

# Albrighton Medical Practice

## Quality Report

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

### Ratings

#### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Albrighton Medical Practice on 5 January 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- All opportunities for learning from internal and external incidents were maximised but not always as well documented as acted upon.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. The practice recognised the value of patient care over and above ensuring they achieved good Quality and Outcome Framework (QoF) results and they choose to maintain some former QoF requirements to ensure they captured all the quality aspects of the service they provided.
- The practice GP staff accessed the RAF base nearby to provide a GP service where required.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- The practice welcomed young people and was a Department of Health (DoH) awarded 'You're Welcome' practice. The practice provided young people with their own 'You're Welcome' brochure.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. Examples included: arranging a home delivery service from chemists for house bound patients, changes to the arrangement of seating so chairs with arms were readily available for those needing them, and the provision of community transport links to help patients attend surgery.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

## **We saw several areas of outstanding practice including:**

- The practice ensured that any children at risk from actual or potential abuse who re-located to another area were followed up by arranging a discussion with the new GP practice to share any known concerns.
- The practice provided support considered to be above and beyond that which was expected with regards to palliative care patients. Each patient had priority in terms of appointments, telephone contact or visits from their preferred GP. GPs gave out their own mobile telephone numbers to these patients and continued to visit them on days off, weekends and evenings. The practice held a register of 79 palliative care patients, most of whom were elderly. Each patient was discussed monthly at a dedicated multidisciplinary meeting with representatives from the district nurses, local hospice and all available doctors.

- The practice demonstrated a whole practice approach to significant event reporting and had a designated lead GP for significant events, who also presented any findings annually to the whole team. Events were risk rated to identify those with more serious implications for patient safety to prioritise them for action. Positive events were also recorded to ensure these could be celebrated and shared as good practice with the team.

## **However there were areas of practice where the provider should make improvements:**

- Complete documentation such as noting the serial numbers and number of prescription sheets to ensure blank prescription pads are auditable.
- The practice should check that all the fire alarm call points work and investigate whether the smoke detectors and emergency lighting had been checked and maintained.
- At the end of the complaints process a letter from the practice should inform the complainant of the further steps available to them if they remain unhappy.

## **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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.

Good



### Are services effective?

The practice is rated as outstanding for providing effective services.

- Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- The practice ensured that any children at risk from actual or potential abuse who re-located to another area were followed up by arranging a discussion with the new GP practice to share any known concerns.
- The practice provided support considered to be above and beyond that which was expected with regards to palliative care patients. Each patient had priority in terms of appointments, telephone contact or visits from their preferred GP. GPs gave out their own mobile telephone numbers to these patients and continued to visit them on days off, weekends and evenings. The practice held a register of 79 palliative care patients, most of whom were elderly. Each patient was discussed monthly at a dedicated multidisciplinary meeting with representatives from the district nurses, local hospice and all available doctors.

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# Summary of findings

- The practice recognised the value of patient care over and above ensuring they achieved good Quality and Outcome Framework (QoF) results and they choose to maintain some former QoF requirements to ensure they captured all the quality aspects of the service they provided.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Outstanding



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, they worked closely with the Compassionate Communities (co-co) volunteers, the Care Coordinators in the local community as well as the out of hour's providers and secondary care providers.
- There were innovative approaches to providing integrated person-centred care. The nurses took on the role of ensuring that patients on disease modifying medicines had regular blood tests and the GPs took the role of monitoring the results and prescribing safely.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a

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consequence of feedback from patients and from the patient participation group. Examples included: arranging a home delivery service from chemists for house bound patients, changes to the arrangement of seating so chairs with arms were readily available for those needing them and the provision of community transport link to help patients attend surgery.

- Patients could access appointments and services in a way and at a time that suited them. For example on line repeat prescriptions and on line appointments and the practice offered a dispensing service to eligible patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The practice GPs and staff provided medical students and GP registrar training and support, with some staff returning as a GP at the practice.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and it had a very active patient participation group which influenced practice development. The practice had purchased a syringe driver from the practice's 'Comfort Fund' in order that staff may further support their palliative care patients.

