Bidford Health Centre

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?	Outstanding
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 Bidford Health Centre on 16 June 2016. Overall the practice is rated as good.

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

- The practice had an effective system for reporting and recording significant events. Robust procedures and measures were used to keep patients safe and help protect them from abuse.
- Risks to patients were effectively assessed and managed by staff.
- The practice used current evidence based guidance to assess patients' needs and deliver care. Up to date training was provided to ensure staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they found the GPs pleasant, friendly and efficient. The people we spoke with felt they were treated with dignity, compassion and their wishes were respected.
- Information about 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 told us they were able to get appointments when they needed them and urgent appointments were available on the same day, but they could wait several days to see their preferred GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was familiar with the conditions of the duty of candour and exercised an open and honest culture.

We saw two areas of outstanding practice:

- The practice held patient education meetings approximately twice a year in conjunction with the Patient Participation Group (PPG). These were held during evenings at the practice and aimed to better inform patients about their health and care. The meetings were well attended and were aimed at

patients, their carers, and was also open to other members of the public. For example, one meeting had focused on diabetes information and speakers had included the practice nurses, a patient representative from the local branch of the Diabetes UK charity support group and a local dietician. The success of the practice's patient education meeting on dementia had confirmed the increasing prevalence in dementia and the local demand for support, as well as helping to increase the number of patients on the carers register. The carers register increased from 43 patients prior to the meeting to 111 during the following year.

- The practice had then formed a committee to set up a memory café for people with dementia and their carers. Practice staff worked with the PPG, carers and patient volunteers to achieve this and the memory café began running for two hours every Monday in premises central to Bidford-on-Avon to ensure this was accessible to everyone affected by dementa rather than only those who were patients of the practice.

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.

- Staff knew how to raise concerns and report incidents and near misses. Significant events were thoroughly investigated and we saw that these were discussed by the practice GPs and learning was disseminated to staff. Significant events were reviewed at an annual meeting between team leaders and GPs to ensure lessons learned had been implemented to improve safety in the practice.
- The practice had a suitable approach to dealing with errors and patients were offered an apology providing an explanation when things went wrong.
- Staff we spoke with demonstrated a good understanding of their safeguarding responsibilities and knowledge of how to report incidents. The practice had robust procedures and measures in place to keep patients safe and help protect them from abuse.
- The practice assessed risks to patients and managed these well. There were arrangements in place to respond to emergencies and major incidents.
- The practice had a system for dealing with safety alerts issued by external agencies. One of the senior partners was responsible for receiving these and distributed copies to relevant staff. New alerts were then discussed at a weekly team leader and GP meeting.
- The practice maintained appropriate standards of cleanliness and hygiene. There was an infection control lead and all staff had received up to date training.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were in line with or above average for the locality and compared to the national average.
- Clinical staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice had a system to update clinical staff with new guidance.

Summary of findings

- The practice's clinical audits demonstrated quality improvement and monitoring. The practice also participated in local benchmarking.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Clinical staff had lead roles and training was monitored and updated consistently. Staff communicated well as a team to deliver personalised care to patients.
- We saw evidence of appraisals for all staff and those we spoke with expressed confidence in using appraisals as an opportunity to progress.
- Members of staff worked as a team and collaborated with other health and social care professionals to understand and meet the range and complexity of patients' needs, and to assess and plan care and treatment. The practice team was aware of its obligations regarding consent and confidentiality.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients said they were pleased with the standard of service they received and thought the GP took time to listen to them and involve them in decisions about their care and treatment. Nine of the patients we spoke with were positive about staff attitudes, two patients felt attitudes of some staff could be improved.
- The results from the National GP Patient Survey published in January 2016 showed that patients were content with how they were treated. This was in line with or above the Clinical Commissioning Group (CCG) and national averages.
- The practice provided information to patients about the services available. This was accessible and easy to understand.
- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Staff at four local care homes described the service the practice provided to patients as attentive and individualised.
- Staff told us that if families had suffered bereavement their usual GP contacted them to offer support.
- The practice had a carer's corner in the patient waiting area encouraging carers to register. They displayed information about various avenues of support available, such as a local memory café and helplines. Information was also available on the practice website. The practice contacted all newly registered patients to ask if they were carers.

Summary of findings

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- Staff reviewed the needs of its local population and engaged with NHS England and the CCG to secure improvements to services where these were identified.
- The practice offered extended hours on every other Saturday from 8am to 12pm for working patients who could not attend during normal opening hours.
- A GP advice line was offered throughout the day for patients who wanted to speak to a GP before making an appointment. Emergency appointments were available for children and those patients with medical problems that required same day consultation.
- Patients we spoke with were positive about the standard and continuity of care they received. They told us that they were able to get appointments when they needed them, but could wait several days to see their preferred GP.
- The practice had modern facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and we saw evidence that the practice responded appropriately to issues raised.
- The practice held patient education meetings for patients with a variety of long term conditions and had setup a memory café in premises central to Bidford-on-Avon. Both were open to patients, their carers, and members of the public.

