

# Linden Medical Group

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# 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 Linden Medical Group on 6 July 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored and reviewed and the results shared with staff including lessons learned.
- Safe arrangements were in place for staff recruitment that protected patients from risks of harm. Staff numbers were regularly reviewed to enable them to meet patients' needs and plans were in place to increase clinical sessions.
- There were robust on-going arrangements in place to protect patients and others from unnecessary infections.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training had been encouraged and planned.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their treatment.
- Information about how to make a complaint was readily available and easy to understand. Complaints received were dealt with appropriately and clear explanations given to complainants.
- The practice had good facilities and was well equipped to assess and treat patients.
- There was a clear leadership structure and staff told us they felt well supported by senior staff. Management sought feedback from patients which it acted on.

# Summary of findings

- The provider was aware of the requirements of the Duty of Candour and we saw where this had been applied concerning a complaint.

We saw an area of outstanding practice:

- The practice was pro-active in identifying patients who were carers and had registered 3% of the practice population as carers. An additional support mechanism included a designated member of staff who maintained telephone contact with carers. The Northamptonshire Carers Association had given the practice two awards for the work they carried out for carers. Staff had commenced work in identifying young carers aged between five and 17 years. The

carers pack included support services that were available for young carers including social activities. The practice website included a wealth of information about carers.

However, there was an area of practice where the provider needs to make improvements.

The provider should;

- Continue working towards ensuring correct coding is applied for patients with long-term conditions.

**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.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to all relevant staff to support improvement.
- Information about safety was recorded, monitored appropriately, reviewed and addressed.
- Risks to patients were assessed and well managed and these were re-visited when circumstances changed.
- There was an infection control protocol in place and infection control audits were regularly undertaken.
- There were recruitment policies and procedure in place to ensure patients safety was protected. We found that senior staff had adhered to the policies and procedures.
- Staffing levels were regularly monitored to ensure there were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as outstanding for providing effective services.

- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines were used routinely.
- Staff had reviewed the needs of the local population and engaged with the Nene Clinical Commissioning Group (CCG) to secure improvements to patient care and treatment.
- Patient's needs were assessed and care was planned and delivered in line with current evidence based practice and legislation.
- Patients who were at high risk of unplanned hospital admission and those with complex needs had been assessed and weekly meetings held by the Pro-Active (PAC) team. The team consisted of two GPs and a district nurse.
- Staff had received training appropriate to their role and potential enhanced skills had been recognised and planned for and training put in place.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to provide up to date, appropriate and seamless care for patients.

Outstanding



# Summary of findings

- Clinical staff were participating in a pilot by using an assessment tool when patients presented themselves with a cough to determine whether antibiotics were necessary. Another pilot concerned use of a diagnostic tool for patients who had asthma.
- The standard of clinical audits were detailed, clear and demonstrated on-going improvements in patient care.
- Nurse practitioners, practice nurses and health care assistants (HCA) held extra meetings to discuss and implement the most appropriate care for patients such as; wound care.
- Following a search for attendances at A&E of children aged up to five years advice booklets were developed in a range of languages for care of acute illnesses and fevers in children.
- Annual health awareness events were held with other agencies involved to promote healthy living and identifying patients who needed extra care.
- Senior staff were working with two other practices to identify ways for improving care of patients with long-term conditions.

## Are services caring?

The practice is rated as good for providing caring services.

- Data published January 2016 from the National GP Patient Survey showed that the practice was comparable with local and national averages regarding aspects of care.
- Patients we spoke with told us they were satisfied with their care and some said it was excellent.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this.
- Patients had their needs explained to them and they told us they were involved with decisions about their treatment.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Information for patients about the services available to them was easy to understand and accessible.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Most patients told us it was easy to make pre-bookable appointments, some said there was a delay. All patients told us that they could book same day appointments.
- Staff told us that if patient demand became high GPs converted their weekly administration session to a clinical session.

Good



# Summary of findings

- The practice provided enhanced services. For example, avoiding unplanned admissions by carrying out health reviews and the development of individual care plans.
- Information about how to complain was available and easy to understand.
- Evidence showed that senior staff responded quickly and appropriately when issues were raised.
- Learning from complaints was shared with all staff and other stakeholders.

## Are services well-led?

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

- Staff were clear about the vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff were well supported by management.
- Meetings were held and information shared to identify areas where improvements could be made.
- There were policies and procedures to govern activity and these were accessible to all staff.
- There was a strong focus on continuous learning and improvement at all staff levels.
- Senior staff actively sought patient feedback about the services they received and where possible made changes to improve them.
- The Patient Participation Group (PPG) were active and staff responded positively to them when issues were raised or suggestions put forward. A PPG is a group of patients who represent the views of patients and work with practice staff to improve services and the quality of care.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated good for the care of older people.

