

# Warden Lodge 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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Warden Lodge Medical Practice on 4 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. Staff were aware of their responsibilities in helping to safeguard and protect patients.
- 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.
- This is a training practice with two GPs qualified as trainers.
- The practice worked closely with multidisciplinary teams, including community and social services to plan and implement care for their patients.
- The practice held regular staff and clinical meetings where learning was shared from incidents and complaints.
- The practice were part of the Home First project ensuring that patients could remain at home whilst receiving a multidisciplinary package of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 309 patients as carers, approximately 2.8% of the practice population.
- 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.

# Summary of findings

- The practice offered extended hours appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a well-established patient participation group.
- There was an ongoing involvement with pilot project in the locality.

- The provider was aware of and complied with the requirements of the duty of candour.

The one area where the provider should make improvement is:

- Ensure continued analysis of data and exception reporting processes and continue to monitor patient recall systems.

**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.

- There was an effective system in place for reporting and recording significant events.
- The practice demonstrated that they were proactive in taking action to reduce the risk of recurrence following incidents.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support 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, including those related to fire safety and health and safety.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and key contractors. Copies were kept off site by lead staff.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The most recent published results show the practice achieved 99% of the total number of points available.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 94% which was comparable to the CCG average of 91% and national average of 90%.
- The practice's uptake for the cervical screening programme was 92%, higher than the local CCG average of 83% and the national average of 81%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Good



# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had two GP trainers (one of whom was an associate trainer) with responsibility for mentoring and training the GP registrars (GPs in training).
- 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.
- The practice had established a training group set up through local practice managers for reception and administration staff. Staff had also undertaken equality and diversity and customer service training.
- All staff had received an appraisal in the last 12 months.
- Vulnerable patients and those considered to be at risk were prioritised through a flag on the clinical system.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published July 2016 showed patients rated the practice higher than others for several aspects of care.
- 92% of patients said the GP was good at listening to them compared to the NHS East and North Hertfordshire Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 84% and the national average of 85%.
- 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.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 91%.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 309 patients as carers (approximately 2.8% of the practice list).

Good



# Summary of findings

- The practice had identified a member of staff who was the Carers Champion who identified new carers and ensured support to existing carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England and NHS East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital, pre dementia diagnosis and identifying registered patients aged 14 years and over with learning disabilities to offer support and provide them with an annual health check.
- 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 offered extended hours appointments from Monday to Friday mornings from 8am and on alternate Saturday mornings between 8am and 12pm for patients who could not attend during normal opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, the practice had systems in place to support people with complex needs to be able to register with the practice for example, asylum seekers, refugees and the homeless.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.

- 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.
- Warden Lodge had the largest number of patients aged 75 and over in Hertfordshire, and the practice demonstrated a number of additional services available to care for patients in this group. For example, in September 2014 the practice began offering health checks to patients aged over 75 years, since then 1,177 patients in this group had been invited for health checks and 938 (80%) had been completed.
- The practice nurse provided home visits for phlebotomy services including flu, pneumococcal and shingles vaccinations for housebound patients. This included health checks and dementia reviews for elderly and frail patients.
- The practice had access to the 'acute in hours visiting service' which provided home visits to patients who met specific criteria usually acute short term illness. This meant there was a lower threshold for visiting frailer housebound individuals with long term health conditions or long standing health concerns. This service is staffed by local GPs who have access to the patient's records, giving good continuity of care.
- The practice was able to offer the Home First service to acutely, unwell housebound patients, providing support at home from a multi-disciplinary team of nurses, therapists and carers, preventing unnecessary hospital admissions. This initiative was commissioned by the CCG and following an initial pilot it was rolled out to all practices in Hertfordshire.
- GPs provided weekly ward rounds to patients in a local care home providing, part of this service included health checks and medication reviews.

Good



### People with long term conditions

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

Good



# Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the NHS East and North Hertfordshire CCG (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 85%, where the CCG average was 76% and the national average was 78%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 94% which was comparable to the CCG average of 91% and national average of 90%. However, exception reporting for this indicator was 24% compared to local CCG and national averages of 12%.
- Longer appointments and home visits were available when needed.
- 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.
- The practice nurse provided home visits for phlebotomy services including flu vaccinations for housebound patients. This included health checks and reviews for patients with long term health conditions for example, diabetes, asthma and COPD (Chronic Obstructive Pulmonary Disease).