Are services well-led?

Good 

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

- The practice had a clear vision to provide patients with excellent care while offering a supportive learning environment for its staff. The practice had identified five basic principles to work to: communication; access; quality; responsiveness and education. Staff we spoke to told us they worked in a way that supported this.
- There was a clear leadership structure and staff told us they felt supported by management.
- The practice effectively implemented the requirements of the duty of candour, and the GP partners and team leaders encouraged an open culture.
- Systems were in place to manage notifiable safety incidents.
- The practice was proactive in acting on feedback from patients and its Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the

practice to improve services and the quality of care. For example, the practice held patient education meetings approximately twice a year in conjunction with the PPG. These were held during evenings at the practice and aimed to better inform patients about their health and care. The meetings were well attended and were aimed at patients, their carers, and was also open to other members of the public.

- Bidford Health Centre was a training practice and encouraged staff to undertake training and professional development by ensuring enough protected learning time was available to them. The practice used annual appraisals to assess individual areas for improvement.

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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice recognised that it had a growing population of older people which had increased rapidly in recent years, and had tailored its services to meet their needs. For example, the practice was participating in a local initiative to intervene and support older patients in the early stages of frailty with the aim of reducing emergency admissions. It had began the project by stratifying patients aged over 75 into three categories according to their level of risk.
- The practice liaised with a care navigator from Age UK to support patients and had also appointed their nurse practitioner as care coordinator for older people.
- The practice had patients at four local care homes, where staff described the service the practice provided to patients as attentive and individualised. Each care home told us they had a nominated GP at the practice that carried out a twice weekly visit to review patients. Staff explained that this was invaluable as it meant that GPs were familiar with each patient and offered excellent continuity of care.
- The practice dispensary offered a free medicine delivery service to housebound patients. All members of staff who carried out deliveries had undergone a Disclosure and Barring Service check.
- Clinicians held monthly multidisciplinary meetings with community nurses and the palliative care team to discuss specific patients.
- The practice carried out over 75s health checks and had been able to identify a number of illnesses as a result. For example, during 2015 the practice had made 66 new diagnoses of atrial fibrillation, 59 new diagnoses of dementia and 20 new diagnoses of depression. The practice was then able to effectively plan and manage care and treatment for the patients.

People with long term conditions

Good

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

Summary of findings

- GPs undertook care planning and medicine reviews for patients with long term conditions such as diabetes, coronary heart disease and hypertension (high blood pressure).
- The nursing team had individual specialisms in long term conditions including chronic obstructive pulmonary disease (COPD), asthma and diabetes.
- Longer appointments and home visits were available for patients with long term conditions.
- The practice held public educational evenings twice a year to inform patients of a variety of long term conditions. The open evenings were advertised in the local press and led by a specialist consultant.
- Clinicians attended a six weekly in house educational meeting with a local consultant to improve their knowledge of long term conditions.
- The practice had installed a free blood pressure monitor in the waiting area to encourage patients to screen themselves for hypertension (high blood pressure). Take home blood pressure machines were also loaned to patients to allow them to accurately monitor their condition and identify triggers.
- A range of services for patients were available at the practice, including diabetic eye screening, phlebotomy (taking blood), and clinics.
- The practice held patient education meetings approximately twice a year in conjunction with the Patient Participation Group (PPG). These were held during evenings at the practice and focused on long term conditions such as diabetes with the aim of better informing patients about their health and care. The practice made these available to anyone who wished to come as well as their own registered patients.

Families, children and young people

Good

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

- A senior partner was the lead member of staff for safeguarding and a salaried GP was the deputy lead. The practice held fortnightly safeguarding meetings with local health visitors.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Clinical staff showed a clear understanding of Gillick competence and Fraser guidelines. (Gillick competence is

concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment).
- Quality monitoring indicators showed that the practice's patient uptake of cervical screening was in line with local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered separate flu clinics for children with set appointment times to minimise distress and waiting times.
- The practice provided family planning services and post-natal reviews for mothers and babies.

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 practice offered extended hours to assist patients who could not attend during normal working hours. These were held weekly on alternate Monday evenings and Saturday mornings.
- Online appointment booking and text messaging reminders were available. The text messaging service also gave patients the option of cancelling an appointment or providing feedback by text.
- A GP advice phone line service gave patients the option of having their consultation over the phone where appropriate. Minor illness clinics were also available with the nurse practitioner, and the practice website provided a self-help section.
- The practice offered a range of screening and health promotions to meet the needs of working age people. NHS health checks were available during extended hours on Saturday mornings.
- Patients could attend a travel advice clinic with a practice nurse and vaccinations were available at the practice.
- There was a virtual patient participation group to assist those who would not be able to attend meetings during usual hours, so that feedback could be given regularly by email.

