The Lonsdale Medical Centre Partnership

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.

Summary of findings

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Summary of findings

Overall summary

Lonsdale Medical Practice is located in a large converted town house in the centre of Tunbridge Wells. It provides primary medical services to 6140 patients. This was the first inspection since registration. The announced inspection at Lonsdale Medical Practice took place on 20 May 2014. We spoke with 11 patients including one member of the practices patient participation group (PPG).

Our key findings were:

- The practice delivered care in a safe and clean environment. Systems were in place to report and learn from incidents.
- The practice provided effective care; it achieved 97% overall of the Quality and Outcomes Framework 2013/14 and 100% for the clinical domain.
- Patients were overwhelmingly positive about the care they received. Staff were caring and compassionate and treated patients with dignity and respect.
- Patients were very satisfied with accessing appointments both urgent and routine with a GP of their choice
- The practice leadership fostered an environment of supportive team work to improve patient outcomes and the patient experience.

The practice provided care for the specific population groups: older people, people with long term conditions, mothers with babies, children and young people, the working-age population and those recently retired, people in vulnerable circumstances who may have poor access to primary care, people experiencing mental health problems. However, people in all these groups were seen by the practice. The practice had a lower proportion of people in vulnerable circumstances compared to the clinical commissioning group (CCG) and national average.

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 was operating a safe service to meet the needs of patients and staff. Learning from incidents was shared amongst the practice team to improve safety. However, no record of actions taken in response to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were maintained. Staff had training in safeguarding children and vulnerable adults and followed the practice procedures on how to respond to abuse. The practice was clean and well maintained. GPs were responsible for the security and checking of drugs in their medicines bags. The required recruitment checks were carried out before staff commenced employment. Emergency procedures were in place to respond to medical emergencies. The practice had considered health and safety measures to reduce the risks to patients and staff.

Are services effective?

The practice was operating an effective service. The practice achieved 100% in the Quality and Outcomes Framework (QOF) 2013/14 for the clinical domains. The QOF is part of the General Medical Services (GMS) contract for general practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients. GPs with special interest in certain areas shared best practice at practice meetings. Support for patients with palliative care needs was considered to be good due to the expertise and experience of one of the GP partners both within the practice and across the clinical commissioning group (CCG). Access to specialist support for patients with mental health problems was variable.

Are services caring?

The practice was caring in its approach. Patients were extremely positive about the care they received. Staff allowed enough time during the consultation for patients to be involved in the decision about their treatment. We observed staff were caring and respectful in their interactions with patients. Patient confidentiality was not preserved in the waiting room as the large touch screen allowed the patients name and date of birth to be clearly visible by other patients seated in the waiting room.

Are services responsive to people's needs?

The practice was responsive to patients needs. The practice was familiar with the needs of its practice population and had tailored services to meet their needs, particularly in relation to the appointment system. Patients were very satisfied with the access to the service for urgent and routine appointments.

Summary of findings

Are services well-led?

The practice was well-led. The practice was well managed and organised. Staff were aware of their individual responsibilities and also demonstrated good team work to provide a patient centred service. Patients and staff were engaged effectively by the practice leadership and made improvements to the service based on their feedback.

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
Older people were part of the general practice population.

The practice cared for this group with a patient centred approach. The practice worked closely with a local nursing home to ensure patients received consistent care from a named GP.

People with long-term conditions
People with long-term conditions were part of the general practice population.

The practice cared for this group with a patient centred approach.

Mothers, babies, children and young people
Mothers, babies, children and young people were part of the general practice population.

The practice cared for this group with a patient centred approach.

The working-age population and those recently retired
The working-age population were part of the general practice population.

The practice cared for this group with a patient centred approach.

A weekly early morning and late surgery were available to meet the access needs of this population group

People in vulnerable circumstances who may have poor access to primary care
People in vulnerable circumstances were part of the general practice population.

The practice cared for this group with a patient centred approach.

