Fishponds Family 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fishponds Family 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 assessed patients' needs and delivered care in line with current evidence-based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Fishponds Family Practice received the Customer Service Excellence Award, for demonstrating a high level of commitment to patient care. The practice's customer care policy is one of several component parts to the award. The care policy focuses on how the practice delivers access to patient services and offers choice wherever possible. The customer care policy is available for patients to read in the practice and on its website.
- The patient participation group (PPG) were well engaged and represented across a diverse range of

Summary of findings

ages and backgrounds. The PPG suggestions for changes to the practice management team had been acted upon and as well as this, the group had raised awareness to patients about the practice' services.

- The practice was proactive in ensuring that vulnerable patients who did not attend their scheduled appointments were contacted by the practice nurse, assessed and if necessary booked for a same day appointment at the practice.
- The practice worked closely with local organisations including a hospice, a dementia charity and a homeless charity.
- The practice participated in a social prescribing scheme to support people who attend their GP surgery but did not necessarily require medical care. Social prescribing supported patients with issues such as social isolation and coping with caring responsibilities, to connect to services and groups that could help improve their wellbeing and meet their wider needs.
- Staff had lead roles that improved outcomes for patients such as a carer's lead.
- The practice was one of seven GP practices that had helped to develop a medical student psychotherapy scheme, for patients who did not have access to specialist mental health services.
- The practice helped to establish an additional psychotherapy service for patients to be initially assessed before referral to the private or voluntary sector, where they were provided with opportunities for work and art therapies.
- Patients were able to access a specialist dementia memory nurse. The nurse assessed patients in their own homes, advised on tests and medications and once diagnosed, referred patients to a dementia navigator to help them and their carer access available community support.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- 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.
- The practice hosted a talking therapy service for patients who had experienced bereavement, were carers, or were experiencing mental health issues. The service was funded by the local clinical commissioning group (CCG) and was available on referral.

We saw two areas of outstanding practice:

- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. Fishponds Family Practice received the Customer Service Excellence Award in 2010. This government-backed scheme was open to all health sector organisations and awarded where there was a demonstrably high level of commitment to patient care. Fishponds Family Practice was the third GP practice in the country to attain the award since its' inception in 1991. Following a reassessment in 2015, the practice was re-accredited for this Excellence Award until 2018.
- The leadership, governance and culture of Fishponds Family Practice are used to drive and improve the delivery of high-quality person-centred care. For the last three years, practice GPs have had fortnightly supervision sessions with a consultant psychotherapist. The sessions were self-funded by the GPs, and focussed on patient empathy and interaction, staff relations, and identifying and working to meet the demands of a GP's role. The practice produced a paper about the GPs' experiences of counselling that was published in the British Medical Journal in 2014. When we spoke to the practice, we saw that informal feedback highlighted GPs found the sessions highly beneficial to their professional practice.

We saw one area where the practice should make improvement:

- The provider should continue to make efforts to identify a greater proportion of carers from its patient list, to better support the population it serves.

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?

Good

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework for April 2015 to March 2016 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw a programme of clinical audits that included improvements for patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice helped to develop a psychotherapy scheme and referred patients to private or voluntary sector psychotherapy services, to help them access mental health services.
- Patients were able to access a specialist dementia memory nurse.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey (July 2016) showed patients rated the practice as comparable with other local practices 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.
- The practice had identified patients who were carers and alerted them whenever a local carers group met. This provided an opportunity for carers to gain support and raised awareness of carer's services locally.
- Vulnerable patients who did not attend their scheduled appointments were contacted by a practice nurse, to check their welfare.
- A member of staff acted as a carer's lead. The carer's lead had a direct link with the local care forum and referred suitable patients for specialised advice and guidance.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice was participating in a social prescribing scheme to support people who attend their GP surgery but did not necessarily require medical care. Social prescribing supported people with issues such as social isolation and coping with caring responsibilities, to connect to services and groups that could help improve their wellbeing and meet their wider needs. The practice had referred 49 patients into the social prescribing scheme in the last 12 months, and we read letters written by patients who revealed how social prescribing had benefitted them in their lives.
- Patients with a learning disability had care plans and practice leaflets could be made available in large print and Easy Read format, which makes information easier to access for this group.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with regular appointments available the same day.

Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of patient feedback.
- 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.
- The practice worked with other health professionals to minimise unnecessary hospital admissions.
- Patients were able to access the practice by telephone, and face to face.
- The practice sent text reminders for appointments.
- The practice increased the length of individual appointment times for patients with complex medical conditions, and for patients who did not have English as their first language.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.
- The practice hosted a talking therapy service for patients who had experienced bereavement, were carers, or were experiencing mental health issues. The service was funded by the local clinical commissioning group (CCG) and was available on referral.
- The practice increased the length of individual appointment times for patients who did not have English as their first language.
- Patients were able to access a specialist dementia memory nurse.
- Patients who did not normally have access to specialist mental health services were able to access a medical student psychotherapy scheme.
- The practice worked closely with local charities including a local hospice, a Bristol-based dementia charity and a homeless charity. We saw evidence that patients benefitted by being referred more quickly into those services. The practice also invited local charities to attend its monthly palliative care meetings, to discuss the patients on their caseload.
- The practice helped to establish a psychotherapy service for patients which included opportunities for work and art therapies. Patients were able to access individual face-to-face assessment with an appropriate follow-up package then being arranged for them. This could be anything from group art therapy work to individual counselling lasting up to six months. The scheme was funded by the local CCG and had engaged around 133 patients.

Summary of findings

- The practice hosted a drugs worker from the Bristol Drugs Project at the practice for one day a week in order that patients could have easier access to this service.

Are services well-led?

Good

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.
- 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 provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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.
- There was a strong focus on continuous learning and improvement at all levels. For example, the practice GPs had supervision sessions with a consultant psychotherapist, to focus on patient empathy and other development issues. When we spoke to the practice, they told us that patients benefitted more directly because the sessions look at areas affecting GP efficiency and ensuring that they were available to see the patients who were most in need.
- The practice conducted a detailed annual patient survey to improve feedback. We saw evidence that previous surveys averaged around 300 responses, and that 90% of survey respondents would recommend the practice to friends and family.
- Practice partners had an away day every six months, to discuss issues such as management structure and partner responsibilities, and the whole practice held an annual away day.

Summary of findings

- The practice has a growing patient list size that includes people seeking asylum and adapted its services accordingly. For example, the practice helped to develop a psychotherapy scheme, for patients who did not have access to specialist mental health services.

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

Good

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 patients in its population.
- Older patients with complex care needs or those at risk of hospital admissions had personalised care plans which were shared with local organisations to facilitate continuity of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A carer's lead worked closely with district nurses, occupational therapists and social services agencies to avoid unplanned hospital admissions for older patients.
- The practice referred patients to local community health improvement schemes.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for patients with long-term conditions compared with national averages. For example, 72% of patients with asthma, on the register, had had an asthma review in the preceding 12 months, compared to the national average of 76%. The review included three patient-focused outcomes that act as a further prompt to review treatment.
- 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 routinely offered longer appointments for patients with complex medical needs.

Families, children and young people

Good

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

Summary of findings

- 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 assessed the capability of young patients using Gillick competencies. These competencies are an accepted means to determine whether a child is mature enough to make decisions for themselves.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 81%, which was comparable to the national average of 82%.
- 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 worked to provide inclusive services for younger patients, such as hosting the 4YP (for young people) initiative which enabled teenagers to access sexual health care.

Working age people (including those recently retired and students)

Good

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 offered extended hours appointments with a GP, nurse or phlebotomist on five mornings a week and four evenings a week.
- Patients were able to book appointments and order repeat prescriptions online.
- The practice offered text reminders for appointments.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.

Summary of findings

People whose circumstances may make them vulnerable

Good

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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was proactive in ensuring that vulnerable patients who did not attend their scheduled appointments were contacted by the practice nurse, assessed and if necessary, booked for a same day appointment at the practice.