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.

Summary of findings

- The practice held registers of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients who required them.
- Patients considered to be at risk had personalised care plans.
- The practice communicated closely with a local learning disability care home and provided a named GP for patients. The practice had developed a standard template for recording information from learning disability health checks, and had visited 27 patients over the previous five months to conduct these.
- The practice dispensary offered a medicine delivery service to assist patients with mobility difficulties.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities and how to contact relevant agencies. There were lead members of staff for safeguarding, and GPs were trained to an appropriate level in safeguarding adults and children.
- Staff had been trained appropriately in vulnerability issues such as domestic abuse and female genital mutilation.
- Disabled facilities were available at the practice including parking, wheelchairs, step free access to consultation rooms and a hearing loop.
- The practice had approximately 100 traveller families registered with the practice and encouraged them to engage with services using a holistic approach to cultural barriers. For example, staff approached issues such as literacy with sensitivity and were respectful of cultural beliefs. The practice told us they had stressed the importance of permanent registration to provide continuity of care.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 111 patients as carers (approximately 1% of the practice list), this had increased from 43 carers a year previously. The practice had a carer's corner in the patient waiting area encouraging carers to register and displaying information about various avenues of support available, such as a local memory café and helplines.
- All staff had additionally completed IRIS (Identification and Referral to Improve Safety) training in domestic violence.
- Practice staff worked with the PPG, carers and patient volunteers to facilitate evening events to support carers.
- The practice facilitated a local drug and alcohol organisation to offer a weekly clinic from the premises.

Summary of findings

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- Together with the patient participation group (PPG) the practice had formed a committee to set up a memory café for patients with dementia after identifying an increasing prevalence in dementia. The memory café ran for two hours every Monday in premises central to Bidford-on-Avon. The memory café was funded by a local charity called Friends of Bidford Health Centre.
- Clinical staff at the practice liaised with local multi-disciplinary teams to provide continuity of care to patients experiencing poor mental health, including those with dementia.
- A number of the practice staff had trained as dementia friends.
- The practice computer system flagged patients eligible for dementia screening and supported clinicians in completing a cognitive assessment. Routine dementia screening was also carried out during all chronic disease reviews.
- All patients with enduring mental health issues were provided a comprehensive annual review with care plan. Patients were repeatedly invited by letter and phoned if they failed to attend.
- The practice held public evening education meetings twice annually to inform patients about long term conditions including dementia. The last meeting was attended by approximately 100 people.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 6 January 2016. The results showed the practice was performing in line with local and national averages. 233 survey forms were distributed and 111 were returned. This represented a 48% return rate and 1% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 86% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the practice. Four patients commented that they had been with the practice for over 15 years and indicated they had received a high standard of care. Six patients described the practice as excellent and several others used the words wonderful, outstanding, first class or second to none.

We spoke with 11 patients during the inspection. All 11 patients said they were pleased with the standard of service they received and thought the GP took time to listen to them and involve them in decisions about their care and treatment. Nine of the patients we spoke with were positive about staff attitudes, two patients felt attitudes of some staff could be improved.

Outstanding practice

We saw two areas of outstanding practice:

- The practice held patient education meetings approximately twice a year in conjunction with the Patient Participation Group (PPG). These were held during evenings at the practice and aimed to better inform patients about their health and care. The meetings were well attended and were aimed at patients, their carers, and was also open to other members of the public. For example, one meeting had focused on diabetes information and speakers had included the practice nurses, a patient representative from the local branch of the Diabetes UK charity support group and a local dietician. The success of the practice's patient education meeting on dementia had confirmed the increasing prevalence in dementia and the local demand for support, as well as helping to increase the number of patients on the carers register. The carers register increased from 43 patients prior to the meeting to 111 during the following year.
- The practice had then formed a committee to set up a memory café for people with dementia and their carers. Practice staff worked with the PPG, carers and patient volunteers to achieve this and the memory café began running for two hours every Monday in premises central to Bidford-on-Avon to ensure this was accessible to everyone affected by dementa rather than only those who were patients of the practice.

Bidford Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience (a person who has experience of using this type of service).

Background to Bidford Health Centre

Bidford Health Centre provides primary medical services to the village of Bidford-on-Avon and the surrounding area. The practice has a General Medical Services contract with NHS England. (This is a medical services contract which permits the practice to provide primary care services to patients and is agreed locally with South Warwickshire CCG).