Patients who could not easily communicate in English were supported by the practice. A local translation service was used to ensure these patients needs were communicated and managed appropriately.

People experiencing poor mental health
People experiencing a mental health problem were part of the general practice population. The practice cared for this group with a patient centred approach.

Summary of findings

The patient participation group organised talks for patients, including one on Alzheimer's disease and more recently on raising awareness of mental health and local resources to assist people suffering from poor mental health.

Summary of findings

What people who use the service say

We spoke with 11 patients. Everyone was very complimentary about the care they received from all the staff. Patients told us the reception staff were helpful and discreet and the doctors and nurses were thorough and sensitive during the consultations. All the patients we spoke with said they had enough time during the consultation to be involved in decisions about their treatment.

The practice results for the national GP patient survey 2013 were higher than the CCG and national average. Overall 91% patients described their overall experience with the practice as good or very good and 86% would recommend the practice.

Areas for improvement

Action the service COULD take to improve

- Staff were confident all safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA) were actioned. However, there was no record maintained of actions taken.
- Patient confidentiality was not preserved in the waiting room as the large touch screen allowed the patients name and date of birth to be clearly visible by other patients.

Good practice

Our inspection team highlighted the following areas of good practice:

- The appointment system was effective and responsive to patients needs. Patients were able to obtain urgent appointments the same day and routine appointments with their preferred GP within two to three days.
- The patient participation group was very active in its role. They were keen to make sure the group was representative of the registered practice population and they worked closely with the practice to organise relevant health promotion talks for all patients.

The Lonsdale Medical Centre Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP advisor and a specialist in practice management.

Background to The Lonsdale Medical Centre Partnership

Lonsdale Medical Practice

1 Clanricarde Gardens

Tunbridge Wells

TN1 1PE

Lonsdale Medical Practice is located in a large converted town house in the centre of Tunbridge Wells. The practice team consists of five GP partners, practice managers, practice nurses, reception and support staff. It provides primary medical services to 6140 registered patients. The practice population is slightly younger than the clinical commissioning group (CCG) and national average. Local demographic data indicates the practice serves a population which is in one of the more affluent areas in England.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations such as

Detailed findings

the local Healthwatch, clinical commissioning group and NHS England, to share what they knew about the service. We carried out an announced visit on 20 May 2014. During our visit we spoke with nine staff including GPs, nurses, practice managers and reception staff. We spoke with 11 patients who used the service. Four patients were older people, four were working age and three were mothers with young children. We observed interactions between patients and staff and considered the environment. We reviewed the practice's policies and procedures.

Are services safe?

Summary of findings

The practice was operating a safe service to meet the needs of patients and staff. Learning from incidents was shared amongst the practice team to improve safety. However, no record of actions taken in response to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were maintained. Staff had training in safeguarding children and vulnerable adults and followed the practice procedures on how to respond to abuse. The practice was clean and well maintained. GPs were responsible for the security and checking of drugs in their medicines bags. However, this was not recorded. The required recruitment checks were carried out before staff commenced employment. Emergency procedures were in place to respond to medical emergencies. The practice had considered health and safety measures to reduce the risks to patients and staff.

Our findings

Safe patient care

Systems were in place for reporting and responding to incidents. Staff were confident all safety alerts received from the Medicines and Healthcare Products Regulatory Agency were actioned. However, no records of action were maintained. Staff were familiar with the practice's procedures and we saw examples of 12 serious event analysis (SEA) reports that had been identified and recorded in the previous eighteen months. This showed the practice identified areas when safe patient care was compromised and took appropriate action.

Learning from incidents

The SEA reports included appropriate actions that had been taken to avoid recurrence of the incidents and lessons learned. These had been shared amongst the practice team through the clinical or practice meetings. Staff we spoke with recalled recent incidents they had reported and the subsequent change in practice if appropriate. For example, a vaccine fridge had been inadvertently switched off over a weekend. We saw appropriate action had been taken to ensure the integrity of the vaccines and corrective action to prevent this type of incident recurring. This showed the practice implemented learning from incidents.