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, 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 practice's uptake for the cervical screening programme was 92%, which was above the local CCG average of 83% and the national average of 81%.

Good



# Summary of findings

- 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. For example, the practice held a midwife clinic on a weekly basis and held monthly meetings with health visitors to discuss families that may be in need of extra support.
- Staff had training to ensure that they were aware of how to identify child safeguarding and domestic abuse concerns.
- The practice offered online counselling services (KOOOTH.com) for young people. This is a free and anonymous online service available on mobile devices
- The practice had high numbers of young patients recorded with obesity and would signpost families to the local 'HELPS' service. This local service supported and encouraged families to develop healthier lifestyles.

## **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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed that: 60% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 59% and the national average was 58%. 78% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG and national averages were 72%.
- Extended hours appointments were available from 8am daily and on alternate Saturdays for those patients unable to access appointment and services during normal working hours.
- Telephone consultations were available if a face to face appointment was not required.

Good



# Summary of findings

- Patients could use online services to access health information; order repeat medications, view blood test results and book appointments. In addition, the practice offered a text messaging booking confirmation and reminder service.
- The practice offers a full range of health promotion and screening programs and an extended range of contraceptive services. For example, IUD (Intrauterine Devices) and implant fittings.
- Patients had access to appropriate health assessments and checks. The practice had invited patients aged 40 – 74 years for a health check, 210 patients had invited from January 2016 to October 2016 and 152 of these checks had been completed (72%).

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had systems in place to support people with complex needs and enable them to be able to register with the practice for example, asylum seekers, refugees and homeless patients. The practice offered longer appointments for patients with a learning disability. In the last 12 months 39 patients had been offered a review of which 16 had been undertaken.
- 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 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 309 patients as carers (approximately 2.8% of the total practice list).

Good



# Summary of findings

- Carers were offered health checks from January 2016, and to date the practice had invited 267 carers to attend and completed 16 (6%) of these checks.

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

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

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan in place was 95% which was comparable with the NHS East and North Hertfordshire Clinical Commissioning Group (CCG) average of 92% and the national average of 89%. However, exception reporting for this indicator was 23% compared to the local CCG and national averages of 13%.
- Percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 81%, where the local CCG average was 86% and the national average was 84%. Exception reporting for this indicator was 2% compared to a CCG average of 9% and national average of 7%.
- 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 about how to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E 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.
- Pre dementia screening was incorporated into the over 75 years health checks.
- The community psychiatric nurses from the Home First team assisted the practice in the management of patients with dementia or at risk of developing dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 254 survey forms were distributed and 108 were returned. This represented a response rate of 43% (approximately 1% of the practice's patient list).

- 62% of patients found it easy to get through to this practice by phone compared to the local CCG average of 62% and the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 70% and the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the local CCG average of 82% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 75% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 24 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We were told that it is easy to get an appointment and that reception staff were helpful and sympathetic. Care for elderly patients was highlighted as easily accessible and thorough.

The practice also sought patient feedback by utilising the NHS Friends and Family test (FFT). FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results received from January 2016 to May 2016 showed that approximately 72% (28 of the 39 responses received) of patients were either 'extremely likely' or 'likely' to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

The one area where the provider should make improvement is:

- Ensure continued analysis of data and exception reporting processes and continue to monitor patient recall systems.

# Warden Lodge 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 advisor and a practice manager specialist advisor.

## Background to Warden Lodge Medical Practice

Warden Lodge Medical Practice is a purpose built GP Surgery constructed and opened in Autumn 2006. It provides a range of primary medical services, including minor surgical procedures from its premises at Glen Luce, Waltham Cross, Hertfordshire. The premises are located over three floors with consulting rooms on the ground and first floor, with adequate parking outside the surgery including designated disabled parking bays.

The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities. The practice is part of the NHS East and North Hertfordshire Clinical Commissioning Group.

Warden Lodge is a training practice. Any doctors who wish to become GPs need to undertake specialist training. Two of the practice GPs have undertaken extra qualifications to carry out the role as GP trainers. Doctors who are training to become GPs are called GP Registrars and are fully qualified doctors. At the time of our inspection, there were two GP Registrars working at the practice.