**Outstanding**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice provided support to 118 patients who lived in three care homes. A named GP visited the care homes at least weekly to provide continuity of care, as well as on request. The time dedicated to routine care homes visits was in excess of one full day per week of GP time.
- The practice had actively engaged in the 'Care Home Advanced Scheme' since its creation in 2013. This involved, over the last three winters, time of up to an hour spent with individual patients and their families, creating or reviewing care plans and discussing issues such as current medical concerns, 'just-in-case' or rescue medication, resuscitation orders and how to avoid admission to hospital in general.
- The practice maintained a register of the two percent of their patients who were thought to be the most frail and vulnerable; these patients had dedicated book-on-day appointments and their patient record contained alerts to ensure reception staff were aware should these patients call for an appointment. All admissions to hospital within this group were monitored and they received a telephone call or visit as soon as possible after discharge. All admissions were discussed at monthly clinical governance meetings.
- The practice held a register of palliative care patients the majority of which were older patients. Each patient was discussed monthly at a dedicated multidisciplinary meeting with representatives from the district nurses, local hospice and all available GPs.
- The practice provided support considered to be above and beyond that which was expected with regards to palliative care patients. Each patient had priority in terms of appointments, telephone contact or visits from their preferred GP. GPs gave out their mobile telephone numbers to these patients and continued to visit them on days off, weekends and evenings. For example; within the last six months a GP visited a patient with advanced bowel cancer on a Saturday evening and avoided a potential emergency admission with chest pain by treating them for acute gastritis (a common condition in which the lining of the stomach becomes inflamed and irritated). Another example was a GP who visited a patient who had breast cancer every day for two weeks at home. They were able to provide enough support, in conjunction with the district

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# Summary of findings

nurse team, that despite the hospice having no beds available for the duration of this period, the patient had a comfortable death at home and the family received the support they needed.

- The practice had achieved positive results for the shingles uptake in the 2014/15 campaign in those aged 70 years, 92%, aged 79 years, 86% and aged 78 years 96%.
- To December 2015, 83% of over-65s had received or declined the 'flu jab'. This was an improvement on the previous year's uptake of 75.86%.

## People with long term conditions

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

- Longer appointments and home visits were available when needed.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- We found a marked improvement to December 2015 in that the seasonal influenza vaccination uptake rates for patients with Chronic Obstructive Pulmonary Disease, diabetes or stroke/transient ischaemic attack (TIA) or "mini stroke" was 95% which was better than their 2014/2015 Quality Outcome Framework (QoF) results of 60.56%, and the national average of 56.56%.
- The practice held regular clinics with members of the nursing staff and GPs with specialist interests in the fields of diabetes and COPD/asthma. We saw that the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94% when compared to the national figure of 89.9%.
- Patients experienced an evidence-based and thorough approach to hypertension and cholesterol assessment and management. As the practice had put into place procedures for clinical staff to follow in response to the National Institute for Health and Care Excellence (NICE) guidelines including

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hypertension (high blood pressure) and cholesterol management. For example, a patient with suspected hypertension had blood tests, ambulatory blood pressure monitoring and an electrocardiogram (ECG) before seeing a GP.

- The practice recognised the value of patient care over and above ensuring they achieved good Quality and Outcome Framework (QoF) results and they choose to maintain some former QoF requirements to ensure they captured all the quality aspects of the service they provided.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- The 'amber alert' system at the practice allowed staff to be aware of which children were on a child protection register, and any new and existing cases of concern were discussed regularly at clinical and partnership meetings as well as opportunistically.
- 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 85.9%, which was comparable to the national average of 81.83%. There was an 85% uptake in cervical screening within the last 5 years. The vast majority of those remaining were offered a smear test at least once. Smear taking formed part of the GP registrar training and patients were able to book with a doctor or a nurse.
- 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.
- The practice was aware of and monitored their teenage pregnancy rates for under 18s which were low.
- The practice had received the 'You're Welcome' award for improving access for young people and had a dedicated area on their website and notice boards for young people. Young patients could make their own appointments, even if under 16. The practice's 'You're Welcome' literature contained links to useful websites for young people to access.