- Practice staff offered proactive, personalised care to meet the needs of older patients.
- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Home visits were offered to those who were unable to access the practice and patients with enhanced needs had prompt access to appointments.
- Extended appointments were available to ensure all aspects of their care needs were assessed.
- A designated GP routinely carried out weekly visits to four care homes to monitor patient's health needs. GPs would attend at short notice when a patient became unwell.
- Practice staff worked with other agencies and health providers to provide patient support.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A diabetes specialist nurse worked at the practice one day per week. They worked alongside practice nurses who managed patients with diabetes and saw patients who had complex needs.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often.
- Clinical staff worked with health care professionals to deliver a multidisciplinary package of care for patients.
- Where necessary patients in this population group had a personalised care plan in place and they were regularly reviewed.

Good



# Summary of findings

- Clinical staff were participating with a pilot for carrying out an additional test of patients who had asthma. Upon completion the results of this would be shared with other practices.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Alerts were put onto the electronic record when safeguarding concerns were raised.
- There was regular liaison and monthly meetings with the health visitor to review those children who were considered to be at risk of harm.
- All children up to the age of 12 years were triaged and if necessary seen the same day.
- Patients and their children told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Childhood vaccinations were in line with the local and national averages.
- A clinical session was held by a GP every Saturday from 8am until 11.30am for patients who had pre-booked an appointment. A practice nurse or health care assistant (HCA) attended the sessions and carried out patient health checks.

Good



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

The practice is rated good for the care of working-age people (including those recently retired and students).

- The practice had adjusted its services to accommodate the needs of this population group.
- Telephone consultations were provided for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- Extended hours were provided to improve patient access.
- Online services were available for booking appointments and ordering repeat prescriptions.
- The practice website gave advice to patients about how to treat minor ailments without the need to be seen by a GP.
- Patients we spoke with told us that clinical staff routinely provided healthy living advice to promote their well-being.

Good





# Summary of findings

- Of eligible female patients 78% had attended for cervical screening. Clinical data told us that breast screening and bowel cancer testing results were in line with local and national averages

## People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability.
- Invitation letters for health reviews and for cervical screening were available in easy read format to assist patients who had a learning disability in their understanding of their care needs.
- One GP and a senior nurse practitioner had attended training for care of patients who had a learning disability and carried out their annual health reviews with an extended appointment time.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for managing with vulnerable adults and children.
- The practice was pro-active in identifying patients who were carers and had registered 3% of the practice population as carers. The Northamptonshire Carers Association had given the practice a bronze award followed by a silver award in January 2016.
- There was a register to manage end of life care and unplanned admissions to hospital.

Good



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

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

- 92% of patients who experienced poor mental health had received a mental and physical health check during 2014-2015 and were involved in developing their care plans.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with dementia.

Good



# Summary of findings

- GPs carried out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia. This enabled staff to put a care package in place that provided health and social care support systems to promote patients well-being.
- Referrals to other health professionals were made when necessary.
- Staff had a good understanding of how to support patients with mental health needs including those with dementia.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing in line in most areas with local and national averages. A total of 272 surveys had been distributed and there had been 114 responses, this equated to a 42% response rate and 0.8% of the practice total population.

- 79% of patients found the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 86% of patients said last time they spoke with a GP they were good at giving them enough time compared with a CCG average of 85% and a national average of 87%.
- 62% of patients found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 92% of patients said the last appointment they got was convenient which was the same as the CCG and national averages.
- 52% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

In response to the data concerning helpfulness of reception staff senior staff asked an external company to provide training in customer care. A GP told us that the company still made occasional visits to the practice to provide any necessary updates. Patients we spoke with told us that reception staff were courteous and helpful. During our inspection we observed that reception staff conducted themselves in a professional manner. None of the patients we spoke with or recordings made in the comment cards made reference to a long wait to get through to the practice by phone or waiting an excessive time before they were seen. They commented that receptionists were professional and helpful.

During our inspection we spoke with eight patients. They told us they were satisfied with the care and treatment they received. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were positive about the standard of care they received. Some patients described their care as excellent. One comment stated that when they saw a practice nurse that the appointment was rushed and another patient told us it was difficult to get a pre-booked appointment. Senior staff told us they had tried to recruit another GP and were planning to increase the number of clinical sessions.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue working towards ensuring correct coding is applied for patients with long-term conditions.

