogram) machine and patients with AF were not always receiving suitable care because some patients were not being appropriately referred. During our inspection on 27 June 2017 we found the practice had acquired an ECG machine and was using this consistently to screen and manage patients.
- For 2014-15 the practice's exception reporting rate for AF was 50%. This had reduced to 25% for 2015-16, and the practice's own data for 2016-17 showed there were no AF patients subject to exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had implemented a programme of continuous clinical audit, which included completed audit cycles to assess the effectiveness of improvements made.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

## Are services caring?

**At our previous inspection on 13 January 2016, we rated the practice as requires improvement for providing caring services, as we found the practice did not hold a register of carers. Patient satisfaction was below local and national averages in some areas.**

**We found these arrangements had significantly improved when we undertook a follow up inspection on 27 June 2017. The practice is now rated as good for providing caring services.**

- Data from the National GP Patient Survey published in July 2017 showed patients rated the practice in line with others for most aspects of care. Results were improved when compared with the previous years' results in many areas.

Good



# Summary of findings

- The practice had carried out its own patient survey during late 2016 which indicated high levels of patient satisfaction.
- Information for patients about the services available was comprehensive, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Feedback from patients about their care and treatment was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had measures in place to identify, respond to and support the needs of carers.

## Are services responsive to people's needs?

**At our previous inspection on 13 January 2016, we rated the practice as requires improvement for providing responsive services, as we found patients' satisfaction with how they could access care and treatment was consistently below local and national averages.**

**We found these arrangements had significantly improved when we undertook a follow up inspection on 27 June 2017. The practice is now rated as good for providing responsive services.**

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the CCG to secure improvements to services where these were identified. For example the practice worked with local psychiatrists to secure home visits to elderly patients judged to be at risk of dementia.
- Home visits were offered for those whose circumstances resulted in difficulty for them to attend the practice premises.
- There was continuity of care with urgent appointments available the same day.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, elderly patients, and patients with complex needs.
- Results from the National GP Patient Survey published during July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with or above local and national averages overall. For example, 76% of patients said they found it easy to get through to this practice by

Good



# Summary of findings

telephone, compared with the CCG average of 68% and the national average of 71%. 86% of patients said the last appointment they got was convenient, compared with the CCG average of 86% and the national average of 81%.

- 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.

## Are services well-led?

**At our previous inspection on 13 January 2016, we rated the practice as requires improvement for being well-led as there was a lack of effective oversight, planning and responses to aspects of Quality and Outcomes Framework (QOF) performance. This was related to patients with atrial fibrillation (AF) who were not being consistently managed.**

**We found these arrangements had significantly improved when we undertook a follow up inspection on 27 June 2017. The practice is now rated as good for being well-led.**

- The practice had a clear vision to deliver high quality care in the safest way to their population.
- There was a clear leadership structure and staff felt supported by management. The practice had a range 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.
- During our previous inspection on 13 January 2016 we found that patients with atrial fibrillation were not always being appropriately managed. During our inspection on 27 June 2017 we found the practice had made improvements in managing these patients.
- A comprehensive understanding of the performance of the practice was maintained and shared with staff and stakeholders.
- The practice had an active and engaged patient participation group (PPG). We saw examples of where the PPG had supported the practice to make improvements.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of and complied with the requirements of the duty of candour.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice offered double appointments for older people.
- The practice was responsive to the needs of older people, and offered home visits and urgent same-day appointments when needed.
- Practice staff worked closely with other health care professionals to deliver care to older people, for example community nursing staff.
- The practice offered enhanced checks for all patients aged 65 years and above. 97% of these patients had received a health check in the last six months.
- The practice held regular multidisciplinary team meetings to discuss the needs of older patients.
- The practice directed older people to appropriate support services.

### People with long term conditions

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

Good



- The practice held registers of those patients with long-term conditions.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. We saw that nursing staff utilised, reviewed and kept up to date care plans for patients with long term conditions.
- Performance for diabetes related indicators was higher overall than CCG and national averages. For example, 87% of patients with diabetes had a blood pressure reading at or under the recommended level, compared with CCG and national averages of 77% and 78% respectively. The practice's exception reporting rate for this indicator for 2015-16 was 9%, compared with the CCG and national averages also of 9%.
- Longer appointments and home visits were available when needed.
- All patients with long-term conditions had a named GP clinical lead.
- Structured annual reviews were provided to check health and medicine needs were being met.



