

# Park Road Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Road Medical Practice on 19 May 2016. Overall the practice is rated as outstanding.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- 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.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.

- The practice was integrated in the local community; managers were aware of the housing problems faced by some people and provided appropriate support.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice proactively sought feedback from staff and patients, which they acted on.
- Staff worked well together as a team and there were processes in place to manage staff training effectively.

We saw several areas of outstanding practice including:

- Following a suggestion made by the practice's patient participation group, the practice developed and implemented a 'discharge and handover' policy. Every patient who had been discharged from hospital was contacted to ask how they were and if they needed any support or help with medication.
- There was a system in place to invite patients in for a teenage health check once they reached their 16th birthday; in the past year 21 patients had taken up the

# Summary of findings

offer. A practice leaflet had been produced for patients between the ages of 13 and 19; this provided contact details and pictures of all of the GPs and information about the dedicated young people's services offered by the practice. The practice had carried out a survey of eight young people to ascertain whether they found the leaflet relevant and easy to understand, all patients responded and all reported the leaflet was useful.

- A 'new baby pack' had been developed by the practice; this was sent out to all new parents and provided information about baby clinics and how to seek medical advice for young families. Each day, a number

of 'sick children' appointments were embargoed for booking babies or young children with a GP. Many of these appointments were held until mid-afternoon when children had finished school for the day.

The area where the provider should make improvements is:

- Take steps to ensure the infection control action plan is completed; with regard to replacing the carpet in one of the nurse's clinical rooms with appropriate flooring.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

The nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

Good infection control arrangements were in place and the practice was clean and hygienic. There was evidence of good medicines management. Effective staff recruitment practices were followed and there were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as outstanding for providing effective services.

The practice used proactive methods to improve patient outcomes and worked with other local practices to share best practice. Staff were actively engaged in activities to monitor and improve quality and outcomes.

Nationally reported data showed that outcomes for patients were consistently better than national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98.5% of the points available. This was above the local and national averages of 96.7% and 94.7% respectively. The practice had achieved at least 99% of the total points available in all but one of the 19 clinical indicators, and 100% for all public health indicators.

Arrangements had been made to support clinicians with their continuing professional development.

The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high quality care. The practice had a long track record as a training practice. Two of the GPs were accredited GP trainers. At the time of the inspection there were two trainee GPs in post. One of the GP partners had recently undertaken, and the practice manager was in the process of completing a leadership skills course.

Staff, teams and services were committed to working collaboratively; multi-disciplinary team (MDT) meetings took place

Outstanding



# Summary of findings

on a weekly basis to ensure patients with complex needs were supported to receive co-ordinated care. Staff had access to the information and equipment they needed to deliver effective care and treatment.

## Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The National GP Patient Survey published in January 2016 showed the satisfaction scores in relation to staff were generally above local and national averages. Results showed that 98% of respondents had confidence and trust in their GP, compared to 95% nationally; 90% of respondents said the last GP they saw was good treating them with care and concern, compared to the national average of 85%. 99% of respondents said they had confidence and trust in the last nurse they saw, which was above the national average of 97%. Of those who responded, 95% said they found the receptionists at the practice helpful, compared to the national average of 87%.

Good



## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. The practice contacted every patient who had been discharged from hospital to ask how they were and if they needed any support or help with medication.

Services were planned and delivered in a way that met the needs of the local population. The practice was situated in a relatively deprived area with a high incidence of poor quality housing. Managers had considered the impact on patients' health and well-being and were part of the local authority's 'safe and healthy homes' pilot. This provided advice and guidance to help patients to solve health-related housing issues and improve their physical and mental health through referrals to relevant services and organisations.

There was a system in place to invite patients in for a teenage health check once they reached their 16th birthday. A practice leaflet had been produced for patients between the ages of 13 and 19; this provided contact details and pictures of all of the GPs and information about the dedicated young people's services offered by the practice.

Outstanding



# Summary of findings

A 'new baby pack' had been developed by the practice; this was sent out to all new parents and provided information about baby clinics and how to seek medical advice for young families. Each day, a number of 'sick children' appointments were embargoed for booking babies or young children with a GP.