People experiencing poor mental health (including people with dementia)

Good

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

- 77% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which compared with both the clinical commissioning group (CCG) average of 81% and national average of 78%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their records in the preceding 12 months was 92%, which compared with the national average of 88%.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice provided injections of slow-release antipsychotic medication for patients at risk of missing their medication, and a phlebotomy service for those patients on medications needing regular blood test reviews.
- The practice provided a medical student psychotherapy scheme for patients who were not normally able to access specialist mental health services.
- The practice was proactive in helping patients to access mental health services. The practice helped to develop a further psychotherapy scheme and referred patients to private or voluntary sector psychotherapy services. Patients were able to access individual face-to-face assessment with an appropriate follow-up package then being arranged for them. This could be anything from group art therapy work to individual counselling lasting up to six months. The scheme was funded by the local CCG and had engaged around 133 patients.
- Patients were able to access a specialist dementia memory nurse.
- The practice referred 49 patients into a social prescribing scheme in the last 12 months, and we saw evidence that this had benefitted them in their lives.
- The practice worked closely with local charities including a dementia charity and we saw evidence that patients benefitted by being referred more quickly into those services. The practice also invited local charities to attend its monthly palliative care meetings, to discuss the patients on their caseload.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice performance relative to national averages was mixed. For the survey 226 survey forms were distributed and 109 were returned, representing around 1% of the practice's patient list. Results from the survey showed;

- 61% of patients found it easy to get through to the practice by telephone compared with the national average of 73%. When we spoke to the practice about this, they told us they had increased the number of available phone lines and that more staff, including the practice manager, answered the phones first thing in the morning, and remained logged on until peak demand had diminished. This had the impact of relieving the impact on the practice reception team and increased response rates. We saw evidence that in a recent week, 99% of 300 calls were answered. The practice were optimistic that increased patient satisfaction in this area would be evidenced in the results of the next GP patient survey.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 76%.
- 87% of patients described the overall experience of their GP practice as good compared with the national average of 85%.
- 85% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared with the national average of 80%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We reviewed the 27 comment cards we had received which were positive about the service experienced. Patients described GPs and reception staff as being caring and respectful, and taking the time to listen to their concerns. Patients told us they were given advice about their care and treatment which they understood and which met their needs. We spoke with four patients during the inspection who told us they were happy with the care they received and thought staff were approachable, committed and caring.

We looked at the latest submitted NHS Friends and Family Test results, where patients were asked if they would recommend the practice. From September 2015 to October 2016, the practice had not submitted data where there were less than five responses, which is the minimum number to protect against the possible risk of identification. The practice submitted data in August 2015 which showed that all 5 respondents (100%) would recommend the practice to family and friends.

Areas for improvement

Action the service SHOULD take to improve

We saw one area where the practice should make improvement:

- The provider should continue to make efforts to identify a greater proportion of carers from its patient list, to better support the population it serves.

Outstanding practice

We saw two areas of outstanding practice:

- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. Fishponds Family Practice received the Customer Service Excellence Award in 2010. This government-backed scheme was open to all health sector organisations and awarded where there was a demonstrably high level of commitment to patient care. Fishponds Family Practice was the third GP practice in the country to attain the award since its' inception in 1991. Following a reassessment in 2015, the practice was re-accredited for this Excellence Award until 2018.

Summary of findings

- The leadership, governance and culture of Fishponds Family Practice are used to drive and improve the delivery of high-quality person-centred care. For the last three years, practice GPs have had fortnightly supervision sessions with a consultant psychotherapist. The sessions were self-funded by the GPs, and focussed on patient empathy and interaction, staff relations, and identifying and working to meet the demands of a GP's role. The practice produced a paper about the GPs' experiences of counselling that was published in the British Medical Journal in 2014. When we spoke to the practice, we saw that informal feedback highlighted GPs found the sessions highly beneficial to their professional practice.

Fishponds Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Background to Fishponds Family Practice

Fishponds Family Practice is located in Fishponds, a conurbation of Bristol. The practice has occupied its current, purpose-built facility since 2006, and shares it with another GP practice and teams of health visitors, district nurses and a community midwife. Fishponds Family Practice has 11 GP consulting rooms on the ground floor, along with three treatment rooms and a room for minor operations. A general office area is located behind the reception desk. An administration office is located on the first floor, which can be accessed by a lift or stairs.

Fishponds Family Practice is one of 48 GP practices in the NHS Bristol Clinical Commissioning Group (CCG) area. The practice has around 12,673 registered patients, most of whom live within a two to three mile radius of the practice. The practice patient populations broadly mirror the England average for most age groups, thereby providing an indication of the area's demographic profile. There are slight deviations for the 15 to 19, and 45 to 49 age groups, which are slightly below the England average, and the 30 to 34 age group, which is slightly above the England average.