Safeguarding

Two GP partners were the practice safeguarding leads for children and adults. Safeguarding policies and procedures consistent with local clinical commissioning group (CCG) and Local Authority guidelines were in place to protect vulnerable patients. A comprehensive chaperone policy was in place and followed. Clinical staff and trained non-clinical staff were available to act as chaperones as and when needed. A chaperone is an impartial observer who is present during intimate examinations to reassure the patient and be prepared to raise concerns if they are concerned about the doctor's behaviour or actions. Staff told us they offered a chaperone when intimate examinations were to be performed and patients were made aware of the chaperone service by posters on display in the waiting room and surgeries.

One of the identified GP safeguarding leads met with the health visitor team every six months to discuss children on the at-risk register. Staff training records and meeting notes demonstrated staff had received training in safeguarding

Are services safe?

children and vulnerable adults. Staff were aware of potential indicators of abuse and how to respond if they suspected abuse. This meant the practice had taken reasonable steps to identify and prevent abuse from happening.

Monitoring safety and responding to risk

The practice had considered the risks to patients and staff and implemented systems to reduce risks. The practice health and safety manual described the control measures in place to reduce security and safety risks. This was supported by a range of risk assessments. For example, environmental risk assessments such as snow and ice and individual risk assessments for specific job roles for example, GP trainee and receptionist. We observed the practice was organised and uncluttered. Safety equipment such as fire extinguishers were checked and sited appropriately. This meant the practice took appropriate steps to maintain a safe service.

Medicines management

Medicines management policies and procedures were in place. Vaccines were stored securely in fridges. Maximum and minimum fridge temperatures were recorded daily and corrective action taken if necessary. GPs were responsible for the security and checking of their medicines in their medicines bags and were sent quarterly alerts to remind them.

Cleanliness and infection control

Systems were in place to reduce the risks of spread of infection. Infection control guidelines were followed. A designated member of staff was the practice infection control lead person. They demonstrated a good understanding of their role. This involved undertaking regular infection control audits and acting on the findings. All staff had received training in infection control and were aware of good infection control practices. For example, we observed clinical staff used personal protective equipment such as gloves and dispose of clinical waste safely. Reception staff were aware of how to safely handle urine and other specimens from patients and they were aware only clinical staff were permitted to clean spillages of blood or other body fluids. These measures protected staff and reduced the risk and spread of infection.

The practice was clean and well maintained. Daily cleaning schedules were followed and monitored. This meant the practice had ensured they met the requirements outlined in the Department of Health Code of Practice on the Prevention and Control of Infections and Related Guidance 2010.

Staffing and recruitment

The practice followed recruitment practices which included carrying out checks on staff before they began employment. The practice had a low staff turnover. The practice management team were aware of the need for succession planning as two GPs were due to retire in the short to medium term. The majority of practice staff worked part time which allowed for some flexibility in the way the service was managed. For example, staff were able to work overtime to cover colleagues annual leave and sickness absence.

We reviewed two personnel files for recently recruited staff. Records included curriculum vitae or application form, one or two references, occupational health check and Disclosure and Barring Service (DBS) check.

Dealing with Emergencies

There was a defibrillator and oxygen available for use in the event of a medical emergency. The equipment was checked daily to ensure it was in working condition. All staff had training in basic life support. Panic alarms were installed in all consulting and treatment rooms. Staff were aware of how to respond to medical emergencies. The practice told us about a recent medical emergency where staff had acted appropriately.

There was a business continuity plan in place which had been reviewed in November 2013. The practice had reciprocal arrangements with nearby practices in emergency situations where part or all of the premises were unfit for use. This meant appropriate arrangements were in place to meet the needs of patients safely in an emergency situation.

Equipment

Records indicated medical equipment was serviced and calibrated if necessary in the previous year by an authorised contractor. This ensured equipment was maintained and safe for use.

Are services effective?