The practice scored well in relation to access in the National GP Patient Survey. The most recent results (January 2016) showed 90% of respondents were able to get an appointment to see or speak to someone the last time they tried, compared with a local average of 86% and a national average of 85%.

Over 86% of respondents said they were satisfied with opening hours (compared to the national and local averages of 75% and 80% respectively). The practice also scored highly on the ease of getting through on the telephone to make an appointment (95% of patients said this was easy or very easy, compared to the national average of 73% and the local average of 81%).

The survey showed that some patients felt they waited too long to be called in for their appointment. A review had been undertaken and the gaps between appointments had been introduced to allow GPs to 'catch up'.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

The practice is rated as outstanding for providing well-led services.

The leadership, governance and culture of the practice were used to drive and improve the delivery of high-quality person centred-care.

The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. High standards were promoted and owned by all practice staff and teams worked together across all roles.

Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had implemented a number of innovative systems.

**Outstanding**



# Summary of findings

There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff spoke very highly of managers; several staff had worked at the practice for many years. Team working within the practice between clinical and non-clinical staff was good.

The leadership and culture of the practice was used to drive and improve the delivery of high quality care. Several of the GP partners also had lead roles across North Tyneside. For example, one of the GPs was chair of the CCG; another of the GPs was the chair of the local GP federation.

The practice had an active patient participation group, which met on a regular basis and submitted proposals for improvements to the management team.

# 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

**Outstanding**



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs. Doctors carried out a weekly ward round and had regular phone contact with staff at a local nursing home.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

### People with long term conditions

**Outstanding**



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

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check with health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

**Outstanding**



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

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.



# 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.
- 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's uptake for the cervical screening programme was 83.1%, which was in line with the local average of 83.1% but above the national average of 81.8%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- A 'new baby pack' had been developed by the practice; this was sent out to all new parents and provided information about baby clinics and how to seek medical advice for young families. Each day, a number of 'sick children' appointments were embargoed for booking babies or young children with a GP.
- The practice was in the process of completing the 'You're Welcome' project (this had the aim of making health services young people friendly). There was a system in place to invite patients in for a teenage health check once they reached their 16th birthday.

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

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

- 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 and flexible. Extended hours surgeries were offered on Tuesday evenings with doctors and nurses for working patients who could not attend during normal opening hours.

**Outstanding**



# Summary of findings

- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line. Appointments could also be booked via a mobile device 'App'.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

## People whose circumstances may make them vulnerable

The practice is rated as outstanding 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.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- 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 and out of hours.
- Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.
- The practice was part of the local authority's 'safe and healthy homes' pilot. This provided advice and guidance to help patients to solve health-related housing issues and improve their physical and mental health through referrals to relevant services and organisations.

**Outstanding**



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

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

- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.

**Outstanding**



# Summary of findings

- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.
- The practice was the first in the North Tyneside area to register with the Dementia Action Alliance and staff within the practice had been trained as 'dementia friends'.

# Summary of findings

## What people who use the service say

We spoke with 14 patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 30 CQC comment cards which had been completed by patients prior to our inspection.

Patients were very complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. Some patients told us they felt staff had saved their lives. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients were happy with the appointments system, although some felt they waited too long to be called in for their appointment.

The National GP Patient Survey results published in January 2016 showed the practice was performing in line with local and national averages. There were 112 responses (from 294 sent out); a response rate of 38%. This represented 2.3% of the practice's patient list. Of those who responded:

- 89% said their overall experience was good or very good, compared with a CCG average of 89% and a national average of 85%.
- 95% found it easy to get through to this surgery by phone, compared with a CCG average of 81% and a national average of 73%.
- 95% found the receptionists at this surgery helpful, compared with a CCG average of 89% and a national average of 87%.
- 90% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 86% and a national average of 85%.
- 89% said the last appointment they got was convenient, compared with a CCG average of 93% and a national average of 92%.
- 80% described their experience of making an appointment as good, compared with a CCG average of 78% and a national average of 73%.
- 34% usually waited more than 15 minutes after their appointment time to be seen, compared with a CCG average of 21% and a national average of 27%.
- 28% felt they have to wait too long to be seen, compared with a CCG average of 20% and a national average of 25%.