69% of the practice population describes itself as white British, and 26% as having a Black, Asian and Minority Ethnic background. A measure of deprivation in the local area recorded a score of 5, on a scale of 1-10. A higher score indicates a less deprived area. (Note: an area itself is not deprived, it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and not all deprived people live in deprived areas).

The practice team consists of six GP partners (three male, three female) and two salaried GPs (both female). A nurse manager leads a team of three practice nurses and there are two phlebotomists who also combine the role with that of health care assistant. The clinicians are supported by a practice manager, a deputy practice manager, and a team of administrators and secretaries. The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

Fishponds Family Practice will take calls from 8am to 6.30pm, Monday to Friday. Doors are open from 7.30am to 7.30pm, Monday to Thursday, and from 7.30am to 6.30pm on Friday.

Routine GP appointments are available from 8am to 10.30am and 3pm to 6pm, Monday to Thursday; and from 8.30am to 11.30am and 3pm to 6pm on Friday. The practice provides extended hours morning appointments with a GP from 7.30am to 8am and extended hours evening appointments from 6.30pm to 7pm, from Monday to Thursday. Appointments can be pre-booked up to four weeks in advance.

Fishponds Family Practice is a teaching and training practice for junior doctors and nursing students and currently has one trainee in their final year of a postgraduate medical training programme.

The practice has opted out of providing Out Of Hours services to its own patients. Outside of normal practice hours, patients can access NHS 111, and an Out Of Hours

Detailed findings

GP service is available. Information about the Out Of Hours service was available on the practice website, on the front door, in the patient registration pack, and as an answerphone message.

Fishponds Family Practice provides regulated activities from its sole location at Beechwood Road, Fishponds, Bristol. BS16 3TD.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

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

- Spoke with a range of staff including four GPs, three nurses and three administrative staff, and four patients who used the service;
- Observed how patients were being cared for and talked with carers and family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed 27 Care Quality Commission 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 Care Quality Commission at that time.

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Discussions took place immediately following a significant event, at one of the (daily) clinical meetings. Information was cascaded to staff through circulated meeting minutes. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, the practice received a call from the local hospital to say that the patient for whom they had ordered a scan knew nothing about the referral, and did not require a scan. The practice phoned the patient, who said they had not received a call from the local hospital and still needed their appointment. On further investigation, the referral was for a patient with a different name, and the mix up occurred because both patients shared the same initials and date of birth. Details of the incident were shared with the hospital concerned and the local clinical commissioning group (CCG). Staff discussed the incident and now ensured that they check all personal details when booking an appointment.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Practice staff had designed a template to record any concerns they may have about a patient's welfare. The completed template was then referred to the GP safeguarding lead, and acted as an additional assurance process.
- All staff had received the appropriate safeguarding training. A GP was the lead member of staff for safeguarding adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and adults relevant to their role. All GPs were trained to safeguarding level three and nursing staff to safeguarding level two. All non-clinical staff were trained to level one.
- A notice at the reception desk and in all the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A lead nurse was the infection control lead who liaised with the local infection prevention teams to keep up-to-date with current 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.
- 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 clinical commissioning group (CCG) pharmacy teams, 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.

- Patient Group Directions 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 or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs, and we saw evidence of this in a log book.
- 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.
- The practice had used three locum GPs consistently in 2016, due to holiday cover and sickness absences. We found that appropriate recruitment checks were in place.

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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. 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 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, fit for use and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 peoples' 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 were 99%, with 19% exception reporting overall. (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. Exception rate for the clinical commissioning group was 14% and the national rate 10%).When we spoke to the practice about its exception reporting, they told us they attempted to improve figures by ensuring that all patients received three invitations for review and were only exception reported if they then had not attended.

We noted an area where the practice had a high exception rate, relative to the clinical commissioning group (CCG) and national figures: the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding year (31 August 2015 to 1March 2016). When we spoke with the practice they informed us that the reasons for this are likely to be complex as these patients form a varied group, some of whom are likely to be frail and elderly and some of whom may be young and perceive themselves to be healthy and not in need of flu immunisation. We were also informed that those patients aged over 65 are targeted for 'flu immunisation due to their age, but for younger patients the attendance rates were not be so high.