# Summary of findings

- 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.

- Children and young people were seen on the same day if they needed an appointment.
- There were systems to identify and follow up children who were at risk, for example, children and young people who had a high number of Accident and Emergency (A and E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this including care planning.
- Performance for cervical screening indicators was in line with CCG and national averages. For example the percentage of women aged 25-64 receiving a cervical screening test in the last five years was 82%, compared with CCG average of 80% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- We saw positive examples of engagement and joint working with midwives and health visitors.

Good



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

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

- The 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.
- The practice offered extended hours appointments two days a week up to 8pm, and one day a week up to 7.30pm.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held registers of patients living in vulnerable circumstances.
- We saw evidence that circumstances were considered in care planning and treatment for vulnerable patients and the practice regularly worked with other health care professionals to deliver care and treatment.
- The practice had a dedicated list of patients registered as having a learning disability and had offered health checks for all of these patients. The practice used information to support care planning and offered longer appointments for patients with a learning disability.
- The practice provided help and support for patients who were carers.
- 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 were trained and 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.

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

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

Good



- Performance for mental health related indicators was higher overall than CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan recorded in the preceding 12 months was 100%, compared with CCG and national averages of 93% and 89% respectively. The practice's exception reporting rate for this indicator for 2015-16 was 4% (one patient), compared with the CCG average of 8% and the national average of 13%.
- Patients experiencing poor mental health (including those with dementia) were placed on a register, had a care plan in place and were invited to see a GP for a comprehensive review at least once a year.
- Longer appointments were available for those patients with mental health needs or dementia.

# Summary of findings

- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice worked with a qualified psychologist who provided in-house counselling for patients.

# Summary of findings

## What people who use the service say

The latest available National GP Patient Survey results were published in July 2017. 379 survey forms were distributed and 89 returned, which represents a response rate of 23% and 3% of the practice population.

Results showed the practice was performing in line with local and national averages. For example:

- 76% of patients said they found it easy to get through to someone at the practice by telephone, compared with the Clinical Commissioning Group (CCG) average of 68% and the national average of 71%.
- 74% of patients said they were satisfied with the practice's opening hours, compared with the CCG and national averages of 76%.
- 95% of patients said they had confidence and trust in the last GP they saw or spoke to, compared with the CCG average and national averages of 95%.

- 88% of patients said the last time they saw or spoke to a nurse; the nurse was good at listening to them, compared with the CCG average of 89% and the national average of 91%.
- 79% of patients said the last appointment they got was convenient, compared with the CCG average of 76% and the national average of 81%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We received 46 completed comment cards which were all positive about the standard of care received. Patients described staff as caring, supportive and compassionate. Many of the patients stated that they had been with the practice for many years and were very complimentary about their care and experiences they and their families had received.

# College Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of a Care Quality Commission (CQC) Inspector.

## Background to College Road Surgery

College Road Surgery is based in Moseley, South Birmingham. The practice offers a wide range of services to their patients such as child health surveillance, travel vaccinations, cervical screening, asthma, diabetes, coronary heart disease, minor surgery and health promotion. The current list size is 3,394 patients.

The practice has two GP partners (one male and one female). The practice uses locums when required. The practice has two practice nurses and a healthcare assistant.

The clinical team is supported by a practice manager and a team of reception staff. The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is open between 8.15am and 8pm on Mondays, Tuesdays and Fridays; between 8.15 and 7pm on Wednesdays; and from 8.15am to 1pm on Thursdays. Appointments are available during these times including extended hours appointments. The practice is closed between 1pm and 2pm every day in order for GPs to carry out home visits.

The practice does not provide an out of hours service for their own patients but provides information about the

telephone numbers to use for the out of hours GP provider which was BADGER. There is a local arrangement in place for BADGER to provide services for patients during core hours when the practice is closed (for example from 8am to 8.15am, and from 1pm to 2pm). The practice leaflet also informed patients about the nearest walk-in centres.

We previously carried out an announced comprehensive inspection at College Road Surgery on 13 January 2016. The practice was rated requires improvement for providing effective services, for providing caring services, for providing responsive services, and for being well-led. The overall rating for the practice was requires improvement.