The practice serves a mixed ethnic population of approximately 10,944 patients. Local demographics show a slightly lower than average population of male patients aged 25 to 50 years and a higher than average population of both males and females aged 75 years and over, (approximately 12% of the practice population), the highest in Hertfordshire practices. National data indicates the area is one of low deprivation and low unemployment in comparison to England as a whole.

The clinical team consists of five GP partners (four male and one female), two female salaried GPs, and two regular GP locums; one male and one female. They are supported by three practice nurses and two health care assistants. The practice management team consists of a practice manager reception and an administration staff.

Warden Lodge is open Mondays to Fridays between 8.30am and 6.30pm. Extended hours appointments are available on alternate Saturdays from 8am to 12pm.

The out of hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone.

## 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 inspecting, 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 inspection on 4 October 2016. During our inspection we:

- Spoke with a range of staff including GP partners, practice nurses, the practice manager, administration staff
- Spoke with patients who used the service including members of the patient participation group.
- 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 support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw evidence that the practice undertook thorough investigations which were documented and lessons shared with staff. In addition the practice offered patients a nominated member of staff as a point of contact or advocacy support could be used.
- The practice carried out a thorough analysis of the significant events and demonstrated that they were proactive in taking action to reduce the risk of recurrence following such events. For example, we saw that when test results were not added to a patient record the practice put in place a new process which detailed allocated roles, responsibilities and times slots for ordering and recording tests. All significant events were discussed at weekly clinical meetings and lessons learnt were shared with staff. In addition the actions agreed following an event were reviewed every two months.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that appropriate action was taken to improve safety in the practice. For example, on receipt of an alert regarding a prescription medicine used to treat very low blood sugar (severe hypoglycaemia) that can happen in people who have

diabetes and use insulin. We saw evidence of a report created to identify all patients issued with this medication. One patient was identified; the medicine was subsequently recalled and replaced.

### 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 including a protocol to manage female genital mutilation. Female genital mutilation (FGM) comprises all procedures involving partial or total removal of the female external genitalia.
- 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 actions to take if they had concerns. All had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding (level 3). Contact details for safeguarding concerns were displayed in both staff and patient areas.
- 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 but had not 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 had a comprehensive risk assessment in place which covered the principles of the role for example, where the chaperone should stand and restrictions on being left alone with the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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

## Are services safe?

place and staff had received up to date training. Annual infection control audits were undertaken, the last undertaken in April 2016 and we saw evidence that action had been taken to address any improvements identified as a result. For example, fabric covered chairs in treatment rooms had been replaced with wipe clean models.

- 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). 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 NHS East and North Hertfordshire Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the practice nurses was training to become an Independent Nurse Prescriber and would then be able to prescribe medicines for specific clinical conditions. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSDs) or direction from a prescriber.
- We reviewed five 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 skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The clinical rotas were completed by the senior administrator and reception staff rota was completed by the reception supervisor. The practice manager had overall responsibility for the rotas, including annual leave and study leave and these were reviewed regularly.

### 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.
- 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 detail of emergency accommodation to be used in the event of an incident at the practice and emergency contact numbers for staff and key contractors. Copies were kept off site by lead 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 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, audits and random sample checks of patient records.

### 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 show the practice achieved 99% of the total number of points available, above the local CCG average of 96% and the national average of 95%.

Data from 2015/2016 showed QOF targets to be similar to local and national averages:

- Performance for diabetes related indicators was comparable above the NHS East and North Hertfordshire CCG (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 85%, where the CCG average was 76% and the national average was 78%. Exception reporting for this indicator was 30% compared to the CCG average 19% and national averages of 13% (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).
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 94% which was

comparable to the CCG average of 91% and national average of 90%. Exception reporting for this indicator was 24% compared to the CCG and national averages of 12%.

Data showed that the practice exception reporting for two of the indicators was higher than the local CCG and national averages. We discussed this with the practice and carried out further examination of patient notes. On review we found that the number of patients excepted was lower than the data indicated in some areas, for example, for the indicator, number of patients on the diabetes register, in whom the last blood glucose reading showed good control in the preceding 12 months, the actual number excepted was 64 (11%) and not 159 (30%) as indicated in the data we reviewed.