(for example, treatment is effective)

Summary of findings

The practice was operating an effective service. The practice achieved 100% in the Quality and Outcomes Framework (QOF) 2013/14 for the clinical domain. The QOF is part of the General Medical Services (GMS) contract for general practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients. GPs with special interest in certain areas shared best practice at practice meetings. Support for patients with palliative care needs was considered to be good due to the expertise and experience of one of the GP partners both within the practice and across the CCG. Access to specialist support for patients with mental health problems was variable.

Our findings

Promoting best practice

Clinical meetings took place which covered frequent accident and emergency attenders, emergency readmissions, reducing referrals, implementation of clinical pathways and National Institute of Health and Care Excellence (NICE) guidance. However, the frequency of the meetings was inconsistent, the last clinical meeting took place in June 2013. One of the GP partners told us topics such as improvements to practice were covered at other meetings including the protected learning time events to ensure all staff were kept up to date.

Management, monitoring and improving outcomes for people

The practice achieved the maximum Quality and Outcomes Framework (QOF) results 2013/14 in the clinical domain. The QOF is part of the General Medical Services (GMS) contract for general practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients. This meant the practice maintained and managed patients with a range of long term conditions in line with best evidence based practice. Individual GPs had areas of special interest. For example, palliative care and minor surgery. GPs took a lead role in their area of interest and shared good practice amongst colleagues to improve outcomes for patients and provide a consistent service. One of the GP partners was the clinical commissioning group (CCG) lead for palliative care. Another GP partner was the prescribing lead. They monitored the practice prescribing patterns and recommended changes if appropriate. The prescribing visit report 2013/14 indicated the practice had implemented changes in prescribing practice which had been audited to demonstrate improvements. For example, the practice had been a high prescriber of a drug used for high cholesterol under specific circumstances. The practice had reviewed its prescribing and was now below the CCG average. This meant the practice was committed to delivering high quality cost effective prescribing.

Staffing

The practice followed a recruitment procedure and staff were familiar with the checks that had to be in place before a person could commence employment in the service. This included professional and insurance checks if appropriate. At the start of employment staff followed an induction

Are services effective?

(for example, treatment is effective)

process to ensure they were familiar with the practice procedures. Staff received regular appraisals and were supported to undertake further training to develop their role. A list of up to date skills for nursing staff was maintained to ensure patients were booked with the right clinician. For example, the healthcare assistant was trained to undertake leg ulcer reviews but not to see new patients presenting for the first time with a leg ulcer; this was undertaken by the practice nurse. This ensured efficient use of staff skills and ensured patients would see an appropriate clinician.

Working with other services

Staff told us they had good working arrangements with the palliative care team. Staff did not report any concerns about referral of patients to specialist secondary care services. Staff told us they had good working arrangements with the palliative care team. Staff did not report any concerns about referral of patients to specialist secondary care services. Access to specialist support for patients suffering from an acute mental health problem was variable.

Six out of eight patients we spoke with said they had been referred to a specialist or for investigation and they were satisfied with the speed of referral. Two patients expressed some dissatisfaction with the time to obtain the referral appointment. This showed the variation between demand and capacity of certain specialist services.

Health, promotion and prevention

The practice achieved 98.97% for QOF 2013/14 in the public health domain which included support for people to stop smoking. A range of literature was accessible in the practice waiting room and on the practice website aimed at patients for health promotion and self-care.

Are services caring?

Summary of findings

The service was caring in its approach. Patients were extremely positive about the care they received. Staff allowed enough time during the consultation for patients to be involved in the decision about their treatment. We observed staff were caring and respectful in their interactions with patients. Patient confidentiality was not preserved in the waiting room as the large touch screen allowed the patients name and date of birth to be clearly visible by other patients seated in the waiting room.

Our findings

Respect, dignity, compassion and empathy

Staff were familiar with the steps they needed to take to protect people's privacy and dignity. Consultations took place in private rooms. Patients were made aware that they could request a chaperone. This showed staff respected patients and preserved their dignity.