## Areas for improvement

### Action the service **SHOULD** take to improve

Take steps to ensure the infection control action plan is completed; with regard to replacing the carpet in one of the nurse's clinical rooms with appropriate flooring.

## Outstanding practice

Following a suggestion made by the practice's patient participation group, the practice developed and implemented a 'discharge and handover' policy. Every patient who had been discharged from hospital was contacted to ask how they were and if they needed any support or help with medication.

There was a system in place to invite patients in for a teenage health check once they reached their 16th birthday; in the past year 21 patients had taken up the

offer. A practice leaflet had been produced for patients between the ages of 13 and 19; this provided contact details and pictures of all of the GPs and information about the dedicated young people's services offered by the practice. The practice had carried out a survey of eight young people to ascertain whether they found the leaflet relevant and easy to understand, all patients responded and all reported the leaflet was useful.

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children' appointments were embargoed for booking babies or young children with a GP. Many of these appointments were held until mid-afternoon when children had finished school for the day.

# Park Road Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and an expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

## Background to Park Road Medical Practice

Park Road Medical Practice is registered with the Care Quality Commission to provide primary care services. It is located in the town of Wallsend in North Tyneside.

The practice provides services to around 4,900 patients from one location: 93 Park Road, Wallsend, Tyne and Wear, NE28 7LP. We visited this address as part of the inspection. The practice has four GP partners (three female and one male), two salaried GPs (both female), two practice nurses (both female), a healthcare assistant, a practice manager, and seven staff who carry out reception and administrative duties.

The practice is a training practice and two of the GPs are accredited GP trainers. At the time of the inspection there were two trainee GPs working at the practice.

The practice is part of North Tyneside clinical commissioning group (CCG). The practice population age profile is in line with national averages. Information taken from Public Health England placed the area in which the practice is located in the fifth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a converted two storey building. Patient facilities are on the ground and first floors. There is no dedicated patient car park at the site however; there is parking in the streets surrounding the surgery. There is a disabled WC and the site had level access; however, there is no lift to the first floor. Arrangements have been made to provide consultation rooms on the ground floor which are suitable for patients with mobility problems.

Opening hours are between 8.30am and 6pm Monday to Friday, with an evening surgery every Tuesday between 6.30pm and 9pm. Patients can book appointments in person, on-line, by telephone or by using an 'App' on their mobile phone. Appointments were available at the following times:

- Monday - 8.30am to 11.30am; then from 2.30pm to 5.40pm
- Tuesday – 8.30am to 11.30am; from 2.30pm to 5.40pm; then from 6.30pm to 9pm
- Wednesday – 8.30am to 11.30am; then from 2.30pm to 5.40pm
- Thursday – 8.30am to 11.30am; then from 2pm to 5.40pm
- Friday – 8.30am to 11.30am; then from 2.30pm to 5.40pm

A duty doctor is available each morning from 8am and every afternoon until 6.30pm.

The practice provides services to patients of all ages based on a Personal Medical Services (PMS) contract with NHS England.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our 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. This inspection was planned to check whether the registered 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

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 are provided for specific groups of people and what good care looks 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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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

We carried out an announced visit on 19 May 2016. We spoke with 14 patients and 10 members of staff from the practice. We spoke with and interviewed four GPs, two practice nurses, the practice manager and three staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 30 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

# 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 also 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.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Regular significant event review meetings were held to check that actions had been carried out.

Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident a 'concept' (a way to extract data) was set up on the clinical system to identify patients who had been prescribed a certain medication and needed to have regular checks.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Alerts were discussed at clinical meetings; clinical staff reviewed relevant alerts and decided what action should be taken to ensure continuing patient safety, and mitigate risks.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe:

- 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. There were designated lead members of staff for both children and adult safeguarding. The GPs attended safeguarding meetings when possible. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained child safeguarding level three and the nurses to level two.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse and practice manager were the infection control clinical leads; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The audit had identified that one of the clinical rooms (practice nurse) was carpeted; the GP partners told us this was due to be replaced with appropriate flooring within the next three months. Other suitable clinical rooms were available if the practice nurse needed to carry out any invasive procedures in the meantime.
- The arrangements for managing medicines, including emergency drugs and vaccinations, 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. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription 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. (PGDs are