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# Summary of findings

- The practice offered full contraception services including free condoms and implant/coil fitting.
- Within the practice there were weekly child health/vaccination clinics with the practice nurses, health visitors and a GP available.
- The uptake of the flu vaccine in pregnant women was 82%.

## **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.
- Each Monday evening a 'commuter clinic' was run until 8.45pm with appointments available with a GP, nurse and Healthcare Assistant. These appointments were available at short notice and were popular with patients who worked or had other commitments during the daytime.

The practice also signed up for the West Midlands Patient Access scheme which involved opening the practice on an additional evening for routine pre-booked appointments. At the time of the inspection, this was occurring once or twice per month.

Good



## **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 offered longer appointments for patients with a learning disability. The practice learning disability register consisted of 26 patients. A robust recall system was in place for these patients whereby they were invited for a health check with a Health Care Assistant and their preferred doctor, at least annually.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- 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.
- The practice maintained a carers' register which included 149 individuals.
- An example of co-ordinated care having a dramatic effect on patient outcomes was a case of an older patient who attended the practice regularly. The patient missed their appointment and rather than continue with their busy clinic the Healthcare Assistant (HCA) tried to contact the patient with no reply. The HCA expressed concerns to a GP who subsequently visited the patient. With the help of the police the GP gained access to the patients' home and it was found that they had been incapacitated for two days.
- The Practice engaged with the local Compassionate Communities group known as Co Co. The initiative is not run by any one organisation but the community itself with the support of the hospice which provided training and ongoing guidance for volunteers. The scheme involves working with a number of local communities and medical practices.

## 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 who have a comprehensive, agreed care plan documented in

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 98.29% which was above the national average of 84.01%.
- The percentage of patients with other mental health conditions who had a comprehensive, agreed care plan was 97.37% which was better than the national average of 88.47%.
- The dementia register consisted of 130 patients. In August 2015 the practice carried out searches to identify which of their patients needed to be added to this register; which were not known to memory services and which of the patients known to memory services were not on the register. The motivation for this was a desire to ensure all patients had access to appropriate help and support.
- All patients with a Deprivation of Liberty Safeguards (DoLs) order had this flagged on their medical records.

Good



# Summary of findings

- The practice sent letters to all patients for whom they received an A&E report of deliberate self-harm, offering support and an appointment if required. Many of these patients were also followed up with a telephone call.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered a weekly substance misuse clinic for its patients.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing better than local and national averages. Two hundred and forty seven survey forms were distributed and 126 were returned, a response rate of 51%.

- 97.1% found it easy to get through to this surgery by phone compared to a CCG average of 85% and a national average of 73.3%.
- 88.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.4%, national average 85.2%).
- 96% described the overall experience of their GP surgery as fairly good or very good (CCG average 90%, national average 84.8%).

- 96.2% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83.4%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Many patients described the practice in exemplary terms as an exceptional practice with a great understanding of their role within the local community.

We spoke with 10 patients during the inspection. All patients with the exception of one said they were happy with the care they received and thought staff were approachable, professional, committed and caring. One patient felt there had been delays in a treatment which we reviewed and found were not warranted.

# Albrighton Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to Albrighton Medical Practice

Albrighton Medical Practice is located in Albrighton, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is 8,370. The practice has a higher proportion of patients aged 65 years and above compared with the practice average across England.

The staff team comprises six GP partners; one salaried GP and two GP registrars. The clinical practice team includes three practice nurses, two healthcare assistants, a phlebotomist, a pharmacy technician and two dispensary staff. The practice is managed and supported by a practice manager and assistant practice manager/administration support, a senior receptionist and five receptionists, a systems manager, a data coder/summariser, two medical secretaries and a nurse admin support, two cleaners and a care co-ordinator. In total there are 34 full or part time staff employed.

The practice and dispensary are open Monday to Friday 8am to 6pm (excluding bank holidays). Extended opening hours are provided on Monday evenings 6.30pm to 8.45pm for booked appointments only. In addition the practice offers pre-bookable appointments that can be booked in advance. Urgent appointments are also available for patients that needed them. The practice does not provide

an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays. GPs at the practice also work as members of Shropdoc. The practice is a training practice and often has GPs in training or medical students.