Another area where the practice had a high exception rate, relative to the clinical commissioning group (CCG) and national figures: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months. We looked at unverified data for the first seven months for 2016/2017 and saw that results had improved. This practice was not an outlier for any other QOF (or other national) clinical targets. Data from 2015-2016 showed:

- The percentage of patients newly diagnosed with diabetes, on the register, in the preceding year March who have a record of being referred to a structured education programme within nine months after entry on to the diabetes register was 96%. This compared with exceeded both the clinical commissioning group (CCG) average of 95% and national average of 92%.
- The percentage of patients with high blood pressure having regular blood pressure tests was slightly better than local and national averages. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading was a satisfactory level was 89%, compared to the CCG average of 83% and national average of 83%.
- Performance for mental health related indicators was either better than or comparable with local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 96%, compared to the CCG average of 92% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last year, six of which were completed second-cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Good

Are services effective?

(for example, treatment is effective)

For example, the practice produced a paper about its GPs' supervision sessions with a consultant psychotherapist, which was published in the British Medical Journal in 2014.

Findings were used by the practice to improve services. For example, the practice conducted an audit to review the prescribing of medicine for the relief of stomach problems such as nausea and vomiting, to ensure it was used only in accordance with the latest guidance from the Medicines and Healthcare products Regulatory Agency (MHRA). The audit found that all patients in the study were being prescribed the correct maximum daily dosage. The study also found that all known patients who were not being prescribed the medicine, and who had purchased it over the counter at a pharmacist, had had their medicines reviewed by a doctor. The practice now ensures that patients prescribed with the medicine are invited to discuss its usage with their regular GP, if they have not already done so. The practice also ensures that a warning note appears on the GP's screen when prescribing the medicine, to highlight potential risks to the patient.

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. They covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff 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 accessing on-line resources and discussion at practice nurse 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 sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision 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.
- The practice nurses regularly attend multi-disciplinary team meetings to review patients' care.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff had undertaken 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.

Good

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits.

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, those requiring advice on their diet, smoking and alcohol cessation and those aged over 75 years. Patients were then signposted to the relevant service.
- The practice nurses offered support with health and well-being issues for patients. We saw evidence that this support included self-managing a long term health condition or changing health behaviours.
- The percentage of women aged between 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 81%, which was comparable with the clinical commissioning group (CCG) average of 80% and above the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using a system of alerts for those patients with an identified learning disability, by using information in different languages, and by ensuring whenever possible that 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 following abnormal results.
- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age were 57%, which was comparable with the clinical commissioning group (CCG) average of 54% and the national average of 58%.
- Childhood immunisation rates were comparable with CCG averages. For example, vaccines given to under two year olds at the practice ranged from 63% to 99% compared with 68% to 97% for the CCG. Vaccines given to under five year olds at the practice ranged from 72% to 97% compared with the CCG range from 67% to 98%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. We saw evidence that 38 patients on the practice's register had a learning disability health check in the last year, from a total of 89.

Good

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 patient 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 and could offer them a private room to discuss their needs.
- Vulnerable patients who did not attend their scheduled appointments were contacted by a practice nurse, to check their welfare.
- We noted that the practice had installed an electronic booking-in system to speed up the process and help maintain patient privacy.

All of the 27 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 and caring, and treated them with dignity and respect. The practice proactively sought feedback from staff and patients, which it acted on. For example, following staff feedback, the practice changed the location of its patient flu clinics to a room that was closer to the fridges that stored the vaccine. This change also made access easier for staff and patients.

Results from the national GP patient survey (July 2016) also showed patients felt they were treated with compassion, dignity and respect. The practice compared with local clinical commissioning group (CCG) and national averages for their satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 90% of patients said the GP gave them enough time (CCG average 87%, national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 89% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 85% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 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 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 positive and aligned with these views.

Results from the national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results compared with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 88% and national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 80 patients as carers (less than 1% of the practice list). A member of staff acted as a carer's lead. The carer's lead maintained

Good

Are services caring?

a dedicated notice board and information table, established a direct link with the local care forum, and referred suitable patients for specialised advice and guidance.

- The practice ran a monthly carers clinic administered by a senior team member from the local care forum;

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 or by giving them advice on how to find a support service.