## Outstanding practice

- The practice was pro-active in identifying patients who were carers and had registered 3% of the practice population as carers. An additional support mechanism included a designated member of staff who maintained telephone contact with carers. The Northamptonshire Carers Association had given the practice two awards for the work they carried out for

carers. Staff had commenced work in identifying young carers aged between five and 17 years. The carers pack included support services that were available for young carers including social activities. The practice website included a wealth of information about carers.

# Linden Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and a practice manager, specialist advisors.

## Background to Linden Medical Group

Linden Medical Group provides care for approximately 14,200 patients. The service covers Kettering town, Barton Seagrave, Cranford, Geddington, Grafton Underwood, Isham, Pytchley, Warkton and Weekley. The practice holds a General Medical Services contract, a nationally agreed contract. There was a slightly higher than average age group of 40-55 years and female 60-69 years of patients who were registered at the practice, the remainder were in line with national averages.

The premises were purpose built with all consulting rooms located at ground level for ease of access for patients who have limited mobility. There was a dedicated car park and some spaces allocated for disabled patients.

The practice has five GP partners (four male, one female) who between them provide 37 clinical sessions per week. There are two salaried GPs who provide a further 10 clinical sessions per week and a regular locum GP who provides up to eight sessions per week. Senior staff told us they were trying to recruit another GP. GPs are supported by three nurse prescribers who between them spend 57 hours seeing patients with minor ailments. There are also six practice nurses and two health care assistants (HCA) who provide cervical screening, vaccinations, reviews of long term conditions and phlebotomy (taking blood samples)

services. The practice has recruited a pharmacist who provides advice to GPs about their prescribing methods. The practice employs a practice manager, a reception manager, a deputy reception manager and 16 reception/administration staff and three bank receptionists. An estates manager provides management of the premises and health and safety aspects of the service.

The practice is a designated training practice for trainee GPs. These are qualified doctors who are learning the role of a GP. They currently do not have a doctor (registrar) working at the practice.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, minor surgery, injections and vaccinations. A GP from the practice provide health care services for the residents of four care homes.

The practice is open from 8am until 6.30pm every weekday.

Appointments times vary between GPs:

- From 8am to 8.30am until 11.45am
- From 2pm to 2.30pm until 5.30pm.

Extended hours are:

- From 8am until 11.30am each Saturday by pre-booked appointment. This session is provided by a GP and a practice nurse or HCA who carry out health checks.

There is a branch practice:

- Ise Medical Centre, French Drive, NN15 5BT, 01536 481743. It is 1.2 miles from Linden Medical Group practice. Opening hours are from 8am until 12.30pm weekdays.

We did not visit the branch practice during our inspection. All registered patients could access either site.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During

# Detailed findings

these times GP services are provided currently by a service commissioned by NHS Nene Clinical Commissioning Group (CCG); Integrated Care 24 Limited. When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet also includes this information and there are leaflets in the waiting area for patients to take away with them.

## Why we carried out this inspection

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

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.

## 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)

Before the inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 6 July 2016. During our visit we spoke with a range of staff including two GP partners, one salaried GP, the lead nurse (nurse practitioner), a practice nurse, a health care assistant (HCA), the practice manager, reception manager and two receptionists. We spoke with eight patients who used the service and two Patient Participation Group (PPG) members who were also registered patients. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 47 comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The practice demonstrated an effective system for reporting and recording significant events and we saw examples which had been reported, recorded and shared with staff.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. Significant events meetings were held regularly with all clinical staff invited to attend. Lessons learnt were shared with all relevant staff so that improvements could be made.
- When there were unintended or unexpected safety incidents, patients received support, clear information, a verbal and written apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave an accurate overview of safety.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts such as; individual reviews of patients who may have been prescribed a particular medicine. We saw that prescribing changes had been made where necessary to protect patients from inappropriate treatment.

There had been 16 significant events recorded during 2015 and we saw that they had been dealt with appropriately. We reviewed safety records, incident reports patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, a GP sent an email to reception staff requesting that they made contact with a patient. It was sent to a group rather than an individual staff member and was not picked up

promptly. Staff introduced a task whereby all emails should be checked daily to prevent a recurrence of the problem. The issue was discussed at a meeting and the minutes were shared with all staff.

### Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management. We saw that risks were addressed when identified and actions put in place to minimise them.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of staff for safeguarding and all GPs had received appropriate (level three) training. All other staff had received training that was appropriate to their role. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities. We saw documentation which confirmed that appropriate action was taken when required.
- Patients who were considered to be at risk were discussed during the monthly multidisciplinary meetings when a health visitor was in attendance. Staff monitored children who failed to attend hospital appointments and contacted the parents to discuss this.
- A notice was displayed in the waiting room and in each consulting room, advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a disclosure and barring check (DBS). 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. Non-clinical staff had received training before they were permitted to act as chaperones. Staff we spoke with demonstrated that they would carry out the role appropriately.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

## Are services safe?

be visibly clean and tidy. The lead nurse was the infection control lead and liaised with the local infection prevention teams to keep up to date with best practice. All staff had received training in infection control and regular refresher training to keep them updated. There was an infection control protocol in place for staff to follow. An infection control audit was carried out annually; any actions identified were addressed. The latest audit was dated April 2016 and had been carried out by an NHS specialist; it included one action. The lead nurse described how they had made the necessary improvement. Each clinical room included a tick list of cleaning that should be carried out by the member of staff who used the room. The lead nurse told us they carried out regular visual checks of the practice and shortfalls were reported to the cleaning company. There was a cleaning schedule in place and a rota system for steam cleaning chairs and carpets. The branch practice was subject to the same levels of hygiene auditing.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Patients who received high risk medicines such as; methotrexate and warfarin were monitored at recommended intervals through by blood test results and health reviews to check that the medicine dosage remained appropriate. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Practice staff had access to written policies and procedures in respect of safe management of medicines and prescribing practices. When hospitals requested a change to a patient's prescription, the changes were made by administration staff and these were checked by a GP for accuracy before the prescription was issued to the patient.
- The practice had a GP lead for prescribing and had employed a pharmacist who carried out a range of audits to promote appropriate prescribing. Regular meetings were held that gave GPs the opportunity of being informed of any national or local changes in

prescribing and ensuring prescribing consistency throughout the practice. The lead GP had worked with the pharmacist linked to three care homes and reviewed the prescribing for those patients. The lead GP told us that the fourth care home had not yet been audited.

- We reviewed five personnel files including two GPs a practice nurse, a health care assistant (HCA) and a bank receptionist and found 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 DBS checks. We saw that appropriate checks were carried out when the practice used locum GP cover and that a role specific induction was provided.
- There were systems in place to ensure test results were received for all samples sent for analysis and the practice followed up patients who were referred as a result of abnormal results. These were checked each day by the duty GP.

### Monitoring risks to patients

- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. Regular environmental risk assessments were carried out to ensure the premises were safe for patients and staff. A fire safety risk assessment had been carried out and staff carried out regular fire drills and weekly fire alarm testing.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), clinical waste and legionella. (Legionella is a term used for particular bacteria which can contaminate water systems in buildings).
- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated and tested in accordance with the supplier's instructions.
- Staff carried out regular risk assessments of the premises to protect patients, staff and other people from unnecessary risks. We saw recordings where changes had been made to promote safety.



## Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. GPs used locum GPs to cover when they were on leave. There was an induction pack that was role specific and appropriate for locum GP. Nurses worked extra or longer sessions to cover for each other and arranged patient appointments accordingly. Reception staff helped each other and there were three additional staff members that could be drawn upon when needed.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks and these were checked regularly.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of this were held off site to eventualities such as loss of computer and essential utilities.

### **Arrangements to deal with emergencies and major incidents**

- All clinical and non-clinical staff received annual basic life support training.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Practice staff carried out assessments and treatment in line with NICE best practice guidelines.