The practice provides a number of clinics, for example long-term condition management including asthma, diabetes and high blood pressure. It also offers child immunisations, minor surgery, and travel vaccinations. The practice offers health checks and smoking cessation advice and support. The practice has a Personal Medical Services (PMS) contract with NHS England until 2014. This is a contract for the practice to deliver Personal Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example they offer minor surgery, the childhood vaccination and immunisation scheme.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

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

- Is it safe?
- 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).

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2016. During our visit we spoke with a range of staff which included the practice manager, nursing staff, dispensary staff, administrative and receptionist staff and GPs. We spoke with 10 patients who used the service and four members of the patient participation group. We reviewed 23 comment cards where patients shared their views and experiences of the service.

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 practice carried out a thorough analysis of significant events. For example, there were 30 reported incidents in 2015 and the practice had reviewed all incidents for any trends. The incident reporting system was explained to all staff during their induction training. The process was RAG (Red, Amber, and Green) rated and easy for staff to use. The content and reflection on the actions completed did not allow for much written detail but the partners assured us this could readily be addressed. The practice secretary added any reported incidents to the practice's next management meeting be that the partners or clinical governance meeting

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a system for the recall of female patients with intrauterine devices such as the coil, regardless of where they were fitted, was put in place to ensure as the best possible care for these patients.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding

meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff acted as chaperones and had received a Disclosure and Barring Service check (DBS check).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse and healthcare assistant were the infection control leads who in turn liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, or planning was in progress to address them and staff were aware of the audit results.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Electronic prescription pads were securely stored and there were systems in place to monitor their use. The practice had two paper prescription pads stored securely, however one was for a GP who had left the practice and was not being used, the other did not have an audit process in place such as noting the serial numbers and number of prescription sheets. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice provided a dispensary service. This was managed by a pharmacy technician with two qualified dispensary staff. The partners were mindful of the local communities need to have an independent pharmacy available when the practice was closed. The practice and patients ensured that the need for an independent pharmacy was maintained and both were able to co-exist to service the needs of the local population. The practice held controlled drugs (medicines that require extra checks and special storage arrangements because



## Are services safe?

of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. There were arrangements in place for the destruction of controlled drugs. The dispensary had completed a self-assessment control drug audit in 2016 with an action plan date set as 22 January 2016.

- There was a system in place for the management of high risk medicines such as disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. Medicine reviews took place, and for patients in receipt of an annual review these were set to coincide with their birthday.
- 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.
- 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.

### 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 which identified local health and safety representatives. The practice had recently appointed a company to provide information and support in respect of the practices health and safety processes. This company had completed an audit on 14 December 2015 and although there were areas still to action many had already been completed.
- The practice had a fire risk assessment and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice tested the fire alarm weekly. However the practice did not have a call point key so were simply sounding the fire alarm bell via the fire control board. This meant that they were not checking

that all the fire call points worked. The practice manager assured us that this would be addressed and they would get a key and check the call points on a rota basis. The practice also needed to investigate whether the smoke detectors and emergency lighting had been checked and maintained. The practice gave assurance that a risk assessment would be completed and consideration given to highlighting a step leading to a fire escape in the staff area of the practice for people who in the event of a fire may need to exit the rear of the practice.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies of the plan were also stored safely off site with the practice partners and practice manager.



# 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 showed that the practice had achieved 99.8% of the total number of points available, with 7.3% exception reporting, which was 1.7% below the Clinical Commissioning Group (CCG) average and 1.9% below the England average. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for the five diabetes related indicators were all better than the CCG and national average. For example: The percentage of patients with diabetes on the register, for whom a specific blood test was recorded, was 84.84% compared with the CCG average of 77.54%.
- The percentage of patients with hypertension having regular blood pressure tests was 91.83% which was better than the CCG average of 83.65%.
- Performance in the three of the four mental health related indicators were better than the CCG average. For example, the percentage of patients with schizophrenia,

bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record was 97.37% when compared with the CCG average of 88.47%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 98.29% when compared with the CCG average of 84.01%.
- The percentage of patients with atrial fibrillation (AF) with CHADS2 score of 1, who were treated with anticoagulation drug therapy or an antiplatelet therapy, was 98.7% which was comparable to other practices at 98.36%. (The CHADS2 score is a clinical prediction rule for estimating the risk of stroke in patients with non-rheumatic atrial fibrillation which is a common and serious heart rhythm condition).
- Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management/dispensing. The information staff collected was then collated by the practice manager to support the practice to carry out clinical audits.