Bidford Health Centre has a patient list size of approximately 11,086 including some patients who live in local care homes. Bidford-on-Avon has a higher than average population aged over 65, and levels of social deprivation are lower than the national average. The practice also provides some enhanced services to patients. (An enhanced service is separate from the core contractual requirement of the practice and is commissioned at national or local level to improve the range of services available to patients). For example, the practice offers minor surgical procedures, extended hours access and patient online access.

It is a training practice where GP trainees attend for training. The practice is based within newly constructed purpose built premises with accessible facilities for patients with disabilities. There is a large on site dispensary which dispenses medicines to approximately 6,000 patients.

The clinical team includes one female and two male GP partners, and three female and one male salaried GPs. The practice clinical team also has four trainee GPs, eight dispensers, three nurse practitioners, three practice nurses and two health care assistants. The clinical team is supported by two secretaries and seven members of reception staff.

The practice reception is open between 8am and 6.30pm from Monday to Friday. In addition the practice opens for appointments between 8am and 12pm on alternate Saturdays and every other Monday evening. Appointments are available between 8.30am and 6pm from Monday to Friday, and the practice provides an on-call GP on these days from 8am to 8.30am, and 6pm to 6.30pm, to address any urgent patient needs.

Patients are directed to out-of-hours services provided by NHS 111 when the practice is closed.

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

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

How we carried out this inspection

Before our announced inspection of Bidford Health Centre on 16 June 2016 we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We also reviewed nationally published data from sources including NHS South Warwickshire Clinical Commissioning Group (CCG), NHS England and the National GP Patient Survey published in January 2016. During our inspection we:

- Spoke with staff and patients.
- Reviewed patient comment cards.
- Reviewed the practice's policies and procedures.
- Carried out visual checks of the premises, equipment, and medicines stored on site.

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)

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 we spoke with was aware of the procedure for reporting incidents. They had access to a policy on the practice's computer system, and a significant event reporting form assisted staff in recording appropriate details. They told us they would inform their line manager or a senior partner of any incidents. 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).
- The practice recorded 10 significant events from April 2015 to March 2016. We reviewed the practice significant event log. This included a summary of each event, including the actions taken, the date when the event occurred and was last reviewed and details of the outcome. We saw that each of these had been analysed and appropriate action taken by the practice.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and received a written apology. A senior GP partner also made contact with patients involved to offer an apology and discuss the outcome.
- Significant events and complaints were a standing item on the practice's weekly team leader and GP meeting agenda. Significant events were also reviewed at an annual team meeting to consolidate learning.

The practice received safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). GPs received these by email and printed copies were distributed to all relevant staff. A copy was also taken to the practice's weekly team leader and GP meeting for discussion. We checked three recent alerts and saw evidence that these had been dealt with appropriately. For example, the practice had recently received an alert regarding blood glucose medicines, and had carried out a search for any patients these were prescribed to in order to confirm whether any were affected and take action if appropriate.

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:

- The practice had made arrangements to safeguard children and vulnerable adults from abuse. These reflected both current 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. A senior GP partner was the lead member of staff for safeguarding and a salaried GP was the deputy lead. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses had completed training to an appropriate level to manage child safeguarding (level three) in respect of child protection. All staff had additionally completed IRIS (Identification and Referral to Improve Safety) training in domestic violence and the practice had made individual arrangements to support patients as necessary.
- A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff acted as chaperones, and all had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were visibly clean and tidy. The practice employed a nurse manager who was the infection control lead. Infection control was incorporated into the staff induction and all staff had received up to date training. Annual infection control audits were undertaken. We viewed the most recent audit undertaken March 2016 and saw evidence that action was taken to address any improvements identified as a result.
- The practice had a dispensary and had made arrangements for managing medicines which kept patients safe. We saw that there were robust systems for obtaining, prescribing, recording, handling, storing, security and disposal of medicines, including emergency medicines and vaccines. A standard operating procedure (SOP) folder was available in the dispensary for staff to refer to for guidance. We saw that

procedures were updated regularly. The dispensary manager had recently begun to use the SOPs to structure an induction and training programme for new staff. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and dispensary staff followed SOPs to manage these. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for

the safe destruction of controlled drugs. We observed that staff followed procedure to check patients' identity when prescriptions were collected.