## Are services safe?

written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- The majority of the staff who worked at the practice had been employed for many years. We looked at the recruitment checks carried out for the two most recently employed staff. The two files we reviewed showed that 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 Disclosure and Barring Service (DBS) checks. (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).
- Notices in the waiting room and consultation rooms advised patients that chaperones were available if required. Practice nurses acted as chaperones and were trained for the role.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff office. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also 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 type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).

- Arrangements were in place for planning and monitoring the number 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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- The practice monitored that these guidelines were followed through regular discussion at clinical meetings and clinical audits.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 98.5% of the total number of points available, which was above the England average of 94.7%.

At 7.9%, the clinical exception reporting rate was below the England average of 9.2% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

The data showed that outcomes for patients with long-term conditions were consistently better than national averages. The practice had achieved at least 99% of the total points available in all but one of the 19 clinical indicators:

- Performance for asthma related indicators was better than the national average (100% compared to 97.4%

nationally). For example, the percentage of patients with asthma who had an asthma review in the preceding 12 months was 77.8%, compared to the national average of 75.3%.

- Performance for heart failure related indicators was better than the national average (100% compared to 97.9% nationally). For example, in those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction who were treated with a certain medicine, the percentage of patients who were additionally currently treated with a beta-blocker licensed for heart failure was 96.9%, compared to 92.8% nationally.
- Performance for mental health related indicators was above the national average (100% compared to 97.2% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented was 95.7%, compared to the national average of 88.3%.
- Performance for dementia related indicators was above the national average (100% compared to 94.5% nationally). For example, the percentage of patients with a new diagnosis of dementia recorded in the preceding year with a record of various tests between 6 months before or after entering on to the register was 100%, compared to the national average of 81.5%.

The QOF data showed the practice had performed exceptionally well in obtaining 100% of the total points available to them for delivering care and treatment aimed at improving public health. This was above the national average of 95.7%.

Staff were proactive in carrying out clinical audits to help improve patient outcomes. There was an audit programme in place. A significant number of audits had been carried out in the past year (16); the majority of these were completed two cycle audits and plans were in place to carry out the second cycle of the others. All the clinical audits we looked at were relevant, well designed, detailed and showed learning points and evidence of changes to practice. We saw these were clearly linked to areas where staff had reviewed the practice's performance and judged that improvements could be made. The results and any necessary actions were discussed at the weekly clinical team meetings.



# Are services effective?

## (for example, treatment is effective)

This included an audit to check that patients who had been prescribed a certain medicine (antipsychotic) had received annual reviews of their bloods and blood pressure, in line with national (NICE) guidelines. An initial audit was carried out which showed that only 70% of patients had received the checks. Action was taken and the monitoring arrangements were amended. A further audit cycle was carried out and this showed an improvement, in that 90% of patients had been checked; plans were in place to contact the remaining patients and carry out a further review.

The practice continually reviewed the results of local and national benchmarking tools. This had highlighted that the practice's prescribing rate of antibiotics for the year up to June 2015, was higher than the national average (0.36 per Specific Therapeutic Age-sex Related Prescribing Unit, compared to the national average of 0.27). Action was taken, and an 'antibiotic strategy' was implemented in January 2016, this included weekly monitoring and the introduction of antibiotic guardians. The strategy had helped the practice to reduce the rate of prescribing, where it was appropriate to do so, by 16% in the first five months.