## Why we carried out this inspection

We undertook a comprehensive inspection of College Road Surgery on 13 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated requires improvement for providing effective services, for providing caring services, for providing responsive services, and for being well-led. The overall rating for the practice was requires improvement. We found:

- The practice was not monitoring and screening patients for atrial fibrillation in line with the National Institute for health and Care Excellence (NICE) guidance. The practice had particularly high exception reporting in this area.
- The practice did not make appropriate arrangements to identify patients who are carers to enable them to receive care, treatment and support that meets their needs.

We issued requirement notices in respect of these findings.

# Detailed findings

The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for College Road Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On 27 June 2017 we carried out an announced, follow-up comprehensive inspection to confirm the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 13 January 2016. This report covers our findings in relation to those requirements.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for example the Birmingham South and Central Clinical Commissioning Group (CCG), to share what they knew. We carried out an announced visit on 27 June 2017. During our visit we:

- Spoke with practice staff.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 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 a well-established system for reporting, recording, actioning and reviewing significant events, incidents and near misses.

- There was a dedicated template for recording and reporting significant events and incidents which was available to all staff on the practice's computer. We reviewed samples of completed forms and saw that these included descriptions of the event, key issues identified, and suggested actions to prevent reoccurrence. This form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice manager was responsible for logging and overseeing significant events and incidents. We saw evidence that events were being consistently reported, recorded, discussed, reviewed and shared. We saw evidence of where significant events and incidents were discussed in meetings.
- Staff understood their responsibilities in relation to significant events, incidents and near misses.
- Staff told us they would share examples of learning from significant events and incidents with stakeholders, for example the Clinical Commissioning Group (CCG) where this was considered to be necessary.
- We reviewed a sample of 13 documented significant events. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably possible, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Alerts (MHRA), patient safety alerts and minutes of meetings where these were discussed. The practice had an alerts protocol to identify, share and respond to any alerts. The practice manager and

one of the practice nurses were responsible for responding to and sharing information relating to safety and medicines alerts. We saw evidence that information was shared by email and in practice meetings.

Lessons learnt were shared and action was taken to improve safety for patients. For example, following a medicines error made by a local pharmacy the practice had carried out detailed checks, and changed their approach to dealing with this particular pharmacy.

### Overview of safety systems and process

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

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation, and local guidance and requirements. Up to date policies and procedures were accessible to all staff. We saw these had been regularly updated. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated awareness of the content of these policies and procedures, and where to find them.
- There was a lead member of staff for safeguarding who was one of the GP partners. The GPs and nurses attended quarterly safeguarding meetings when possible and we saw evidence they provided reports for other agencies where necessary.
- The practice maintained up to date child protection and vulnerable adult lists and we saw evidence of internal and external meetings having taken place. We saw detailed records of these meetings which included comprehensive risk assessments, discussions and actions.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- Notices throughout the practice (including waiting and treatment areas) advised patients that chaperones were

# Are services safe?

available if required. All staff who were required to act as chaperones were suitably trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the nurses was the lead for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken by the nurse leading in this area two or three times a year.
- We reviewed five clinical and non-clinical staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included references, qualifications, registration with the appropriate professional body, and the appropriate checks through the DBS.

## Medicines management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The nurses were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- There were some controlled drugs at the practice. There were standard procedures available which set out how they were managed. Controlled drugs were stored securely and appropriately and access to them was restricted. The total quantities of controlled drugs were documented in a Controlled Drugs Register (CDR).

- Blank prescription forms and pads, and blank forms for use in printers, were securely stored and there were systems to monitor their use, including processes to ensure they were signed for on receipt.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures 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, had carried out monthly tests of the fire alarm system, and had carried out annual tests of fire safety equipment.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records showed that all equipment had been tested and calibrated every 12 months. 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 and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover each other's roles where necessary.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in the reception area and all the consultation and treatment rooms. This alerted staff to any emergency including its location.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- All staff received annual basic life support training and there were emergency medicines available on-site. There was a defibrillator available on the premises and



## Are services safe?

oxygen with adult and children's masks. A first aid kit and accident book were available. There were processes in place to ensure that the equipment remained safe for use.