- The practice had applied processes for dealing with repeat prescriptions and review of high risk medicines. The practice used frequent audits of medicines to ensure its prescribing followed best practice guidelines for safety. GPs stored blank prescription forms and pads securely and monitored their use. The practice had adopted Patient Group Directions to allow nurses to administer medicines in line with legislation. Also several members of the nursing team had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. Health Care Assistants had received adequate training to administer vaccines and medicines using a patient specific direction from a prescriber.
- We reviewed one staff recruitment file and found appropriate recruitment checks had been undertaken before employment. For example, proof of identity, qualifications, references, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice used rigorous procedures to detect and minimise risks to staff and patient safety. The practice had records of recent fire risk assessments, alarm checks, staff training and fire drills. Fire drills were held annually and we saw evidence that the fire alarm had been tested weekly, the most recent test undertaken was on 14 June 2016. Frequent checks were carried out to ensure electrical equipment was safe to use and clinical equipment was working effectively. Records showed that portable appliance testing had been conducted on 21 November 2015. The practice used a variety of risk assessments to monitor the safety of the premises, including infection control, and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The most recent legionella risk assessment was undertaken on 15 June 2016.
- The practice had made arrangements to ensure the number and skill mix of staff on duty met patients' needs. A rota system was used for each group of staff to ensure adequate numbers of clinical and non-clinical staff were always available to patients.

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 all the practice computers which could be used to alert staff to any emergency.
- All staff received annual basic life support training.
- The practice kept a supply of oxygen with both adult and children's masks on the premises, as well as a defibrillator with adult and children's pads.
- A first aid kit and accident book were available.
- The practice held a sufficient range of emergency medicines which were easily accessible to staff in a secure area of the practice. All staff knew the location of emergency medicines and those we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan were kept off site by each of the practice partners and team leaders so that the information was always available. An additional hard copy of the plan was kept at reception for quick reference.

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 patients' needs.

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 the practice had achieved 98% of the total number of points available.

The practice's exception reporting was significantly higher than the Clinical Commissioning Group (CCG) and national averages in Atrial Fibrillation (AF), (an abnormal heart rhythm, for patients at a moderate to high risk of suffering a stroke who are currently treated with anti-coagulation or antiplatelet therapy). In the year 2014/2015 the practice had exception reported 18% of AF patients compared with the CCG average of 8% and the national average of 6%.

The practice explained that they had a high detection rate which was reflected in their high prevalence of patients with Atrial Fibrillation. The practice had added patients with the condition to their register even where they did not meet the threshold for risk so that they could monitor and review these patients annually to ensure that early intervention was offered. As a result of this there had been a larger than average number of exclusions from treatment. The practice provided us with a copy of their 2015 - 2016 Atrial Fibrillation audit cycles which looked at the reasons for exclusion from treatment. We also saw a copy of the letter the practice sent to those on the AF register offering a review of treatment options.

Exception reporting was also significantly above average in Rheumatoid Arthritis at 23%, compared with a CCG average of 6% and 7% nationally. The practice was aware of this and had been working to improve its engagement with patients regarding this. The practice's approach was to send three letters of invitation to a review to patients, exception reporting any who did not engage. The practice had updated their letter template and this included a return slip to be completed by those who did not wish to attend a review. The practice had also increased its use of identification software to help target patients when they contacted the practice for other reasons. The practice told us that a high level of service was offered to patients with Rheumatoid Arthritis by the local hospital, and suggested this may be one reason they had struggled with engagement.

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

- Performance for diabetes related indicators was consistently similar to or above the CCG and national averages. For instance, 89% of patients with diabetes on the register had a blood pressure reading within acceptable range measured in the previous 12 months. This compared favourably with the CCG average of 81% and the national average 75%. Exception reporting was 7%, similar to the CCG average of 8% and the national average of 9%.
- Performance for mental health related indicators was again comparable to or above the CCG and national averages. For example, 88% of patients diagnosed with dementia had received a face to face review in the preceding 12 months. The CCG average was 85% and the national 84%. Exception reporting was 6%, the same as the CCG average and two percent lower than the national average.

There was evidence of quality improvement including clinical audit.

- We saw evidence of six clinical audits completed in the last year. Completed audits reflected that the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice GPs regularly held monthly locality meetings where information was exchanged with other care professionals.
- Findings were used by the practice to improve services. For example, as a result of learning from a significant event the practice decided to audit patients prescribed

a particular medicine. This enabled them to identify any other patients in the same circumstances who were potentially at risk. The patients identified were then contacted and alternative options were offered. The following year a re-audit reflected that this had been effective and there were fewer patients at risk. A further re-audit the following year identified that due to an increase in prescribing of this medicine and staff changes there were more patients at risk. A decision was made to conduct the audit annually to ensure patients were contacted on an ongoing basis and offered alternatives.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety and confidentiality.
- The practice conducted annual checks of clinical registration statuses for its nurses, GP partners and salaried GPs.
- The practice could demonstrate how they ensured staff had completed role-specific training and updates by maintaining a spreadsheet of what staff had completed by date. Staff were also mindful of the value of lifelong learning.
- Staff taking samples for the cervical screening programme had undertaken an appropriate training update every three years. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and by attending local vaccine update training.
- The practice provided staff with suitable training for the scope of their role. Ongoing support was provided via annual appraisals which were used to identify learning needs. Staff also supported one another with learning and development such as supervision and monitoring and the practice helped to facilitate revalidation for GPs.
- Staff received training that included: basic life support, data protection and fire safety 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 and computer systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services promptly, 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. The practice also discussed each patient's place of death with the local multidisciplinary team to monitor whether this met with the patient's end of life preferences.