- Staff had access to up to date NICE and local guidelines and used this information to deliver care and treatment that met patients' needs.
- Clinical staff monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- An enhanced service included detailed assessments of patients who presented with memory problems. This ensured timely diagnosis of dementia and appropriate support plans to promote improved life styles. The patients of all unplanned hospital admissions were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- Monthly multidisciplinary meetings were held with MacMillan nurses and district nurses present. Patients who received palliative (end of life) care were discussed and where necessary changes made to suit their needs and provision of seamless care. Patients who had a range of illnesses were also discussed.
- Two practice GPs and a district nurse attended the weekly Pro-Active Care (PAC) team meetings. Patients who were at risk were discussed at these meetings in order to manage their care and to offer additional support to enable them to manage their care needs in their own home.
- One GP and a senior nurse practitioner had received training in the care of patients who had a learning disability. When patients attended for their annual health checks they had a 30 minute appointment so that all of their needs could be assessed. There were 64 patients on the register who had a learning disability and all had received their annual health check.
- The practice funded a specialist nurse for diabetes who worked at the practice one day per week. They saw patients who had complex needs and worked alongside the practice nurse who was responsible for reviews of patients who had diabetes. This method of practice assisted the practice nurse in maintaining their knowledge and skills.
- Nurse meetings were held monthly with the health care assistants (HCA) in attendance. The agenda items included clinical aspects of care and where changes could be made to improve the operational aspect of the practice. Other meetings were held, one of which was to discuss wound care patients to ensure they received up to date and appropriate treatment.
- The practice had four blood pressure monitoring machines for patients to take away with them for 24 hour monitoring for clinicians to assess their health needs. The practice had purchased a Doppler for use by nurses and health care assistants (HCA) following training for wound assessment. This meant that patients received up to date and appropriate wound care.
- Senior staff were engaging with the Nene Clinical Commissioning Group (CCG) and staff were actively striving to make on-going improvements. Clinical staff attended the monthly meetings to discuss ways of improving patient care. For example, how the skill mix could be altered to include pharmacists to improve patient care.
- Clinical staff were working with two other practices to identify ways of improving patient care. One of the current initiatives involved improved care for patients who had long-term conditions.
- The practice was involved with two clinical pilots, one introduced by the CCG and the other by NICE. One involved use of an extra tool for assessing patients who had asthma. So far the results indicated that there was scope to improve the effective diagnosis of some patients. There were 906 patients who had been diagnosed with asthma. The results of the pilot were to be published in January 2017. The other pilot concerned assessments of patients who presented with a cough and determining if antibiotics were required. Nurse practitioners commented that the pilot provided them with positive assistance.
- A search was carried out for the number of children up to the age of five years who had attended A&E and it was noted that a large proportion who did not have English as their first language. In response staff developed a



# Are services effective?

## (for example, treatment is effective)

booklet in several languages that provided parental advice on how to manage childhood acute illnesses and fevers. This had led to a decrease in A&E attenders for minor childhood ailments.

- The Patient Participation Group (PPG) held annual 'raising health awareness' sessions. A PPG is a group of patients who represent the views of patients and work with practice staff to improve services and the quality of care. Other agencies were invited to attend such as; Age UK, the stop smoking team and a CCG pharmacist. A GP partner told us that although there was not a large attendance at these sessions there had been some positive outcomes. For example, one event resulted in identification of seven patients who required rehabilitation for chest conditions, seven were referred to the stop smoking team and four patients were followed up by practice nurses.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

Comparisons were also made with the local Clinical Commissioning Group (CCG). QOF data published in January 2016 showed the practice was performing in line with CCG and national averages;

- The review rate for dementia was 90% which was 4% above the CCG average and 3% above the national average. The practice exception reporting rate was 3% compared with 8% for the CCG and 6% nationally.
- The review rate for patients who had depression was 100% which was 4% above the CCG average and 8% above the national average. The practice exception rating was 11% compared with the CCG average of 24% and the national average of 25%.
- Performance for asthma related indicators was 81% which was 6% above both the CCG and the national average. The practice exception reporting rate was 6% compared with 6% for the CCG and 8% nationally.

- Performance for patients with a learning disability was 100% which was the same as the CCG and national averages. There was no practice exception reporting rate.
- Performance for heart failure was 100% which was 1% above both the CCG average and 2% above the national average. The practice exception rating was 11% compared with the CCG average of 10% and the national average of 9%.
- Performance for palliative (end of life) care was 100% which was 1% above the CCG average and 2% above the national average. There was no practice exception reporting rate.
- The percentage of patients with hypertension having regular blood pressure checks was 100% which was 2% above both the CCG and national averages. The practice exception reporting rate was 4%; this was the same as the CCG and national averages.

The practice overall QOF achievement for 2014-2015 was 99% compared with 97% CCG average and 95% national average.

We asked clinical staff why some exception ratings were above 10%. A GP told us that due to the complex needs of some care home patients and other patients it was not always possible to carry out reviews for long-term conditions. There had also been some coding errors identified. The GP provided us with an example of a coding error and told us that this problem was being addressed with respective clinical staff.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improved patient care. We saw that audits had been repeated (some more than once) to evidence that improvements made had been sustained and where necessary further changes made. For example:

- Clinical staff had undertaken an audit regarding atrial fibrillation (irregular heart beat) and the most appropriate prescribing dosage. All patients' notes were reviewed and data collected June 2015 and April 2016. This resulted in a mixture of 15 and 30 minute appointments depending on complexity and the introduction of visits to patients who were unable to access the practice. The report indicated that a further audit would be carried out six months later.