- Emergency medicines were accessible to staff in secure areas 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 staff. Copies of the plan and contact numbers were kept off-site.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 13 January 2016, we rated the practice as requires improvement for providing effective services as there was high exception reporting in QOF. The practice did not monitor patients with atrial fibrillation appropriately and had high exception reporting for this condition.**

**We found these arrangements had significantly improved when we undertook a follow up inspection on 27 June 2017. The practice is now rated as good for providing effective services.**

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines. (NICE is the organisation responsible for promoting clinical excellence and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)

- Findings were used by the practice to improve services. For example, following an audit into obesity the practice had recalled a number of patients for a clinical review, and had provided a range of lifestyle advice for this patient group.
- We saw that audit findings had been presented, discussed and documented as part of monthly practice meetings.

### 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 (for 2015-16) showed the practice was awarded 99% of the total number of points available. This was higher than the Clinical Commissioning Group (CCG) and national averages of 97% and 95% respectively.

At our previous inspection on 13 January 2016, we found high exception reporting in QOF. The practice's total exception reporting rate for 2014-15 was 16%. (Exception

reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.)

We found the QOF exception reporting rate had reduced when we undertook the follow up inspection on 27 June 2017. For 2015-16, the practice's overall exception reporting rate was 9%, compared with the CCG and national averages of 6%. The practice's own data indicated a further reduction in exception reporting for 2016-17, with only a small number of patients for certain conditions subject to exception reporting.

During our previous inspection on 13 January 2016 we found QOF points were low for atrial fibrillation (AF) diagnosis. The practice did not have an ECG (electrocardiogram) machine and staff told us they referred patients to the local cardiology clinic. Patients with AF were not always receiving suitable care because some patients were not being appropriately referred. The practice had very high exception reporting rates for AF and was not addressing this. During our inspection on 27 June 2017 we found the practice had acquired an ECG machine as was using this consistently to screen and manage patients. For example since the previous inspection the practice had used the ECG machine to screen 200 patients aged 65 years and above, with plans to screen the remaining 106 patients in this age group during 2017.

For 2014-15 the practice's exception reporting rate for atrial fibrillation (AF), which is an irregular heart rhythm, was 50%. This had reduced to 25% for 2015-16, and the practice's own data for 2016-17 showed there were no AF patients subject to exception reporting.

QOF performance was closely monitored at all times. QOF was a standing item at monthly practice meetings. Where QOF targets were not met all individual cases were reviewed by the clinical team and discussed. The practice had a documented approach to exception reporting which was followed consistently.

The practice's clinical targets performance was in line with or higher than CCG and national averages. For example, data from 2015-16 showed:

- Performance for diabetes related indicators was higher overall than CCG and national averages. For example, 87% of patients with diabetes had a blood pressure

# Are services effective?

## (for example, treatment is effective)

reading at or under the recommended level, compared with CCG and national averages of 77% and 78% respectively. The practice's exception reporting rate for this indicator for 2015-16 was 9%, compared with the CCG and national averages also of 9%.

- Performance for mental health related indicators was higher overall than CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan recorded in the preceding 12 months was 100%, compared with CCG and national averages of 93% and 89% respectively. The practice's exception reporting rate for this indicator for 2015-16 was 4% (one patient), compared with the CCG average of 8% and the national average of 13%.
- Performance for a hypertension related indicator was higher than CCG and national averages. The percentage of patients with hypertension (high blood pressure) whose last measured blood pressure was under the recommended level, was 88% compared with the CCG and national averages of 83%. The practice's exception reporting rate for this indicator was 2% compared with the CCG and national averages of 4%.

There was evidence of quality improvement including clinical audit. The practice engaged in a programme of continuous clinical audit, which included completed audit cycles to assess the effectiveness of improvements made.

- The practice had carried out five clinical audits in the last 12 months. Each of these were completed audits where the improvements made were implemented and monitored. This included, for example, an audit into diabetic patients carried out between 2013 and 2016, where the practice was able to evidence reductions in blood sugar levels. The number of patients with blood sugar under the recommended level increased from 41% to 62% from 2013 to 2016.
- We saw that audit findings had been presented, discussed and documented as part of monthly practice meetings.

### 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 included for example safeguarding, confidentiality and infection prevention and control. We reviewed staff files and saw this training had consistently taken place.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff could evidence a range of specialist training.
- Staff who administered 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 demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources, discussion at practice meetings and support from the GPs.
- 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 which included documented progress, achievements, outcomes and actions. The practice closed for half a day every three months for learning.
- All staff had received training that included clinical guidelines, safeguarding, fire safety awareness, basic life support, and the duty of candour. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.