### Effective staffing

The continuing development of staff skills, competence and knowledge was recognised as being integral to high quality care. Staff had the skills, knowledge and experience to deliver effective care and treatment and were proactively supported to acquire new skills.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these 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 the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- The practice had processes in place to manage staff training effectively. Following staff appraisals, the GP partners and the practice manager carried out an annual review of personal development plans to allow them to plan appropriate training. We saw evidence of the training plan which confirmed relevant training had been delivered for staff.
- The practice had a long track record as a training practice. Two of the GPs were accredited GP trainers. At the time of the inspection there were two trainee GPs in post. An innovative approach had been taken in relation to one of the trainee GPs; the practice had applied for and been successful in obtaining funding to allow the trainee to spend half of their time in the practice and the other half with the CCG to learn about management roles.
- Clinicians supported the training of the first community matron in the CCG area and another matron was subsequently trained by the practice.
- One of the GP partners had recently undertaken, and the practice manager was in the process of completing a leadership skills course. Another of the GP partners was part way through an 'ethics of leadership' course.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

There were well established arrangements for working with other health and social care services; to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Staff, teams and services were committed to working collaboratively to ensure patients with complex needs were



# Are services effective?

## (for example, treatment is effective)

supported to receive co-ordinated care. We saw evidence that multi-disciplinary team (MDT) meetings took place on a weekly basis. These meetings were attended by practice staff, district nurses, the community matron and a health visitor. We saw examples of positive feedback from community staff about these arrangements.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through clinical audits.

### Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. For example:

- Patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available on the premises and patients could be referred to a dietician when necessary.

Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion. The practice's uptake for the cervical screening programme was 83.1%, the same as the CCG average and above the national average of 81.8%. Patients were also encouraged to attend national screening programmes for bowel and breast cancer screening. The practice had invited a national cancer research charity to carry out a review of patients who had not attended for their bowel screening checks and also how new cancer diagnoses were identified. Following this work, one of the GPs was in the process of developing a bowel screening protocol on behalf of all of the practices in the CCG.

Childhood immunisation rates for the vaccinations given were broadly in line with CCG averages. For example, rates for the vaccinations given to under two year olds ranged from 95.2% to 97%, compared to the CCG averages of between 97.3% and 98.8% and for five year olds from 85.4% to 95.1%, compared to the CCG averages of between 92.2% and 98.7%.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. One of the GPs had developed a new template for clinicians to follow when carrying out NHS health checks; which enabled data to be fed back to Public Health England more efficiently. This had been trialled in the practice and was due to be rolled out across all practices in the CCG in the two weeks after the inspection.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 30 patient CQC comment cards we received were positive about the service experienced. We spoke with 14 patients during our inspection. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey, published in January 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice's scores on the quality of doctor and nurse consultations, and reception staff were generally above average. For example, of those who responded:

- 98% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and the national average of 85%.
- 99% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.
- 90% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 91% and the national average of 91%.
- 95% said they found the receptionists at the practice helpful, compared to the CCG average of 89% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the January 2016 National GP Patient Survey we reviewed 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, of those who responded:

- 90% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 87% said the GP gave them enough time, compared to the CCG average of 90% and the national average of 87%.
- 90% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 90% and the national average of 86%.
- 84% 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%.
- 91% said the last nurse they spoke to was good listening to them, compared to the CCG and the national average of 91%.
- 94% said the nurse gave them enough time, compared to the CCG average of 93% and the national average of 92%.
- 90% said the nurse was good at explaining test and treatments, compared to the CCG average of 91% and the national average of 90%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There was a dedicated section on the practice website for patients to access information and leaflets in languages other than English.
- Information leaflets were available in easy read format.

## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there were leaflets with information about counselling services, exercise for elderly patients, dementia and breastfeeding support groups.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 114 patients (2.3% of the practice list) had been identified as carers. They were offered health checks and referred for social services support if appropriate. Written information was available for carers to

ensure they understood the various avenues of support available to them. The practice wanted to increase the number of carers registered, plans were in place to discuss how best to do this with the whole staff team at a forthcoming meeting. One of the GPs was involved in setting up an event for carers and delivered an educational talk to carers of patients living in local nursing homes.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.





# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours every Tuesday evening until 9pm for working patients who could not attend during normal opening hours. Appointments were available with doctors and nurses.
- There were longer appointments available for anyone who needed them. This included people with a learning disability and people speaking through an interpreter.
- Home visits were available for older patients / patients who would benefit from these.
- Doctors carried out a weekly ward round and had regular telephone contact with staff at a local nursing home.
- Telephone consultations were available each day.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The site had level access; however, there was no lift to the first floor. Arrangements had been made to provide consultation rooms on the ground floor which were suitable for patients with mobility problems.
- Appointments with GPs could be booked online, in person, on the telephone or by using an 'App' on their mobile phone. The practice was the first in the clinical commissioning group (CCG) area to develop a practice specific App for use by patients.
- The practice did not employ any locum staff; this ensured continuity of care for patients.