### Clinical audits demonstrated quality improvement.

- There had been regular clinical audits completed in the last two years, where the improvements made were implemented and monitored. One audit looked at outcomes for patients treated with newer antidiabetic agents. This looked at the short term outcomes of 1) improved control and 2) weight loss, in patients prescribed these therapies, within a set criteria. In the first audit cycle the practice achieved outcomes in 1): 52% and 2): 31%. The results were discussed at clinical governance meetings and a GP with a special interest was to oversee and review the introduction of these new therapies. At the repeat cycle six months later the results had significantly improved with 1) 60% and 2) 75%. It was found that six months between the two audit cycles was not sufficient time for all the patients to be reviewed. A further review was planned in six months' time.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.



# Are services effective?

## (for example, treatment is effective)

For example, following a recent audit of home visit consultation entries made onto the patients computerised clinical record, it was found that four GPs achieved 100% and three did not. The audit was discussed at a team meeting and it was decided that GPs would use the computerised visit summary record on home visits as an aid memoir to completing the record. Those patients with a missing visit record were completed by the GPs who attended the visit for completeness.

Information about patients' outcomes was used to make improvements such as;

- The practice had a highly effective system for monitoring patients taking oral anticoagulant medicine and disease modifying medicines. The GPs took full responsibility for the blood test result checks and prescribing and a nurse for ensuring that patients attended for their tests and investigations when required.
- It had been noted by clinical staff that there were a high number of appointments during some duty surgeries that were left unbooked. The issue needed to be addressed in order to use clinical time as efficiently as possible and to maximize the availability of the most appropriate appointment slots for patients. It was found over a four week period that there were a total of 196 unbooked appointments, representing 8.7% of the 2242 available. The results were analysed and changes made. A further four week data collection took place. As a result of the changes made to the appointments slots the total number of unbooked appointments reduced from 8.7% to 6.4%. The waiting time for a routine appointment with five of the GPs was also reduced, with the waiting time for three GPs remaining the same and for one GP increased. The practice felt there may be potential to reduce the number of unbooked duty appointments further still by decreasing the number of book on the day slots but this needed to be balanced against the risk of increased pressure on duty surgeries.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and

safety and confidentiality. It had also produced medical student, registrar and role specific induction/ welcome checklists which staff signed and dated once completed.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources 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 during training sessions, one-to-one meetings, appraisals and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Every Monday the GPs reviewed all weekend out of hours' attendances as a team. The remainder of the week the attendances were reviewed by the duty GP.



# Are services effective?

## (for example, treatment is effective)

- The practice hosted community based clinics, for example the Health Visitor, Midwife and Counsellor which improved communication making the patient care and information sharing co-ordination easier.
- The practice monitored two week suspected cancer care referrals into secondary care to ensure that none were missed.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent could be monitored through the practices electronic records.
- The practice had systems and processes in place to note patients advanced directives and choices. This included a patient's choice not to be resuscitated and best interest decisions made within multi-disciplinary teams involving the patient, their families, carers and/or advocate.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 85.9%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme and for those with a learning disability they ensured any counselling or additional support was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.0% to 98.3% and five year olds from 90.8% to 100.0%.
- Flu vaccination rates for the over 65s were 75.86%, and at risk groups 60.56%. These were also slightly above the national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. To date they had completed 74 NHS health checks and had invited 275 patients to attend. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice was able to offer patients support and advice through the 'Help to quit' scheme and 'Help to slim' schemes.