### 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, intranet and healthcare quality compliance systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.

# Are services effective?

## (for example, treatment is effective)

- From the sample of 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. Meetings took place with other health care professionals on a regular 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 because of 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. GPs and nursing staff had completed annual consent training.
- 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 nursing staff assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was regularly 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.

This included patients receiving end of life care, carers, those at risk of developing a long-term condition, and those requiring advice on their diet, smoking or alcohol use.

The practice was able to signpost patient to a range of local support groups for example counselling, bereavement, healthy lifestyles, and smoking cessation.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were high. For example, the practice had vaccinated 92% of children age up to two years compared with the national average of 91%. 95% of children aged five years had received vaccinations compared with the national average of 88%.

Data from 2015-16 showed the practice's uptake for the cervical screening programme was 82%, which was in line with the CCG average of 80% and the national average of 81%. The uptake for breast cancer screening was 71%, which was in line with the CCG average of 66% and the national average of 73%. The uptake for bowel cancer screening was 31%, which was below the CCG and national averages of 41% and 56% respectively. The practice was able to provide evidence of an increased bowel cancer screening rate of 60% for 2016-17, and described how staff had prioritised this patient group to increase the screening uptake.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 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.

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

**At our previous inspection on 13 January 2016, we rated the practice as requires improvement for providing caring services, as we found the practice did not hold a register of carers. Patient satisfaction was below local and national averages in some areas.**

**We found these arrangements had significantly improved when we undertook a follow up inspection on 27 June 2017. The practice is now rated as good for providing caring services.**

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Treatment room doors were closed during consultations; we noted that conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them the use of a private room to discuss their needs
- Patients could be treated by their choice of male or female clinical staff.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 46 completed comment cards which were all positive about the standard of care received. Patients described staff as caring, supportive and compassionate. Many of the patients stated that they had been with the practice for many years and were very complimentary about their care and experiences they and their families had received.

Results from the National GP Patient Survey published during July 2017 showed patients felt they were treated with care and concern. The practice scored in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients with a preferred GP said they usually get to see or speak to that GP, compared with the Clinical Commissioning Group (CCG) average of 56% and the national average of 60%.
- 80% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with the CCG average of 84% and the national average of 85%.
- 89% of patients said the last nurse they saw or spoke to was good treating them with care and concern, compared with the CCG average of 90% and the national average of 92%.

Many of these results demonstrated an improvement when compared with the results published during July 2016. For example, 2016 results indicated that 84% of patients said the last nurse they saw or spoke to was good at treating them with care and concern.

The practice had carried out its own survey from October to December 2016 which contained questions similar to those in the National GP Patient Survey. 113 patients completed a survey, and the practice was able to evidence significant improvements when compared with 2016 National GP Patient Survey results. For example:

- 98% of patients said the GP or nurse was good at giving them enough time.
- 98% of patients said the GP or nurse was good at listening to them.
- 99% of patients said the GP or nurse was good at treating them with care and concern.

The practice was continuing to identify areas for improvement from patient feedback, and had plans to repeat an internal survey later in 2017. The practice had an action plan to respond to the findings of the survey.

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

Patient comment cards indicated that patients felt consulted about and involved in decision making about the care and treatment they received. They also indicated 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. We reviewed a sample of care plans and saw that these were personalised.

## Are services caring?

Results from the National GP Patient Survey published during July 2017 showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or slightly below CCG and national averages. For example:

- 82% of patients said the last GP they saw or spoke to was good at explaining tests and treatments, compared with the CCG average of 85% and the national average of 86%.
- 76% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, compared with the CCG average of 81% and the national average of 82%.
- 83% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments, compared with the CCG average of 87% and the national average of 90%.
- 89% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care, compared with the CCG average of 88% and the national average of 90%.

Many of these results demonstrated an improvement when compared with the results published during July 2016. For example, 2016 results indicated that 77% of patients said the last GP they saw or spoke to was good at explaining tests and treatments.