All the 11 patients we spoke with were overwhelming in their praise for the practice. Nine patients had been with the practice more than five years and some considerably longer. All of the patients we spoke with also had other members of their family who also attended the practice. For example, spouses and children. Everyone was very complimentary about the care they received from all the staff. Patients told us the reception staff were helpful and discreet and the doctors and nurses were thorough yet sensitive during the consultations.

The practice results for the National GP survey 2013 were better than the CCG and national average. Overall 91% patients described their experience as good or very good and 86% would recommend the practice.

We witnessed caring and respectful interactions between reception staff and patients. We observed patient confidentiality was not preserved in the waiting room as the large touch screen allowed the patients name and date of birth to be clearly visible by other patients. The practice acknowledged the situation and said they would consider how to make improvements to preserve patients confidentiality.

Involvement in decisions and consent

All the patients we spoke with said they had enough time during the consultation to be involved in decisions about their treatment. GPs and nurses were aware of what action to take if they judged a patient lacked capacity to give their consent. They told us they recorded best interest decisions, consulted carers with legal authority to make healthcare decisions and sought specialist advice if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive to patients needs. The practice was familiar with the needs of its practice population and had tailored services to meet their needs, particularly in relation to the appointment system. Patients were very satisfied with the access to the service for urgent and routine appointments.

Our findings

Responding to and meeting people's needs

The practice was located in a converted town house. The practice had a small car park with one space marked as disabled.. The practice was accessible to patients with mobility difficulties but not with ease. The practice was located on two levels. Treatment and consultation rooms were on the ground floor and first floor. Access to the first floor was by a stair lift for patients who could not manage the stairs unaided; alternatively patients were consulted in a ground floor treatment room. This showed the practice was sensitive to meeting patients needs.

The practice population consisted of approximately 10-12% Eastern European patients. One of the GP partners told us patients who could not speak English often attended with a companion who acted as a translator. The practice also had access to a telephone interpreting service to ensure all patient needs were met appropriately.

Access to the service

The practice opening hours were 8am to 6:15pm weekdays. A weekly early morning and late surgery were also available. All the patients we spoke with said they were able to obtain an urgent appointment on the same day and a routine appointment within three days. Some patients, particularly commuters were very satisfied with the option of the early morning surgery. The practice offered an online appointment booking system for routine appointments and an online repeat prescription service.

The practice website was up to date and allowed patients to access a wide range of information on all aspects of the service.

Concerns and complaints

A complaints leaflet was available, although not easily accessible as reception staff referred patients to the practice website. The patients we spoke with said they had never had cause to complain but would refer to the practice website for information if needed. The practice kept a record of all complaints received. It had received six complaints in the previous year. The complaints had been investigated by the Patient Services Manager and responded to, where possible, to the patients satisfaction.

Are services well-led?

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

Summary of findings

Overall the service was well-led. The practice was well managed and organised. Staff were aware of their individual responsibilities and also demonstrated good team work to provide a patient centred service. Patients and staff were engaged effectively by the practice leadership and made improvements to the service based on their feedback.

Our findings

Leadership and culture

All the staff were focussed on providing an excellent patient centred service. Staff and patients told us the practice was well organised and managed. Staff had opportunities for informal communication and formally through regular meetings. This meant staff were supported and valued in their roles.

Governance arrangements

Staff were clear on their areas of responsibilities and were aware of whom to approach for advice. For example,, safeguarding, infection control and complaints. Regular meetings were held for individual staff groups and practice-wide protected learning time meetings. Policies were updated and accessible via the practice electronic document organisation, referral and information service.>

Systems to monitor and improve quality and improvement

The practice achieved the maximum Quality and Outcomes Framework (QOF) results 2013/14 in the quality and productivity domain. This meant the practice reviewed its data on emergency admissions and accident and emergency (A&E) attendance, participated in external peer review and implemented a plan to reduce avoidable A&E attendance.