# 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 23 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.

We spoke with 10 patients and four members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92.9% and national average of 88.6%.
- 95.9% said the GP gave them enough time (CCG average 92% and national average 86.6%).
- 97.6% said they had confidence and trust in the last GP they saw (CCG average of 97.1% and national average 95.2%).
- 94.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 90.4%, national average 85.1%).

- 98.7% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 92.7% said they found the receptionists at the practice helpful (CCG average 90.1% national average 86.8%).

An example of the support and approach of staff included; a patient who was attended the practice holding their side appearing uncomfortable, but was there just to collect a prescription for their partner. The receptionist was concerned for this person's welfare. They ensured that this person saw a GP who then admitted the person to hospital. A week later the patient returned to the practice to thank the receptionist for their help.

### 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 on the comment cards we received was also positive and aligned with these views.

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:

- 96.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.6% and national average of 86.0%
- 92.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.8% national average 81.4%).
- 89.8% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89.5%, national average 84.8%).

The practice manager told us that translation services were available for patients who did not have English as a first language. Staff informed us that this was a service they had not had occasion to use as yet. The practice had very few patients from ethnic minority groups.



## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients who were

carers and maintained this register. The practice carer's register included 149 individuals. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and 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 Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuters' Clinic' on Monday evenings until 8.45pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those who required them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately and the practice was registered to provide the Yellow Fever vaccination.
- There were disabled facilities, a hearing loop and translation services available.
- A secure website on the internet was available to registered patients to book online appointments and request repeat prescriptions.
- A dispensary service was available to eligible patients.
- The practice welcomed young people and was a Department of Health (DoH) awarded 'You're Welcome' practice. The practice provided young people with their own 'You're Welcome' brochure.
- The Citizens Advice Service attended the practice to provide services to the wider community and practice patients.
- The practice offered a counselling service and access to cognitive behaviour therapy psychological support.
- A podiatrist service was hosted by the practice.
- The practice offered a weekly substance misuse clinic (Drug and Alcohol service) and one of the new GP partners wanted to expand this service.
- The practice GP staff accessed the RAF base nearby to provide a GP service where required.
- The practice hosted additional services to enable eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as the retinal

screening service and abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body).

### Access to the service

The surgery was open from 8am to 6.00pm Monday to Friday (excluding bank holidays).

Extended opening hours were provided on Monday evenings 6.30pm to 8.45pm for booked appointments only. In addition the practice offered pre-bookable appointments that could be booked in advance. Urgent appointments were also available for patients that needed them. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through Shropdoc, the out-of-hours service provider. The practice telephones switched to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays. GPs at the practice also worked as members of Shropdoc.

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

- 79.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 74.9%.
- 97.1% patients said they could get through easily to the surgery by phone (CCG average 85% national average 73.3%).
- 64% patients said they always or almost always see or speak to the GP they prefer (CCG average 62.9% national average 60.0%).

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice discussed the results of the survey at their partners meeting and with staff at clinical governance meetings. They responded to the results of GP Patient Survey published in November 2015 by producing an action plan and completing audits. For example, an audit of the duty surgeries led to opening up of more routine appointments in advance, which created more appointments with each GP. They found that recent GP retirements had meant new clinical staff had joined the practice but the knock on effect



# Are services responsive to people's needs?

## (for example, to feedback?)

was that patients waiting times for more 'well known' GPs had increased. The practice consensus was that this would improve with time as patients migrated to new GPs within the practice.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and were available within the practice brochure.
- A GP partner led on complaints. The GP rang patients and on occasion visited them at home to discuss any complaint. This had resulted in high patient satisfaction with complaint outcomes. The only downside was that there was no follow up in writing as the patients' responses were verbal and not documented. It was difficult to therefore know what was agreed and to ensure that the patient was given information on what to do if they were not satisfied with the practice's response. During the inspection feedback it was clear that this was taken on board and we were assured that follow up letters/documentation would be sent to the patient following any contact with clear information for them on the next steps to take should they be required.

The practice informed us they would keep any learning attached to the complaint or reference the meeting dates on the complaint so that they could be clearly audited.