Results from the practice's own survey carried out during October to December 2016 demonstrated significant improvements when compared with the 2016 National GP Patient Survey results. For example:

- 97% of patients said the GP or nurse was good at explaining tests and treatments.
- 97% of patients said the GP or nurse was good at involving them in decisions about their tests and treatments

The practice was continuing to identify areas for improvement from patient feedback, and had plans to repeat an internal survey later in 2017. The practice had an action plan to respond to the findings of the survey which included increased use of telephone consultations and the provision of extra appointments.

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. Staff told us that they also had access to British Sign Language (BSL) interpreters for hard of hearing patients. We saw that information leaflets and information about local support were available in an easy read format.

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

Patient information leaflets and notices were available in the patient waiting areas which told patients how to access a number of support groups and organisations.

At our previous inspection on 13 January 2016 we found the practice did not hold a register of carers. At the follow up inspection on 27 June 2017 we found the practice now held a carer's register. The practice's computer system alerted staff if a patient was also a carer. The practice had identified 2% of the practice population as carers and was working to identify more. There was a notice in the waiting room which explained that patients could complete a form and receive support if they were carers, and staff told us they directed patients to this form.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly. This was followed by a visit or telephone call at a flexible time and location to meet the family's needs, and by signposting to an appropriate support service locally if required.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 13 January 2016, we rated the practice as requires improvement for providing responsive services, as we found patients' satisfaction with how they could access care and treatment was consistently below local and national averages.**

**We found these arrangements had significantly improved when we undertook a follow up inspection on 27 June 2017. The practice is now rated as good for providing responsive services.**

### Responding to and meeting people's needs

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

- The practice offered extended hours appointments two days a week up to 8pm, and one day a week up to 7.30pm.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, carers, elderly patients, and patients with complex needs.
- The practice ran a weekly diabetic clinic and an insulin initiation service for patients with a new diagnosis of diabetes.
- The practice offered home visits for those whose circumstances resulted in difficulty for them attending the practice.
- Same day appointments were available for those patients with medical problems that required same day consultation.
- The practice worked with a qualified psychologist who provided in-house counselling for patients.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- Patients were able to receive travel vaccinations available on the NHS.

- The practice offered weekly childhood vaccination clinics.
- There was a hearing loop and translation services available. Staff demonstrated awareness of the difficulties and issues faced by patients with hearing impairments.
- The practice premises and all facilities were fully accessible for wheelchair users and patients who were less mobile.
- There was adequate onsite parking available.

### Access to the service

The practice was open between 8.15am and 8pm on Mondays, Tuesdays and Fridays; between 8.15 and 7pm on Wednesdays; and from 8.15am to 1pm on Thursdays. Appointments were available during these times including extended hours appointments. The practice was closed between 1pm and 2pm every day in order for GPs to carry out home visits. Appointments were available up to four weeks in advance, and urgent appointments could be booked on the same day.

The practice did not provide an out of hours service for their own patients, but provided information about the telephone numbers to use for the out of hours GP provider which was BADGER. There was a local arrangement in place for BADGER to provide services for patients during core hours when the practice was closed (for example from 8am to 8.15am, and from 1pm to 2pm). The practice leaflet also informed patients about the nearest walk-in centres.

Results from the National GP Patient Survey published during July 2017 showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages overall:

- 76% of patients said they found it easy to get through to this practice by telephone, compared with the CCG average of 70% and the national average of 73%.
- 71% of patients described their experience of making an appointment as good, compared with the CCG average of 70% and the national average of 73%.
- 79% of patients said the last appointment they got was convenient, compared with the CCG average of 76% and the national average of 81%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 61% of patients said they usually waited 15 minutes or less after their appointment time to be seen, compared with the CCG average of 60% and national average of 66%.

Many of these results demonstrated an improvement when compared with the results published during July 2016. For example, 2016 results indicated that 65% of patients said they found it easy to get through to the practice by telephone.

Results from the practice's own survey carried out during October to December 2016 demonstrated significant improvements when compared with the 2016 National GP Patient Survey results. For example:

- 85% of patients said they found it easy to get through to the practice by telephone.
- 80% of patients said they found it easy to make an appointment.

The practice was continuing to identify areas for improvement from patient feedback, and had plans to repeat an internal survey later in 2017. The practice had an action plan to respond to the findings of the survey.