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 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves. The practice used implied consent for minor treatment and obtained verbal consent for procedures such as intimate examinations.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. Registers of specific patient groups were maintained to monitor treatment and direct them to the relevant services. Longer appointments were available for patients with long term conditions and learning disabilities.

The practice's uptake for the cervical screening programme was 83%, which was the same as the CCG average of 83% and slightly above the national average of 82%. The practice had a policy for the management and auditing of cervical screening. Patients received reminder letters and

Good

Are services effective?

(for example, treatment is effective)

those who had not attended within the target timeframe were flagged on the practice computer system for follow up. The practice conducted a two weekly search to match samples taken with results received to ensure none were missed.

The practice had a slightly lower than average uptake for breast cancer screening. 71% of invited patients attended in the past three years compared to the CCG average of 75% and the national average of 72%. 69% of these patients were screened within six months of invitation, whereas the CCG and national comparables were 77% and 73% respectively.

The practice also encouraged its patients to attend the national screening programme for bowel cancer and had an average uptake rate. 63% of the practice's patients aged 60 to 69 had been screened in the previous 30 months compared to the CCG uptake of 64% and the national average of 58%. Of these, 63% had attended within six months of invitation, similar to the CCG and national averages of 62% and 55%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 98%, compared with the CCG average range of 84% to 99%. The practice's childhood immunisation rates for vaccinations given to five year olds ranged from 93% to 98%, the same as the CCG average range of 93% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years, as well as health checks for over 75s. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. For example, as part of a local initiative the practice had taken part in 574 enhanced medical reviews of patients aged over 75. As a result, 66 new diagnoses of atrial fibrillation, 59 new diagnoses of dementia and 20 new diagnoses of depression had been made. Identifying these conditions meant that the practice were able to effectively plan and manage care and treatment for the patients.

The practice was promoting a free local outdoor gym provided by the parish council by advertising it on the waiting area television and on the practice website. The practice was also offering to refer patients to services through Fitter Futures Warwickshire where appropriate. Fitter Futures Warwickshire is an initiative that gives patients access to weight management and physical activity programmes free of charge or at a reduced cost for a number of weeks. It aims to support people to improve their health through becoming more physically active and managing and maintaining a healthy weight.

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.

- The practice had installed curtains in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Clinical staff closed consultation and treatment room doors during patient consultations, and conversations taking place in these rooms could not be overheard.
- Reception staff told us that they were able to offer patients a private room to discuss their needs if required.

We received 34 comment cards which were all positive about the practice. Four patients commented that they had been with the practice for over 15 years and indicated they had received a high standard of care. Six patients described the practice as excellent and several others used the words wonderful, outstanding, first class or second to none.

We spoke with 11 patients during the inspection. All 11 patients said they were pleased with the standard of service they received and thought the GP took time to listen to them and involve them in decisions about their care and treatment. Nine of the patients we spoke with were positive about staff attitudes, two patients felt attitudes of some staff could be improved.

We spoke with four members of the Patient Participation group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services for patients and the quality of care. They told us they found the practice very attentive and approachable. The PPG believed that the practice worked with patient interests foremost and felt able to contribute. The practice also had a large Virtual Patient Participation Group (VPPG) with over 80 members who communicated electronically every six months.

We spoke with staff at four local care homes who described the service the practice provided to people as attentive and individualised. Each care home told us they had a nominated GP at the practice that carried out a twice weekly visit to review patients. Staff explained that this was invaluable as it meant that GPs were familiar with each patient and offered excellent continuity of care. This allowed the GPs to pick up on changes in behaviour and physical condition.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. Further results published in July 2016 were slightly lower but still in line with expectations. For example, of those who responded before January 2016:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%. In the results published in July 2016 this had dropped to 89%, compared with similar CCG and national averages.
- 96% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%. In the July 2016 results this had reduced to 91%, the CCG and national averages remained the same.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%. This figure remaind the same in the July 2016 survery results, as did the national average, with only the CCG average increasing by 1%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%. In the July 2016 data, this result had decreased significantly to 85%, which was in line with the national average. The CCG average had dropped to 89%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%. The July 2016 results put the practice at 86%, whereas both CCG and national averages were unchanged.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%. In the results published in July 2016 this was down to 86%, compared with the same CCG and national averages.

Good

Are services caring?