Good

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. For example, the practice was participating in a social prescribing scheme to support people who attend their GP surgery but did not necessarily require medical care. Social prescribing supported people with issues such as social isolation and coping with caring responsibilities, to connect to services and groups that could help improve their wellbeing and meet their wider needs. The practice had referred 49 patients into the social prescribing scheme in the last 12 months. When we spoke with the practice, they told us that although hard data on improvements to patient health and well-being did not exist, there was anecdotal evidence relating to individual stories of patients benefitting from social prescribing. We read letters written to the practice by patients who revealed how social prescribing had benefitted them in their lives.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice system alerted staff to patients with a learning disability who would benefit from flexibility around length and times of appointments. Patients with a learning disability had care plans and practice leaflets could be made available in large print and Easy Read format, which makes information easier to access for this group.
- Patients were able to receive travel vaccines available on the NHS. Those vaccines only available privately were referred to other clinics.
- Receptionists dealt with all queries both in person and on the phone, and were responsible for booking appointments.
- Patients with a long term condition were offered an annual review.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs. The practice showed us examples of patients with completed advanced care plans and patients dying in their preferred place.
- The practice worked with other health professionals to minimise unnecessary hospital admissions.
- Patients were able to access the practice by telephone, and face to face.
- The practice sent text reminders for appointments.
- Telephone appointments were offered where appropriate, as an alternative to face-to-face consultations.
- The practice had a hearing loop and offered an interpreting service for patients who were either deaf, or had a hearing impairment. The practice also offered an interpreting service for patients whose first language was not English.
- The practice is an accredited 4YP (for young people) practice so young people can access sexual health services even if they are not registered. 4YP is a multi-skilled team of health and social care professionals with experience of helping young people and their families.
- The practice worked closely with local charities including a local hospice, a Bristol-based dementia charity and a homeless charity. When we spoke with the practice, we saw evidence that patients benefitted by being referred more quickly into those services. The practice also invited local charities to attend its monthly palliative care meetings, to discuss the patients on their caseload.
- Fishponds Family Practice received the Customer Service Excellence Award, for demonstrating a high level of commitment to patient care. The practice's customer care policy is one of several component parts to the award. The care policy focuses on how the practice delivers access to patient services and offers choice wherever possible. The customer care policy is available for patients to read in the practice and on its website.
- The practice was proactive in tailoring services to meet patients' needs. For example:
  - The practice hosted a talking therapy service for patients who had experienced bereavement, were carers, or were experiencing mental health issues. The service was funded by the local clinical commissioning group (CCG) and was available on referral.
  - The practice helped to develop a medical student psychotherapy scheme. The scheme aimed to address the needs of patients who attend GP practices with complex, chronic and severe needs but for a variety of reasons, did not have access to

Good

Are services responsive to people's needs?

(for example, to feedback?)

specialist mental health services. The scheme, funded by the local CCG, had been running for the past three years and had involved around 25 patients.

- The practice helped to establish a psychotherapy service for patients. A GP with a special interest in this field met with a manager from the psychotherapy service to discuss launching this service as a trial initially at the practice, and this was subsequently extended to other local practices once it had been established. As a result, patients were able to access individual face-to-face assessment with an appropriate follow-up package then being arranged for them. This could be anything from group art therapy work to individual counselling lasting up to six months. The scheme was funded by the local CCG and had engaged around 133 patients.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. Patients were able to access a specialist dementia memory nurse. The nurse, funded by Bristol CCG, assessed patients in their own homes, advised on tests and medications and once diagnosed, referred patients to a dementia navigator to help them and their carer access available community support. At the time of inspection, 43 patients had accessed the memory nurse.

Access to the service

Fishponds Family Practice took calls from 8am to 6.30pm, Monday to Friday. Doors were open from 7.30am to 7.30pm, Monday to Thursday, and from 7.30am to 6.30pm on Friday.

Routine GP appointments were available from 8am to 10.30am and 3pm to 6pm, Monday to Thursday; and from 8.30am to 11.30am and 3pm to 6pm on Friday. The practice provided extended hours morning appointments with a GP from 7.30am to 8am and extended hours evening appointments from 6.30pm to 7pm, all Monday to Thursday. Appointments could be pre-booked up to four weeks in advance.