Patient experience and involvement

The practice was committed to involve patients in the running of the practice and improve the patient experience. The practice had achieved the maximum QOF results 2013/14 in the patient experience domain. This meant routine appointments were not less than 10 minutes. The practice results for the national GP patient survey 2013 were higher than the CCG and national average. Overall 91% patients described their overall experience with the practice as good or very good and 86% would recommend the practice.

We spoke with a representative of the patient participation group (PPG). The PPG met informally approximately once a month and formally every quarter. The PPG expressed their views on the service and had a good relationship with the practice. It was actively seeking to recruit an Eastern European member to reflect the patient population and ensure it was more representative. The PPG also raised funds for the practice to purchase specific equipment. For example, a children's activity game for the waiting room.

Are services well-led?

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

The PPG organised talks for patients, including one on Alzheimer's disease and more recently on raising awareness of mental health and local resources to assist people suffering from poor mental health.

Staff engagement and involvement

Staff told us they felt valued as part of the practice team. Staff attended protected learning time (PLT) meetings and individual service meetings. For example, reception meetings, nurse meetings and practice management meetings. Notes from meetings indicated service development and quality issues were discussed. The notes of the recent PLT meeting for all staff reported safeguarding training, infection control update, complaints and serious events had been discussed.

Learning and improvement

All staff were up to date with their mandatory training and had opportunities for development training. Appraisals identified learning development needs. All staff had been appraised in the last year. Staff told us they felt the appraisal was a meaningful and effective process for recognising achievements and looking forward in terms of individual development. Although the nurse practitioner sought professional support from external sources when needed, it was limited.

Identification and management of risk

The practice had carried out a range of risk assessments including environmental and personal to ensure the health and safety of patients, visitors and staff members.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

Older people were part of the general practice population. The practice cared for this group with a patient centred approach.

The practice worked closely with a local nursing home to ensure patients received consistent care from a named GP.

Our findings

Safe and Effective

The practice worked closely with a local nursing home to ensure patients received consistent care from a named GP.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

People with long-term conditions were part of the general practice population. The practice cared for this group with a patient centred approach.

The practice maintained and managed patients with a range of long term conditions in line with best evidence based practice.

Our findings

Effective

The practice achieved the maximum Quality and Outcomes Framework (QOF) results 2013/14 in the clinical domain. The QOF is part of the General Medical Services (GMS) contract for general practices. It is a voluntary incentive scheme which rewards practices for how well they care for patients. This meant the practice maintained and managed patients with a range of long term conditions in line with best evidence based practice.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

Mothers, babies, children and young people were part of the general practice population. The practice cared for this group with a patient centred approach.

Our findings

Mothers, babies, children and young people were part of the general practice population. The practice cared for this group with a patient centred approach.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

The working-age population were part of the general practice population. The practice cared for this group with a patient centred approach.

A weekly early morning and late surgery were available to meet the access needs of this population group

Our findings

Responsive

A weekly early morning and late surgery were available to meet the access needs of this population group.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

People in vulnerable circumstances were part of the general practice population. The practice cared for this group with a patient centred approach.

Patients who could not easily communicate in English were supported by the practice. A local translation service was used to ensure these patients needs were communicated and managed appropriately.

Our findings

Responsive

Patients who could not easily communicate in English were supported by the practice. A local translation service was used to ensure these patients needs were communicated and managed appropriately.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

People experiencing a mental health problem were part of the general practice population. The practice cared for this group with a patient centred approach.

Access to specialist support for patients suffering from an acute mental health problem was variable.

The patient participation group organised talks for patients, including one on Alzheimer's disease and more recently on raising awareness of mental health and local resources to assist people suffering from poor mental health.

Our findings

Effective

Access to specialist support for patients suffering from an acute mental health problem was variable.

Well-led

The patient participation group organised talks for patients, including one on Alzheimer's disease and more recently on raising awareness of mental health and local resources to assist people suffering from poor mental health.