Patient comment cards we received indicated that patients were able to get an appointment when required.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. This was achieved by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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

We saw that the practice had an effective system for handling concerns, complaints and feedback from patients and others.

- The practice had a complaints policy and associated procedures and these were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) for all complaints made to the practice. The practice manager was responsible for overseeing and monitoring complaints and the practice's response.
- We saw that information was available to help patients understand the complaints system including information in the waiting area and on the practice website.
- Staff told us they would explain the complaints process to any patient wishing to make a complaint.
- Feedback forms were available to patients in the reception area. Patients told us that they knew how to make complaints if they wished to do so.

We reviewed a sample of complaints and found that each of these were handled in an appropriate and timely way. Complainants were responded to in each case and apologies had been given where appropriate.

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. We saw that complaints were discussed as part of staff meetings with learning points shared throughout the practice.



# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 13 January 2016, we rated the practice as requires improvement for being well-led as there was a lack of effective oversight, planning and responses to aspects of Quality and Outcomes Framework (QOF) performance. This was related to patients with atrial fibrillation (AF) who were not being consistently managed.**

**We found these arrangements had significantly improved when we undertook a follow up inspection on 27 June 2017. The practice is now rated as good for being well-led.**

### Vision and strategy

The practice had a clear vision to deliver high quality care in the safest way to their population. They were actively looking at ways of improving outcomes for patients, and had regular meetings with the Clinical Commissioning Group (CCG) to see where they could improve outcomes.

The practice had a detailed current business plan and a range of strategy documents to support this.

### Governance arrangements

The practice had a comprehensive governance framework which supported the delivery of good quality care.

- During our previous inspection on 13 January 2016 we found QOF points were low for atrial fibrillation (AF) diagnosis. The practice did not have an ECG (electrocardiogram) machine and staff told us they referred patients to the local cardiology clinic. Patients with AF were not always receiving suitable care because some patients were not being appropriately referred. The practice had very high exception reporting rates for AF and was not addressing this. During our inspection on 27 June 2017 we found the practice had acquired an ECG machine as was using this consistently to screen and manage patients. For example since the previous inspection the practice had used the ECG machine to screen 200 patients aged 65 years and above, with plans to screen the remaining 106 patients in this age group during 2017.

- For 2014-15 the practice's exception reporting rate for AF was 50%. This had reduced to 25% for 2015-16, and the practice's own data for 2016-17 showed there were no AF patients subject to exception reporting.
- There was a clear staffing structure and that staff were aware of their own and each other's roles and responsibilities.
- Current, practice-specific policies and procedures were in place, and these were easily accessible to all staff. Staff demonstrated they were aware of their content and where to access them.
- A comprehensive understanding of the performance of the practice was maintained. This included discussion of performance at a range of meetings and the sharing of information and learning points with staff and other stakeholders.
- The practice had a programme of continuous clinical and internal audits which was used to monitor quality and help make improvements.
- There were arrangements for identifying, recording and managing risks and issues, and implementing mitigating actions. Effective oversight and monitoring of risk assessment and risk management was in place.
- The practice had systems for overseeing and monitoring staff training. We reviewed staff training logs and saw that these had been fully documented and were up to date.

### Leadership and culture

On the day of inspection the partners demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to, involve and encourage 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). Staff had received training on the duty of candour.

# Are services well-led?

Good 

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

The practice had systems to ensure that when things went wrong with care and treatment, staff provided reasonable support, clear information and a verbal and written apology to those affected.

There was a clear leadership structure and staff told us that they felt supported by managers.

- Staff told us the practice held regular practice meetings which included discussion of significant events, complaints and patient feedback.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings, or directly with a partner or the practice manager. Staff said they felt confident and supported in doing so. Staff were encouraged to identify and raise concerns or ideas to help benefit the practice and the service provided to patients.
- Staff said they felt respected, valued and supported by the partners in the practice, the practice manager and their colleagues.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. (The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.) The PPG was active and had made a number of recommendations which the practice had adopted, for example improvements to the telephone system.
- 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 in the best interests of the patients.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Meetings were used to share expertise, discuss patient concerns, consider audit findings, and reflect on patient feedback.

Staff told us they were well-supported in their roles, with sufficient training to help them identify and respond to areas for improvement.

The practice was engaged with the Clinical Commissioning Group (CCG) and GP partners attended meetings with the aim of improving practice.