# Are services effective?

## (for example, treatment is effective)

- Another audit concerned prescribing of a specific medicine. As a result prescribing had been improved for 15 out of 45 patients. Any new patients identified were flagged (by computer alert) to be seen by a GP.
- An audit of antibiotics conducted in 2014-2015 was repeated for 2015-2016 for patients aged 18 to 75 years. The audit employed an analyser tool to ensure that only patients who needed antibiotics were prescribed them. The second audit identified a reduction in prescribing of 11% compared with the result of the initial audit.
- Further audits for gestational diabetes (diabetes in pregnancy) were carried out in August 2013 and May 2016. The outcomes showed improved patient care for this condition and a system was developed for the re-call of patients at a later date to check that they had not developed diabetes as a long-term condition.
- The practice pharmacist ensured that prescribing was in line with national and local formulary and carried out searches for patients with Atrial Fibrillation to ensure they had been signposted to appropriate clinics. They checked that infant formula was appropriately prescribed and that where necessary referrals had been made.

During the last twelve months prior to our inspection clinical staff had completed two first cycle audits and nine second cycle audits. We found that the standard of the audits were detailed, clear and evidenced on-going improvements in patient care.

### Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. This included a dedicated induction for locum GPs. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, policies and procedures and confidentiality.
- The practice had a training programme in place and extra courses were provided that were relevant to specific roles. Staff told us they were encouraged and supported in enhancing their skills. For example, a health care assistant (HCA) was undertaking training to achieve a certificate in Direct Care Level and a practice

nurse was undertaking mentorship training. Staff who administered vaccines could demonstrate how they stayed up to date with changes of the immunisation programmes.

- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. They told us they could ask for additional support at any time. All staff had received an appraisal within the last 12 months.
- The practice held monthly protected learning time when all staff discussed clinical issues, safeguarding, patient care and operational matters. They invited speaker to these events to talk about specific health conditions and other aspects of care and treatments related to primary care. These contributed to staff knowledge and skills.
- Staff received training that included: infection control, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient leaflets were available.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services and the out of hours care team. Two week referrals were monitored by staff to ensure that patients received a timely response. Non-clinical staff developed a monthly report and sent a copy to GPs so that actions could be taken if delays were evidenced.
- Staff worked together and with other health and social care professionals to understand and meet the range



# Are services effective?

## (for example, treatment is effective)

and complexity of patients' needs in an appropriate and timely way. Care plans were in place for patients who had complex needs and these were regularly updated. The assessments and care planning included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis.

### Consent to care and treatment

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

- All staff had received training in the Mental Capacity Act (MCA) 2005. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions. Parents and children we spoke with confirmed that clinical staff spoke with children appropriately and treated them as individuals.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities with legislation and national guidelines. Signed consent was obtained from patients prior to minor surgery and the possible complications had been explained to patients before they signed.

### Supporting patients to live healthier lives

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

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on

smoking and alcohol cessation. All eligible patients who attended the practice had received advice on obesity and there was a dedicated session for this service. Patients were signposted to relevant services.

- Patients who had long-term conditions were contacted to remind them when their health checks were due.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The practice's uptake for the cervical screening programme was 78%; both the CCG and national averages were 82%. The practice exception rating was 3% compared with 7% for the CCG average and 6% for the national average.
- Letters for patients who had a learning disability were in easy read format to assist them in understanding the need for their health check. Patients who failed to attend for their appointments were contacted advising them of the importance in attending.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published January 2016 told us that;
  - 77% of female patients had attended for breast screening during a 36 month period, which was the same as the CCG average and 5% above the national average.
  - 61% of patients had undergone bowel screening in the last 30 month period, compared with 60% CCG average and 58% national average.
- Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99%, the CCG average was from 88% to 98%. Immunisations for five year olds were from 91% to 96%, the CCG average was from 94% to 97%.



## Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and the NHS health checks for patients aged 40–74 years. From July 2015 to June 2016 178 patients had received health checks which equated to 21% of the

eligible population. Staff changes had been made to increase capacity and opportunistic health checks were carried out. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that the doors of clinical rooms were kept closed during consultations.
- Reception staff told us they responded when patients wanted to discuss sensitive issues or appeared distressed by offering them a private room to discuss their needs.
- The eight patients we spoke with and the two PPG members were complimentary about the way in which all staff communicated with them.
- All of the 47 patient comment cards we received were positive about the service they received and about how staff liaised and kept patients informed.
- Throughout our inspection we observed how staff responded to patients and saw they were treated with respect at all times. We saw that staff were friendly and helpful. Patients told us that staff provided either a good or an excellent service.