The practice was in the process of completing the 'You're Welcome' project (this had the aim of making health services young people friendly). There was a system in place to invite patients in for a teenage health check once they reached their 16th birthday; in the past year 21 patients had taken up the offer. A practice leaflet had been produced for patients between the ages of 13 and 19; this provided contact details and pictures of all of the GPs and information about the dedicated young people's services

offered by the practice. The practice had carried out a survey of eight young people to ascertain whether they found the leaflet relevant and easy to understand, all patients responded and all reported the leaflet was useful.

Following a suggestion made by the practice's patient participation group in relation to arrangements to support patients when they had been discharged from hospital, the practice developed and implemented a 'discharge and handover' policy. The practice policy was that every patient who had been discharged from hospital would be contacted to ask how they were and if they needed any support or help with medication.

The practice was the first in the CCG area to register with the Dementia Action Alliance and staff within the practice had been trained as 'dementia friends'.

A 'new baby pack' had been developed by the practice; this was sent out to all new parents and provided information about baby clinics and how to seek medical advice for young families. Each day, a number of 'sick children' appointments were embargoed for booking babies or young children with a GP. Many of these appointments were held until mid-afternoon when children had finished school for the day. Patients we spoke with said they were able to get urgent appointments for their children when necessary.

The practice was situated in a relatively deprived area with a high incidence of poor quality housing. Managers had considered the impact on patients' health and well-being and were part of the local authority's 'safe and healthy homes' pilot. This provided advice and guidance to help patients to solve health-related housing issues and improve their physical and mental health through referrals to relevant services and organisations. The practice had referred around 40 patients to the service and were in the process of reviewing the impact of the support provided.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Extended hours surgeries were offered between 6.30pm and 9pm every Tuesday. Appointments were available at the following times.

- Monday - 8.30am to 11.30am; then from 2.30pm to 5.40pm
- Tuesday – 8.30am to 11.30am; from 2.30pm to 5.40pm; then from 6.30pm to 9pm



# Are services responsive to people's needs?

## (for example, to feedback?)

- Wednesday – 8.30am to 11.30am; then from 2.30pm to 5.40pm
- Thursday – 8.30am to 11.30am; then from 2pm to 5.40pm
- Friday – 8.30am to 11.30am; then from 2.30pm to 5.40pm

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent on the day appointments were also available for people that needed them. Each day the practice had a 'rapid access' clinic. The clinic was designed to cater for urgent problems; shorter appointments were offered to patients to allow GPs to assess and manage acute problems. Many of the patients we spoke with and who completed CQC comment cards told us they valued this service.

Access to the service was continually monitored and the appointments system changed where necessary to meet demand. Weekly reviews of appointments, waiting times and workloads were carried out to ensure staffing levels were sufficient and there were enough appointments available. We saw evidence that changes to the staff rotas were made as necessary following the reviews.

Results from the National GP Patient Survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Patients we spoke with on the day were able to get appointments when they needed them. For example, of those who responded:

- 86% of patients were satisfied with the practice's opening hours, compared to the CCG average of 80% and the national average of 75%.
- 95% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 81% and the national average of 73%.
- 80% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and the national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 86% and a national average of 85%.

The vast majority of the patients we spoke with on the day were able to get appointments when they needed them.

Some patients felt they had to wait too long after their appointment to be seen but the majority said they were kept informed of any delays. The Patient Survey results showed:

- 34% usually waited more than 15 minutes after their appointment time to be seen, compared with a CCG average of 21% and a national average of 27%.
- 28% felt they had to wait too long to be seen, compared with a CCG average of 20% and a national average of 25%.