The practice told us that there had recently been a new clinical system installed which may have contributed to this variation. We found that the practice had a comprehensive exception reporting policy in place and they were making every effort to ensure that QOF guidance was followed and that patients were continually contacted to encourage them to attend reviews before being excepted.

Performance for mental health related indicators was largely in line or above the local CCG and national averages. For example:

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 95% where the NHS East and North Hertfordshire Clinical Commissioning Group (CCG) average was 92% and the national average was 89%. Exception reporting for this indicator was 23% compared to the CCG and national averages of 13%.
- Percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 81%, the CCG average was 86% and the national average was 84%. Exception reporting for this indicator was 2% compared to a CCG average of 9% and national average of 7%.

There was evidence of quality improvement including clinical audit.

- There had been 4 clinical audits undertaken in the last two years, we looked at completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services.

# Are services effective?

## (for example, treatment is effective)

There was evidence of quality improvements including clinical audit seen during the inspection.

- An audit was completed in 2013 looking at IUD (intrauterine device) fittings which showed a 15 to 20% early removal rate. The audit was aimed at targeting those patients who would not tolerate the established side effects. A more detailed repeat audit undertaken in April 2016 showed the following:
- Of these only 7% developed documented post-operative infections. None were removed within 6 months suggesting much better pre procedure counselling compared to the previous cycle. 82% had documented pre procedure counselling. At this time only 36% had documented consent scanned into the patient record.

The repeat cycle showed an excellent improvement in reduction of early removal of the implant, and the learning point was to ensure all consent forms were recorded and scanned into patient records to achieve 100% compliance.

- A second audit looked at the prescribing of NOAC (new oral anticoagulants for use in patients diagnosed with atrial fibrillation), this was completed in May 2016. The aim was to check to see how many patients initiated on NOACs have had three specific blood tests within 12 months. 26 notes were reviewed sequentially.

The results showed approximately 85% of patients had received all three tests within an appropriate timeframe. The learning was to establish a more systematic recall to ensure these monitoring tests were done, and a recall system has been set up for tests to be completed annually for established patients.

### Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment. 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 such as diabetes, COPD (chronic obstructive pulmonary disease) and cardiac disease attended study days, conferences and external events.

- The practice had two GP trainers (one of whom was an associate trainer) with responsibility for mentoring and training the GP registrars. The practice was affiliated with the Central Hertfordshire Specialist Training Programme for General Practice.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was also a comprehensive information pack available for locums which included details of how to access the clinical system, contact details for external service and referral routes that the practice used.
- 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 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.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of an online training package to support mandatory training, e-learning training modules and in-house training. The practice also took part in local Protected Learning Zone (PLZ) sessions, eight sessions were provided throughout the year arranged by the local CCG. These could be held in the practice or externally and gave the opportunity for staff to access additional training.
- The practice had established a training group set up through local practice managers for reception and administration staff. Staff had also undertaken equality and diversity and customer service training.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

- 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 and with the out of hours service.
- 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. Vulnerable patients, patients at risk and those on the palliative care register were prioritised through a flag on the clinical system. These patients were discussed at weekly clinical meetings as required.
- Patients registered at the practice had access to the acute 'in hours' visit service, in addition to the practice routine home visit service. This resulted in a lower threshold for visiting frailer housebound individuals and the service was staffed by local GPs who had access to the patient's records, giving good continuity of care.
- Regular monthly multidisciplinary palliative care meetings were held with the palliative care MacMillan and district nurses. All patient deaths were discussed routinely within the practice with a view to monitor and improve end of life care.
- The practice utilised an effective recall system to invite patients by letters, email, and SMS as appropriate for their regular checks. We saw that appointments were linked to synchronise reviews, reducing the number of appointments for patients.
- The practice worked in close liaison with a local care home to co-ordinate care for residents. A weekly ward round was undertaken to ensure continuity of care wherever possible.
- GPs reviewed discharge notes daily for patients following emergency admission to hospital.

### 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 practice recorded consent in the patients' record and 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.
- Smoking cessation advice was available in the practice or from a local support group.
- The practice offered a full range of health promotion and screening programs and had an extended range of contraceptive services including IUD (Intrauterine Devices) and implant fittings.