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaints audit was completed regarding any comments or complaints received in 2015. It established that three complaints had been handled via telephone, four written, two verbal and one via email. The complaints were discussed within the practice and with the persons involved and then at clinical governance/partners meetings, whichever the most appropriate. No complaints had needed to be referred to the Ombudsmen. In general the action/learning point's involved communication, listening, patient centred versus doctor centred changes to the appointment systems and changes in the use of technology and its implications. The practice had acted on each of these action/learning points.

For example, a patient asked to speak to the practice manager to feed back that the phlebotomists' room being used at that time for counselling sessions was not very counselling friendly. The practice purchased mobile storage so that the phlebotomists could remove it when the counsellor used the room. The practice softened the room with the use of calming wall art and the resultant changes led to more favourable feedback the next time the patient was seen.



# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had taken on board the needs of their patients.

### 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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

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

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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 completed an annual patient survey, had conducted an audit on their appointments system and had had a Healthwatch report.

The practice were aware of staff welfare and for example had purchased an electric desk that meant a member of staff with a bad back could decide to work sitting or standing minimising the risk of discomfort.

The annual patient survey focused on appointments and we saw that the action plans were recorded, but had no clearly defined ownership for the actions to be taken or timescales. However we were assured that these were all completed within days which we were able to verify during the inspection.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met six weekly. The group had a membership of 15 and carried out specific activities as deemed necessary. The agenda items ranged from practice specific topics to

# Are services well-led?

Outstanding



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

discussion on wider issues likely to impact on the practice and its community. As well as involvement with the wider PPG network, two PPG members were also active with Future Fit and Healthwatch. The PPG had plans to engage with more young patients and was exploring the possibility of a virtual group or other innovative use of IT. The four members of the PPG we met said they were proud of the practice's "whole community" approach and were keen to increase both its activities and the diversity of the group to encompass and reflect the community.

Examples of collaborative working between the practice staff and PPG included;

- PPG involvement in the practice manager interviews and decisions on the appointment made.
- Their work to develop and support the 'Compassionate Community' initiative.
- The monitoring of the practice phone lines to identify and address a fault causing unwarranted delays.
- Arranging a home delivery service from chemists for house bound patients.
- Changes to the arrangement of seating so chairs with arms were readily available for those needing them.
- Provision of a water dispenser.
- Provision of community transport link to help patients attend surgery.
- Provision of air conditioning to consulting rooms for patients comfort and plans were in place to install air conditioning in the waiting room area.

Examples of the challenges faced by the practice PPG included:

- Raising awareness of the group and to recruit more members.
- Looking at the carers support group which had not been a particular success to see what could be done to improve interest and its use.
- Work to help distribute patient GP preference across the practice doctors. An influx of new staff caused an imbalance and the group was looking at the possibility of a social event to help patients feel more accepting of new staff and relieve some pressure on established GPs.

The practice had gathered feedback from staff an annual staff survey through staff away days such as any practice learning events and generally through staff meetings, one to one discussions and group discussions. 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 strong 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.

An example of the practice's continuous learning included an audit into whether hospital prescriptions/ prescriptions in secondary care had been correctly entered onto the practices' electronic patient medication record system. Three patient groups were chosen to audit, those with rheumatoid arthritis, HIV and transplant patients (encompassing patients with liver, kidney and lung transplants). Results of data collection one (June 2015) were that 24% of the study population not been entered appropriately. A resultant action was that all medications started in secondary care that were not included on the patients' medication screen were entered onto the system by a GP. Data collection two (Nov 2015) extended to include patients with psoriatic arthritis. Changes implemented following the first data collection had significantly reduced the number of secondary care prescriptions not included on the patients' medication screen and therefore any potential risks had also been reduced. In order to sustain improvement, GPs and admin staff considered a re audit should take place after a period of time to ensure this improvement was sustained. The practice also considered the potential to extend the audit to other patient groups, such as osteoporosis.

Patients and families at the practice have donated monies to the practice for over 10 years as the practice is highly regarded. This fund is entitled 'The Comfort Fund' the money is spent to benefit patients. An example also included air conditioning as requested by patients for the waiting area.