Managers were aware of the results and had taken action to address the concerns; this included adding breaks in between appointments to allow GPs to 'catch up'.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had only received four formal complaints over the past two years. We looked at two of the complaints and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of





## Are services responsive to people's needs? (for example, to feedback?)

care. For example, following a complaint about how the cancellation of an appointment was recorded on a patient's record, a new standard operating procedure was implemented for staff to follow.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

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

- The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. There were plans to work more closely with another local practice in the near future; plans had been drawn up to move to purpose built premises and the practice was awaiting formal approval of the development.
- A practice logo had been developed in conjunction with staff; this was 'caring together'. The team worked together to design the logo, which was displayed on the practice website and indicated the practice's aim.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- Governance arrangements were proactively reviewed and reflected best practice.
- The practice had comprehensive policies and procedures governing their activities and there were very good systems in place to monitor and improve quality.
- Clinical leads had been identified for key areas, and this helped to ensure staff were kept up-to-date with changes to best practice guidelines, and changes to the Quality and Outcomes Framework.
- Regular clinical, practice management team and multi-disciplinary meetings took place. These promoted good staff communication and helped to ensure patients received effective and safe clinical care.
- Leaders had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. A significant number of audits had been carried out in the past year (16). There was an audit programme in place. All of the clinical audits we looked at were relevant, well designed, detailed and showed learning points and evidence of changes to practice.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

### Leadership, openness and transparency

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen.

Several of the GP partners also had lead roles across North Tyneside. For example, one of the GPs was chair of the clinical commissioning group (CCG); another of the GPs was the chair of the local GP federation.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. Systems were in place to ensure that when things went wrong with care and treatment:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology
- written records of verbal interactions as well as written correspondence were maintained.

There was a clear leadership structure in place and staff felt well supported by management.

- There were consistently high levels of constructive staff engagement. 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, at a recent 'time out' session, staff were invited to suggest ideas as to how the practice could achieve the 'you're welcome' accreditation.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did. We also noted that team events were held twice each year.
- There was a high level of staff satisfaction. Staff spoke very highly of managers; several staff had worked at the practice for many years. As part of the time out sessions

# Are services well-led?

Outstanding



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

the practice manager gave staff 'goody bags' containing some small items to motivate and thank them. Staff told us one of the bags contained a packet of mints to 'help them keep their cool' and a poem to allow them to reflect on the work they carried out at the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. Feedback had been gathered from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the practice had developed and implemented a 'discharge and handover' policy following a suggestion made by the PPG. Every patient who had been discharged from hospital was contacted to ask how they were and if they needed any support or help with medication.

The practice had also gathered feedback from staff through staff away days and generally through staff meetings and appraisals. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of the local authority's 'safe and healthy homes' pilot. This provided advice and guidance to help patients to solve health-related housing issues and improve their physical and mental health through referrals to relevant services and organisations. The practice had referred around 40 patients to the service and were in the process of reviewing the impact of the support provided.

One of the GPs had developed a new template for clinicians to follow when carrying out NHS health checks; which enabled data to be fed back to Public Health England more efficiently. This had been trialled in the practice and was due to be rolled out across all practices in the CCG in the two weeks after the inspection.

The practice had invited a national cancer research charity to carry out a review of patients who had not attended for their bowel screening checks and also how new cancer diagnoses were identified. Following this work, one of the GPs was in the process of developing a bowel screening protocol on behalf of all of the practices in the CCG.

Interviews with staff demonstrated they were always looking for better ways of providing patients with the care and treatment they needed. Staff undertook regular training to help ensure they maintained their competencies and skills.

- An innovative approach had been taken in relation to one of the trainee GPs; the practice had applied for and been successful in obtaining funding to allow the trainee to spend half of their time in the practice and the other half with the CCG to learn about management roles.
- Clinicians supported the training of the first community matron in the CCG area and another matron was subsequently trained by the practice.
- One of the GP partners had recently undertaken, and the practice manager was in the process of completing a leadership skills course. Another of the GP partners was part way through an 'ethics of leadership' course.

The practice was a designated research practice. Arrangements were in place to signpost patients to take part research projects as appropriate. One national project had resulted in the development of a 'keeping children safe and home' pack. This had been subsequently adopted by the practice and was issued to all new parents.