The practice's uptake for the cervical screening programme was 92%, which was above the local CCG average of 83% and the national average of 81%. 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 ensuring a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed that:

# Are services effective?

(for example, treatment is effective)

- 60% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 59% and the national average was 58%.
- 78% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG and national averages were 72%.

Childhood immunisation rates for the vaccinations given were above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99%, (national average 90%) and five year olds was 96% (CCG averages, 94% to 95%, national averages 88% to 94%).

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

NHS health checks for patients aged 40 to 74 years. The practice had invited 210 patients from January 2016 to October 2016 and completed 152 of these checks (72%). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

In addition, the practice had begun offering health checks to patients aged over 75 years in September 2014, since that date 1,177 patients in this group had been invited for health checks and 938 (80%) had been completed. Carers had also been offered health checks from January 2016, and to date the practice had invited 267 carers to attend and completed 16 (6%) of these checks.

# 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 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Several cards commented on the efficient and friendly reception staff.

We spoke with four patients and a member 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. The PPG member told us that the practice worked well with group and they felt well supported.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was largely in line or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the local Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the local CCG average of 85% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 92% and the national average of 91%.

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 85% and the national average of 84%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 90% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 83% 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 with local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and 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.

## Are services caring?

- Information leaflets were available in easy read format and a wide selection was available including community support groups, online services and lifestyle hubs.

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

Information leaflets were available in easy read format in the practice waiting area and on the practice website. A wide selection was available including how to deal with minor illness, practice services, community support groups, online services and lifestyle hubs.

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 309

patients as carers (approximately 2.8% of the practice list). The practice had a member of staff who was the 'carers champion' who helped and supported carers and encouraged more patients to register. Written information was available in the waiting areas and on the practice website to direct carers the cares champion or 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 reviewed the needs of its local population and engaged with the NHS England and NHS East and North Hertfordshire Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a range of enhanced services such as avoiding unplanned admissions to hospital, pre dementia diagnosis and identifying registered patients aged 14 years and over with learning disabilities to offer support and provide them with an annual health check.

- The practice offered extended hours appointments from Monday to Friday mornings from 8am and on alternate Saturday mornings between 8.30am and 11am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with additional needs for example those with a learning disability and elderly patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- One of the practice nurses offered home visits for phlebotomy including flu, pneumococcal and shingles vaccinations for housebound patients. She also undertook health checks for patients aged over 75 years and dementia reviews for elderly and frail patients and reviews for patients with long term health conditions for example, diabetes, asthma and COPD (chronic obstructive pulmonary disease).
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Reasonable adjustments were made and action was taken to remove barriers when patients found it hard to

use or access services. For example, the practice had systems in place to support people with complex needs to be able to register with the practice for example, asylum seekers, refugees and the homeless.

- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Particular groups of patients who were vulnerable including those with a learning disability were identified and the practice held a register of this group, there was also a folder system in place to enable the clinical team to have good communication and improve continuity of care.
- The practice offered online counselling services via KOOOTH.com for young people. This is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.
- The practice recognised that patients with long term health conditions may be susceptible to psychological problems which may then be an added complication of their underlying condition. Clinicians would offer access to psychological therapies, if appropriate. This referral process was available to all patients.
- There were high levels of obesity recorded for a number of the practice population and clinical staff would signpost families to the local 'HELPS' service. This was a local service which supported and encouraged families to develop healthier lifestyles.
- The practice was part of the Home First service which was a Hertfordshire CCG initiative that supported older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care. Clinicians worked closely with other health professionals for example, the community matron, social care, enablement team, mental health services, psychologist and a pharmacist. The practice utilised the services of the community psychiatric nurses who were part of the team to assist with the management of patients with dementia or at risk of developing dementia.

### Access to the service

The practice was open Mondays to Fridays between 8.30am and 6.30pm. The appointment system was designed to accommodate pre-bookable and on the day emergency appointments. Telephone consultations were available for

# Are services responsive to people's needs?

(for example, to feedback?)

patients who needed urgent medical advice. Patients had the flexibility of requesting a call back at a time convenient to suit them within the telephone appointment slots available.