Results from the National GP Patient Survey published in January 2016 showed how patients felt about how were treated regarding compassion, dignity and respect. The practice was comparable with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 85% of patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 89% of patients said the nurse was good at listening to them compared to the CCG average of 91% and national average of 91%.
- 97% of patients said they had confidence and trust in the last nurse they saw or spoke with compared to the CCG average of 97% and national average of 97%.
- 90% of patients said the last nurse they spoke with or saw was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

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

Results from the National GP Patient Survey published January in 2016 showed how patients felt about their involvement in planning and making decisions about their care and treatment. Some results were below local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

We spoke with eight patients, two Patient Participation Group (PPG) members and reviewed 47 comment cards on the day of our inspection. All confirmed that patients felt involved with decisions about their healthcare and treatment. Patients spoke positively about the way that GPs and nurses explained their condition and the options available to them about their care needs.

We saw a range of health promotion advice and leaflets about long term conditions were in the waiting area that provided patients with information and support services they could contact.



## Are services caring?

The practice leaflet provided information about the operations of the practice and the practice website provided information on how to treat minor ailments.

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

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations including a bereavement service. GPs offered relatives/ carers support and if necessary an appointment was offered or a home visit and referral to a counselling service. The practice manager told us that if family members contacted the practice for an appointment that they would always be accommodated.

The practice's computer system alerted GPs if a patient was also a carer. The practice had 368 registered carers which equated to 3% of the practice population. Carers were identified from the registration questionnaire, by looking at

patient's records and from the dedicated notice board that gave advice about what constituted a carer. There were information packs available in reception for carers to take away with them. The information pack included information about the additional services that were provided such as; flu jabs, health checks, support groups and advice. It contained details about the Northamptonshire Carers Association and the name of the practice lead and their contact details. We spoke with the lead who told us they carried out searches for carers and maintained telephone contact with them to provide advice. They said that 146 carers had been referred to the Northamptonshire Carers Association. They also told us they were in the process of identifying any young carers aged between five and 17 years. The carers pack included support services that were available for young carers including social activities. The practice website included a wealth of information about carers. The Northamptonshire Carers Association had given the practice a bronze award followed by a silver award in January 2016.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found that practice staff were responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and arrangements were in place to address the identified needs of patients. Many services were provided from the practice such as; diabetic clinics, ante natal care and weight control advice. Services were planned and delivered that took into account the differing needs of patient groups. For example:

- All requests for same day appointments were triaged to ensure that a face to face appointment was necessary and to determine if they needed to be seen by a nurse practitioner or a GP.
- There were longer appointments available for people with a learning disability and patients with other long-term conditions.
- Urgent access appointments were available for children and those with serious or complex medical conditions. These patients were seen on the day even if the clinical sessions were fully booked.
- Patients received text messages to remind them of their pending appointment.
- Home visits were available for elderly patients and those who were unable to access the practice.
- A GP partner had commenced anticoagulation clinics at the practice. District nurses carried out the blood tests for patients who were unable to access the practice. The GP told us they had started to go out to see patients to provide the service in their own homes.
- Regular meetings took place to discuss and plan care for vulnerable patients and those with complex needs.
- Patients who were at risk of unplanned admission to hospital were closely monitored.
- Easy read letters and leaflets including how to make a complaint were available for patients who had a learning disability to enable their understanding.
- There were facilities for patients with a disability, a hearing loop and translation services available.

- The practice leaflets provided a wealth of information and advice about minor conditions.
- Clinical staff paid particular attention to the needs of carers including their access for appointments.
- A designated GP made weekly visits to three assigned care homes and another where registered patients resided to assess their health needs. This provided continuity of care and cemented relationships with care homes staff.

### Access to the service

The practice was open from 8am until 6.30pm every weekday.

Appointments times varied between GPs:

- From 8am to 8.30am until 11.45am
- From 2pm to 2.30pm until 5.30pm.

Extended hours were:

- From 8am until 11.30am each Saturday by pre-booked appointment. This session was provided by a GP and a practice nurse or health care assistant (HCA) who carried out health checks.

The branch practice:

- Opening hours were from 8am until 12.30pm weekdays.
- All registered patients could access either site.

There was a duty GP on duty each day for dealing with urgent requests and documents received from other health providers to ensure that action was taken for those patients those who required it.

Results from the National GP Patient Survey published January 2016 showed that patients' were not satisfied with how they could access care and treatment compared with local and national averages. For example:

- 62% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 38% of patients said they were able to get an appointment to see or speak with someone last time they tried compared to the CCG average of 54% and the national average of 59%.



# Are services responsive to people's needs?

(for example, to feedback?)