The practice had reviewed the GP Patient Survey data published in July 2016 and commented that there was a small decrease in satisfaction with nurse consultations which may be attributable to a number of sickness absences among the nurse team during the past six months. The practice informed us that their Friends and Family Test feedback had been positive about the nurse team during the same period of time. The results had been discussed with the clinical team and the practice hoped to see an improvement in the next set of survey results which would be published in January 2017. The practice told us they would review these in order to identify any continuing trends and take action to rectify these.

Care planning and involvement in decisions about care and treatment

Patients told us they found the GPs pleasant, friendly and efficient. The people we spoke with felt they were treated with dignity, compassion and their wishes were respected. Patients said that appointments sometimes ran late but most felt that consultations were thorough and allowed them enough time. Feedback given via patient comment cards we received was also very positive.

Results from the National GP Patient Survey published in January 2016 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:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and they informed patients of this if appropriate. There was no information in the reception area informing patients that this service was available, but information encouraging patients to access support for domestic violence was displayed in Polish.
- A number of information leaflets and a practice information booklet were available. The practice also published a regular newsletter every two months.
- Patients were invited to complete NHS Friends and Family Test cards, which were placed on all empty seats in the patient waiting area to encourage uptake. Additionally, every patient with a registered mobile phone number was sent a text message following each appointment they attended, to request that they complete an NHS Friends and Family Test. These were also available electronically on the practice website which further invited suggestions to be submitted by completing an online form.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 111 patients as carers (approximately 1% of the practice list), this had increased from 43 carers a year previously. The practice had a carer's corner in the patient waiting area encouraging carers to register and displaying information about various avenues of support available, such as a local memory café and helplines. The practice further actively sought carers to register by writing to newly registered patients and asking them to complete a registration form if they were a carer. This letter also provided a list of useful contacts for carers. A dedicated page on the practice website also signposted the carers register and support available.

Staff told us that if families had suffered bereavement their usual GP contacted them to offer support. Support available included a patient consultation and offering advice on how to find a support service. Information was also displayed in the patient waiting area.

Outstanding ☆

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 extended hours on every other Saturday from 8am to 12pm for working patients who could not attend during normal opening hours.
- Appointments could be booked in person, by telephone, or online up to four weeks in advance for GPs and up to six weeks in advance with a nurse. A GP advice line was offered throughout the day for patients who wanted to speak to a GP before making an appointment. Appointments were also available on the day with a GP or a nurse practitioner for patients with minor illnesses. Emergency appointments were also available for children and those patients with medical problems that required same day consultation.
- Longer appointments were available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed a free blood pressure monitor in the waiting area to encourage patients to screen themselves for hypertension (high blood pressure).
- The practice hosted NHS consultant clinics on-site, which reduced waiting times for patients following referral.
- The practice had taken the initiative to organise patient education meetings approximately twice a year in conjunction with the Patient Participation Group (PPG). These were held during evenings at the practice and aimed to better inform patients about their health and care. The practice made these available to anyone who wished to come rather than patients only. Attendance was not recorded but we were told an average attendance was approximately 40 to 50 people and we saw photographs that supported this. For example, one meeting had focused on diabetes information and speakers had included the practice nurses, a patient representative from the local branch of the Diabetes UK charity support group and a local dietician. The success of the practice's patient education meeting on dementia had confirmed the increasing prevalence in dementia and the local demand for support, as well as helping to increase the number of patients on the carers register. The carers register increased from 43 patients prior to the meeting to 111 during the following year. The practice then formed a committee to set up a memory café for people with dementia and their carers. Again this was not limited to patients of the practice. Practice staff worked with the PPG, carers and patient volunteers to achieve this and the memory café began running for two hours every Monday in premises central to Bidford-on-Avon. The memory café is funded by a local charity Friends of Bidford Health Centre.

Access to the service

The practice reception was open between 8am and 6.30pm from Monday to Friday. It additionally opened for appointments between 8am and 12pm on alternate Saturdays and every other Monday evening. Appointments were available between 8.30am and 6pm from Monday to Friday. The practice provided an on-call GP on these days from 8am to 8.30am, and 6pm to 6.30pm, to address any urgent patient needs. Patients were directed to out-of-hours services provided by NHS 111 when the practice was closed.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to or above local and national averages.

- 86% of patients were satisfied with the
- practice's opening hours compared to the CCG and national averages of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% the national average of 73%.

On the day of the inspection patients told us that they were able to get appointments when they needed them, but that they could wait several days if they wanted to see their preferred GP.

Listening and learning from concerns and complaints

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

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

- There was a complaints policy in place and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice had appointed a lead to handle all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was displayed on a noticeboard in the patient waiting room, and it was also printed in the practice leaflet and published on the website.
- We saw evidence that the practice had responded to complaints in writing.