The practice had opted out of providing Out Of Hours services to its own patients. Outside of normal practice hours, patients could access NHS 111, and an Out Of Hours GP service was available. Information about the Out Of Hours service was available on the practice website, on the front door, in the patient registration pack, and as an answerphone message.

Results from the latest national GP patient survey (July 2016) showed that patient satisfaction with how they could access care and treatment was mixed when compared with local and national averages. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 80%.
- 61% of patients said they could get through easily to the practice by phone (national average 73%).
- 55% of patients said they usually get to see or speak to the GP they prefer (CCG average 59% and national average 59%).
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 85%.

When we spoke with the practice, they told us they had increased the number of available phone lines and that more staff, including the practice manager, answered the phones first thing in the morning and remained logged on until peak demand had diminished. We saw evidence that this had relieved the impact on the practice reception team and increased response rates. In a recent week, 99% of 300 calls were answered, which represented an increase of 40% from a previous week.

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

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, through feedback forms available at reception and in the waiting area, and comment cards on the practice

Good

Are services responsive to people's needs?

(for example, to feedback?)

website. A Friends and Family Test suggestion box and a patient suggestion box were available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints.

We looked at the nine complaints received by the practice in 2016. These were discussed and reviewed, and learning points noted. We saw that they were handled and dealt with in a timely way. Complaints were a standing agenda item at monthly staff meetings. We saw evidence of lessons learnt from patient complaints and action taken to improve the quality of care. For example, a patient complained that they considered a member of staff to be rude and abrupt. The practice discussed the matter with the staff member involved and sent a letter of apology to the patient. The practice reminded all staff to be aware of their attitude and manner towards patients, particularly at times when the practice was busiest, and potentially staff felt under the most pressure.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice did not have a formal mission statement, but its aims and objectives were to 'deliver primary care services to our patient population in line with the list of services contained within our CQC registration.'
- The practice had a strategy and supporting business plans which reflected the vision and values and was 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:

- There was a clear staffing structure and 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 was used to monitor quality and to make improvements.
- There were 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.
- 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. The practice manager was described as engaged, professional, dynamic and extremely competent in their role.

- Staff told us that partners meetings and multi-disciplinary team meetings were held every month, and that clinical team meetings were held twice a week.
- Practice partners had an away day every six months, to discuss issues such as management structure and partner responsibilities.
- The practice had an annual away day. The practice employed locums for an afternoon and the team engaged in seminars, activities and invited speakers to enhance teamwork.
- 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. 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. For example, staff redesigned the forms for ordering repeat prescriptions, to make them more accessible.
- For the last three years, practice GPs had had fortnightly supervision sessions with a consultant psychotherapist. The sessions were self-funded by the GPs, and focussed on patient empathy and interaction, staff relations, and coping with the demands of a GP's role. The practice produced a paper about the GPs' experiences of counselling that was published in the British Medical Journal in 2014. When we spoke to the practice, we saw that informal feedback highlighted GPs found the

Are services well-led?

Good

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

sessions highly beneficial to their professional practice. They also told us that patients benefitted more directly because the sessions look at areas affecting GP efficiency and ensuring that they were available to see the patients who were most in need.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. PPG members suggested that messages relayed by the practice's electronic notice board be produced in a larger font size to make them more visible, and that the screen include information on the impact on the practice when patients did not attend appointments. These suggestions had been acted upon, and we saw evidence that there was a decrease in the number of patients who failed to attend appointments. We also looked at the latest submitted NHS Friends and Family Test results, where patients were asked if they would recommend the practice. From September 2015 to October 2016, the practice had not submitted data where there is less than five responses, which was the minimum number to protect against the possible risk of disclosure. The practice submitted data in August 2015 which showed that a total of 5 respondents (100%) would recommend the practice to family and friends. The practice was proactive in conducting a more detailed annual patient survey to improve feedback. We saw evidence that previous surveys averaged around 300 responses, and that around 90% of survey respondents would recommend the practice to friends and family.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

Fishponds Family Practice acts as a teaching and training practice for junior doctors and nursing students and currently had one trainee in their final year of a postgraduate medical training programme. The practice has a growing patient list size that includes people seeking asylum. The practice is being proactive by adapting its services accordingly. For example, the practice helped to develop a psychotherapy scheme, for patients who did not have access to specialist mental health services.