

Coseley Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously inspected Coseley Medical Centre on 6 October 2016. As a result of our inspection visit, the practice was rated as requires improvement overall with a requires improvement rating for providing effective and responsive services; this was because we identified some areas where the provider should make improvements. The practice was rated good for providing safe, caring and well led services.

We carried out an announced comprehensive inspection at Coseley Medical Centre on 30 August 2017. This inspection was conducted to see if improvements had been made following the previous inspection in 2016. You can read the reports from our previous inspections, by selecting the 'all reports' link for Coseley Medical Centre on our website at www.cqc.org.uk.

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

- There were processes in place for formally reporting incidents and systems ensured compliance with the requirements of the duty of candour. Significant events and complaints were discussed with all staff and reflected on during practice meetings.
- The practice operated effective prescribing systems. We saw that patients prescribed high risk medicines were regularly monitored and reviewed. Prescribing was well monitored and audits were conducted to drive improvement in prescribing and to ensure adherence to best practice guidelines.
- In addition we saw that the practice nurses administered vaccines using patient group directions (PGDs) and patient specific directives (PSDs) were in place to support health care assistant's role when administering vaccinations. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions signed by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

Summary of findings

- During our most recent inspection we found that the practice had improved their audit programme overall, audits were repeated and action plans were produced to monitor improvements. In addition to clinical audits we saw that the practice regularly audited their processes and systems to ensure good governance.
- The practice had signed up to pilot the Dudley clinical commissioning group's long term condition framework; Dudley Quality Outcomes for Health (DQOFH). DQOFH data for August 2017 indicated that practice performance was in the top threshold for most areas of clinical care.
- The results from the most recently published national GP patient survey highlighted that some responses

were below local and national averages, specifically in relation to telephone access. Although we noted some improvements in this area, at the point of our inspection we found that the practice were yet to be able to demonstrate sustained improvement and improved satisfaction.

The areas where the provider should make improvement are:

- Continue to explore ways to improve satisfaction rates with regards to access.

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?

At our previous inspection on 6 October 2016, we rated the practice as good for providing safe services. The practice is still rated as good for providing safe services.

Good



- There were processes in place for formally reporting incidents and systems ensured compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Significant events were discussed with all staff and reflected on during practice meetings.
- The practice had effective safeguarding systems and processes in place to protect patients. The practice's GP safeguarding lead attended regular safeguarding meetings and we saw minutes of meetings to demonstrate that the practice regularly engaged with the health visitors.
- The practice nurses administered vaccines using patient group directions (PGDs). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We also saw evidence to support that legal patient specific directives (PSDs) were in place to support health care assistants' role when administering vaccinations, such as flu vaccines. PSDs are written instructions signed by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- There was an effective system in place for the prescribing and monitoring of high risk medicines. We saw that patients prescribed high risk medicines were regularly monitored and reviewed.

Are services effective?

At our previous inspection on 6 October 2016, we rated the practice as requires improvement for providing effective services. We noted improvements during our most recent inspection and therefore the practice is now rated as good for providing effective services.

Good



- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. During our

Summary of findings

most recent inspection we found that the practice had improved their audit programme overall, audits were repeated and action plans were produced to embed and drive improvements.

- Multidisciplinary team (MDT) meetings and palliative care meetings took place on a regular basis. Vulnerable patients and patients with complex needs were regularly discussed during the meetings.
- We saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews.
- The practice had signed up to pilot the Dudley clinical commissioning group's long term condition framework; Dudley Quality Outcomes for Health (DQOFH). DQOFH data for August 2017 indicated that practice performance was in the top threshold for most areas of clinical care.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. The practice also reviewed their patient's attendances at the local Accident and Emergency departments and had achieved some of the lowest A&E admission rates in the CCG (clinical commissioning group) area.

Are services caring?

At our previous inspection on 6 October 2016, we rated the practice as good for providing safe services. The practice is still rated as good for providing caring services.

- We saw that staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.
- Since our previous inspection we found that the practice's carers register had increased from 90 to 99 carers; this was 1% of the practice's overall list. The practice team were working on ways to capture more carers so that they were supported. For instance the practice had implemented a board behind the reception area where staff could track and monitor each time they identified a carer.
- The practice offered health reviews and flu vaccinations for anyone who was a carer. There was a carer's corner located in the waiting area with a carer's board that displayed a range of

Good



Summary of findings

supportive information for carers. There were also carer's packs in place which carers could take away; we saw that carers were signposted to other services, carer's networks and supportive charities.

- We found that results from the most recently published national GP patient survey were below local and national averages in response to questions about care. The practice had implemented some actions to improve this, for example survey results were reflected on in practice so that areas such as communication and listening skills could be improved. We also saw that the practice had purchased a customer service booklet for staff to use as a reflective learning tool and the practice manager was also in the process of scheduling regular one to one's with staff to help with any learning needs.
- Most of the comments provided by patients during our inspection were positive, indicating that patients were satisfied with the care provided by the practice and that their dignity and privacy was respected. During our inspection we also saw several cards provided by patients, carers and families which provided positive comments and thanks to staff for their care and treatment over the years.

Are services responsive to people's needs?