We looked at 19 complaints the practice had received in the last 12 months and found that they were dealt with in a satisfactory and timely way. The actions taken to deal with complaints and their outcomes were recorded and these were discussed at weekly staff meetings and reviewed annually.

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 provide patients with excellent care while offering a supportive learning environment for its staff. The practice had identified five basic principles to work to: communication; access; quality; responsiveness and education. Staff we spoke with told us they worked in a way that supported this ethos. The practice also had a written mission statement. A robust strategy was supported by the practice business plan which reflected the vision.

The practice recognised the challenges it faced and had begun planning to combat these. For example, the practice had noted a steep increase in the number of patients aged over 75 registered with the practice; which had grown from 480 in 2005 to 1,185 in 2016. The practice intended to improve services to older patients while proactively preventing emergency hospital admissions for the group by targeting levels of frailty. Over 75s had been prioritised into three groups according to the level of intervention required. The practice was working with a care navigator from Age UK to achieve this and had also appointed their nurse practitioner as care coordinator for older people.

The practice was also in the process of recruiting a business partner to work with the practice and take on some of the management duties previously held by the practice manager. The practice aimed to adopt the Primary Care at Scale model and one of the partners was on the board of a recently formed local GP federation which aided communication with other practices in the area. The practice planned to merge increasingly within the federation. Other plans for the future included expanding the services the practice provided and offering an on-site pharmacy.

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:

- Practice staff had a clear understanding of their own remits and felt supported by the wider team in meeting these.
- Staff were able to show us the location the practice's policies electronically and understood how to use them.
- The practice monitored its performance and carried out frequent auditing to identify areas for improvement.
- The practice GPs had lead roles and specific areas of interest and expertise.
- Clinical meetings were held daily to review patients discharged from hospital. There was also a weekly referrals meeting and a weekly business meeting during which safeguarding was discussed, and local health visitors also attended these on a monthly basis. There was a monthly multidisciplinary team meeting which was attended by all GPs, district nurses and the local Macmillan nurse to review vulnerable patients and patient deaths. Six weekly practice meetings were used to discuss significant events, complaints, audits and training needs.
- We saw that the practice was aware of the legal requirements about protecting patients' confidential information. Staff induction training included confidentiality and information governance and all staff members had received training within the last year. Medical records were kept securely. Staff areas in the practice were only accessible by using keypad operated code locks.

Leadership and culture

Partners assured the inspection team that they had the capability and experience to ensure a good quality of care and effectively run the practice. They told us they prioritised quality of care for patients and used their principles of communication, access, responsiveness and education to achieve this. Staff we spoke with told us the partners were very approachable and always made time to discuss any concerns and support their team.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a specific legal requirement that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place for reporting notifiable safety incidents.

The practice had a system for dealing with sudden or accidental safety incidents:

Are services well-led?

Good

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

- The practice provided reasonable support, information and an apology to the people affected.
- The practice kept records of serious events and discussed and reviewed these at staff meetings to consolidate learning outcomes.

Staff felt supported by management and the practice's leadership structure reinforced this:

- Staff told us they were invited to attend staff meetings every six weeks, and that they were represented by team leaders at weekly meetings.
- Staff told us they found the GPs approachable and felt everyone communicated well as a team.
- Staff said they felt appreciated and respected in their roles. Staff told us they felt valued by the practice and were able to contribute to progress.

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

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

- The practice had a Patient Participation Group (PPG) which met every two months. The PPG had liaised with the practice regarding its move to new premises and relied on their help in the formation of the local memory café. The practice held patient education meetings approximately twice a year in conjunction with the PPG. These were held during evenings at the practice and aimed to better inform patients about their health and care. The meetings were well attended and were aimed at patients, their carers, and was also open to other members of the public. For example, one meeting had focused on diabetes information and speakers had included the practice nurses, a patient representative from the local branch of the Diabetes UK charity support group and a local dietician. The success of the practice's patient education meeting on dementia had confirmed the increasing prevalence in dementia and the local demand for support, as well as helping to increase the number of patients on the carers register. The carers register increased from 43 patients prior to the meeting to 111 during the following year.
- The practice collected anonymous patient feedback using the NHS Friends and Family Test. Feedback was monitored monthly and shared with staff. Summarised results were also published on the practice website every month. Recent results were consistently positive. For example during the period January to June 2016 97% of patients who completed the test said that they would be either likely or extremely likely to recommend the practice to friends and family.
- The practice used the feedback generated by complaints to resolve underlying issues.
- The practice had welcomed feedback from staff through appraisals, regular meetings and informal discussion. We were told that staff would feel confident giving feedback and discussing concerns with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was trialling a community education provider network scheme involving apprenticeships, pharmacists and physician assistants.

As a training practice Bidford Health Centre provided protected learning time to its staff over and above that required locally.