- 63% of patients described their experience of making an appointment as positive compared to the CCG average of 73% and national average of 73%.
- 74% reported they were satisfied with the opening hours compared to the CCG average of 75% and national average of 75%.

As a result of this data the practice conducted an in-house patient survey dated December 2015. A practice meeting was held, the results discussed and an action plan developed in January 2016. The practice was actively advertising to recruit a GP to increase the number of clinical sessions. All vulnerable and patients with complex needs were to be prioritised for appointments. Staff created a system for reducing the number of patients who failed to attend for their appointments and we saw that the numbers had reduced. Patients were to be informed when clinics were running behind schedule and the system for telephone consultations had been reviewed. The practice manager told us that the appointments system was monitored daily and if there was a problem with patient access GPs converted their weekly administration session to a clinical session.

Work had been carried out in identifying ways of reducing the number of patients who failed to attend for their appointments. Staff ensured they had up to date mobile phone numbers and patients were sent text reminders about their appointments. Patients who failed to attend a number of times were contacted by phone and asked if they still needed their booked appointment. Notices were displayed in the practice advising patients of the need to attend. From October 2015 to January 2016 there had been 966 non-attenders. This equated to a 40% reduction.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website, in the practice leaflet and at reception.

- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to and was available in five languages. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint. There was a named lead for dealing with complaints.
- The practice kept a complaints log and there had been 21 formal complaints received from April during 2015 to March 2016.
- We saw that complaints had been dealt with in an effective and timely way. Explanations were given to patients. For example, a patient complained that they had been misdiagnosed. This was investigated and a co-ordinated response was sent to the patient explaining that the process taken in reaching the diagnosis.
- Complaints were discussed with staff during meetings to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. Complaints were reviewed regularly during staff meetings to ensure that appropriate actions had been taken.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

Senior staff had a vision to deliver quality care and promote positive outcomes for patients. There was a statement of purpose with clear aims and objectives which staff understood.

- Senior staff had considered the needs of the future. Senior staff had commenced negotiations with two local practices in consideration of a merger. The main purpose of this was to achieve improved patients care and outcomes.
- The drive to recruit another GP was on-going and the increase of the number of clinical sessions.

### Governance arrangements

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

- There was a staffing structure in place and staff were aware of their own roles and responsibilities. Clinical staff had allocated lead roles and had received relevant training for them.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals disseminated best practice guidelines and other information.
- A range of meetings were held throughout the practice and the minutes of these shared with other staff to ensure that a streamlined service was provided to patients. It was an opportunity to suggest improvements such as; changing the seven minute appointment to 12 minutes to allow time to fully inform patients.
- Practice specific policies were implemented and were available to all staff.
- Clinical staff had an understanding of the performance of the practice and an action plan had been implemented to improve performance.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Clinical audits were undertaken to improve and monitor quality of patient care.
- A GP acknowledged that improvements in patient coding for long-term conditions were in progress.

All staff spoken with had a comprehensive understanding of the governance arrangements and performance of the practice. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and practice manager.

### Leadership and culture

On the day of the inspection the GP partners demonstrated they had the experience, capacity and capability to run the practice to promote high quality care. .

- They prioritised safe, high quality care. All staff we spoke with during the inspection demonstrated that they made positive contributions towards a well- run practice. On-going service improvements and compassionate care was provided. The partners were visible in the practice and staff told us they were approachable at all times and encouraged honesty.
- Staff were aware of the requirements within the Duty of Candour and clinical staff encouraged openness and honesty. We saw an example where this had been complied with when communicating with a patient.
- The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents practice staff gave affected people reasonable support, information and if necessary, written apology.

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

The practice encouraged and valued feedback from patients, the public and staff.

- Staff proactively sought patients' feedback and engaged patients in the delivery of the service. It had gathered feedback from patients through the Patient

# Are services well-led?

Good 

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

Participation Group (PPG) and through surveys and complaints received. A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care.

- There was an active PPG which met regularly and liaised with senior staff between these times. PPG members said they felt the staff listened to them and that changes would be facilitated whenever practicable. For example, a request was made to reduce the pre-bookable appointments from six weeks to four weeks until an improved appointments system could be implemented. The practice manager told us they had made the change and was about to revert it because there had been improvements made.

- Information was gathered from patients and staff through meetings and appraisals about issues, concerns or where improvements could be made. The PPG members were kept informed about the practice and they channelled the view of patients back to practice staff.

## **Continuous improvement**

There was focus on continuous learning and improvement at all levels within the practice. Discussions were in progress through meetings about how they would implement the proposed Nene Clinical Commissioning Group (CCG) model of caring strategy.