Extended hours appointments were available every morning from 8am and on alternate Saturdays between 8am and 12pm.

Patients requiring a GP outside of normal hours were advised to phone the NHS 111 service, the out of hours service is provided by Hertfordshire Urgent Care, via 111. Information regarding this was available in the waiting areas and on the practice website.

Patients were able to make use of the practices' online services to access health information, order their routine medicines, view blood test results and book appointments. In addition, the practice offered a text messaging booking confirmation and reminder service.

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.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 76%.
- 62% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and 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.

The practice had developed a system to enable patients to be visited by their named GP wherever possible and depending on the availability of that GP and the urgency of the visit.

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.

In addition the practice had access to the 'acute in hours visiting service' which provided home visits to patients who were housebound, or had become housebound as a result of a short term acute. There was specific criteria in place so when a requested was triaged and was not to attend for a long term condition, or long standing illness a referral would be made to this service.

## 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.
- The practice manager handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area and on the practice website.

We looked at 11 complaints received in the last 12 months and found these were dealt with in a timely way, with openness and transparency. 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, we saw evidence that when the practice received a complaint the practice contacted any affected person within 48 hours and a full investigation was carried out and a response sent within 10 days. In addition the practice offered patients a nominated member of staff to contact or advocacy support could be used.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to treat all patients fairly, equally and with dignity and respect and to provide a supportive, rewarding working environment for all staff members.

- The practice had a mission statement which was displayed throughout the practice and staff knew and understood the values.
- The practice had a robust strategy and supporting business plan (referred to as the practice personal development plan) which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. A staff 'who is who' chart was available throughout the practice ensuring that all staff knew who to refer to when needed.
- Practice specific policies were implemented and were available to all staff. All policies and procedures were updated regularly and available on the practice shared drive that was accessible to staff at home as well as at the practice.
- A comprehensive understanding of the performance of the practice (QOF) was maintained by the GP partners and the management team.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place 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 support, an explanation, 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. Staff told us the practice held regular team meetings and that there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social events were held regularly to encourage integration within the team.

Staff said they felt respected, valued and supported, particularly by the partners and senior managers 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.

### 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.

- Warden Lodge had an established patient participation group (PPG) which met quarterly. There was also a larger 'virtual' group who the PPG, via the practice were contacted by email. We were told that the 'virtual' group helped the practice get a wider view of the issues within the practice including issues identified by patients.

# Are services well-led?

Good 

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

- The group carried out and reviewed results from patient surveys and submitted proposals for improvements to the practice management team. For example, the group had suggested a photograph board for clinical staff to be displayed in the waiting area, and had requested drinking water to be provided in the waiting area for patients. The group worked well with the practice and were involved in consultation on changes to systems and services. They had also reviewed the information displayed on screens within the waiting area and the practice leaflet.
- Some members of the PPG were also part of the locality patient group which is made up of patient group members from practices in Cheshunt and Waltham Cross. They attended meetings and fed back locality information to the practice group. The practice regularly hosted these locality patient group meetings of which one of the GPs was the co-chair.

Following the results and comments from the friends and family test the practice reviewed the way telephone calls were answered in reception. Staff answering calls in reception were often interrupted; therefore patients were waiting longer for phone to be answered.

The practice put a new system in place with one member of reception in an office away from the reception area, to enable them to concentrate solely on the telephone calls. All reception staff still answered calls to maximise telephone access whilst still having a dedicated call handler.

Also the practice were reviewing weekly demand and how long the calls took to answer/talk time. The reception supervisors had dedicated time each week to listen to calls to evaluate and identify any training needs.

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.

## 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 was part of a federation of eight practices in the Cheshunt and Waltham Cross area taking part in a Teledermatology pilot. The pilot was introduced to reduce the number of patients being unnecessarily referred to the local hospital. The practice was one of two sites where patients could be referred to, their condition assessed and photographed and the information sent for a decision from a hospital consultant. This reduced waiting times and patients could be seen closer to home.

The Active Herts Pilot provided a designated advisor in the practice each week who met patients who wanted to increase their activity to improve their health and well-being. The advisor met with the patients, tailored an exercise programme specific for the patient and then continued to meet with the patient until they are happy with the plan that has been put in place.