At our previous inspection on 6 October 2016, we rated the practice as requires improvement for providing responsive services. This was because the latest results from the national GP patient survey (published in July 2016 at the time) highlighted low satisfaction rates with regards to access. We noted some improvements during our most recent inspection however the practice were yet to be able to demonstrate sustained improvement and improved satisfaction therefore the practice is still rated as requires improvement for providing responsive services.

- The practice offered a range of clinics including chronic disease clinics, post-natal clinics and child immunisations, as well as counselling services, health screening and phlebotomy for blood tests which were available twice a week
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online. The practice also used text messaging appointment reminders to remind patients of their appointments.

Requires improvement



Summary of findings

- The practice had aids to improve communication including a hearing loop and translation services. The practice had facilities in place for disabled people and for people with mobility difficulties.
- The results from the most recently published national GP patient survey highlighted that some responses were below local and national averages, specifically in relation to telephone access. To improve access the practice was offering a new seven day opening service, this was being offered in conjunction with four other general practices within the locality. The practice was also opening from 8am to 8pm for one week every four weeks. Although we noted some improvements in this area, at the point of our inspection we found that the practice were yet to be able to demonstrate sustained improvement and improved satisfaction.
- To improve telephone access the practice was working towards a target to increase online registrations and we also noted that the practice had changed their telephone answer phone message so that patients could dial a specific number for repeat medication requests and for appointment bookings.

Are services well-led?

At our previous inspection on 6 October 2016, we rated the practice as good for providing safe services. The practice is still rated as good for providing well-led services.

- Policies and documented protocols were well organised and available in hard and electronic formats. We saw that risk was formally assessed and well managed across areas such as health, safety and infection control.
- In addition to clinical audits we saw that the practice regularly audited their processes and systems to ensure good governance.
- There was a clear staffing structure in place at the practice. Staff had defined roles and there were lead roles across a number of areas such as safeguarding, infection control and fire safety. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.
- During our inspection staff spoke positively about working at the practice, staff demonstrated a commitment to providing a high quality service to patients. As part of our inspection the

Good



Summary of findings

practice provided feedback from other health and social care providers that worked closely with the practice, feedback described the practice positively and demonstrated good joint working relationships.

- There was an active patient participation group (PPG). The PPG supported the practice across areas such as patient surveys and independent audits to improve access. The practice had also produced news articles for a local magazine; we saw that the practice used this to offer health promotion and education on health and screening programmes.

Summary of findings

The six population groups and what we found

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

Older people

Good



- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice cared for a number of patients in local residential homes. The practice regularly attended the homes to care for patients, carry out health checks and to provide immunisations where needed.
- Immunisations such as flu and shingles vaccines were also offered to patients at home, who could not attend the surgery.
- Patients received continuity of care with a named GP and a structured annual review to check that their health and medicines needs were being met.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged over 75. The practice also offered annual reviews to patients aged 65 and over.

People with long term conditions

Good



- We saw evidence that multidisciplinary team meetings took place on a regular basis and that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.
- DQOF data for August 2017 highlighted that since April 2017, 65% of the practice's patients on the diabetes register had a blood sugar reading which showed that their condition was being controlled appropriately. However the practice was aware of this and was continuing to work through their call and recall system. The practice was also in the process of planning to develop a Diabetes education programme in conjunction with a local residential home.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were at high risk of admission to hospital had personalised care plans in place.

Summary of findings

Families, children and young people

Good



- The practice operated an effective system for scheduling childhood immunisations and ensuring appropriate actions were taken if immunisation appointments were missed or risk factors identified. The practice regularly engaged with the health visitor.
- 2015/16 childhood immunisation rates for the vaccinations were above CCG and national averages. In addition, more recent practice data indicated that childhood immunisation rates for the year so far were above CCG and national averages. For instance quarterly data for January and April 2017 highlighted that over 90% of children aged one had received the full course of recommended vaccines.
- The practice offered urgent access appointments for children, as well as those with serious medical conditions.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 80%, compared to the CCG average of 77% and national average of 81%. More recent data provided by the practice on the day of our inspection indicated that the practice's cervical screening uptake was at 75% and no patients had been exception reported.

Working age people (including those recently retired and students)

Good



- Patients could book appointments over the telephone, face to face and online.
- The practice was offering a new seven day opening service; this was being offered in conjunction with four other general practices within the locality. The practice was also opening from 8am to 8pm for one week every four weeks.
- Patients who may be in need of extra support were identified and supported by the practice. This included patients requiring advice on their diet, smoking and alcohol cessation.
- Patients had access to appropriate health assessments and checks, including health checks for new patients and NHS health checks for people aged 40–74.

People whose circumstances may make them vulnerable

Good



- There were facilities in place for people with a disability and for people with mobility difficulties. There were hearing loop and translation services available.

Summary of findings

- The practice offered annual reviews and flu vaccinations for vulnerable patients including carers and patients with a learning disability. Vulnerable patients were regularly reviewed and discussed as part of the multidisciplinary team (MDT) meetings to support the needs of patients and their families.
- The practice actively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances.
- The practice also supported patients by referring them to a gateway worker who provided counselling services on a weekly basis. In addition to counselling services, patients were supported to make use of the local Dudley talking therapies.

People experiencing poor mental health (including people with dementia)

Good



- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia. Patients with complex needs and patients experiencing poor mental health were regularly discussed during MDT meetings.
- DQOFH data for August 2017 indicated that 88% of the practice's patients with a diagnosis of severe mental illness had received a cardiovascular disease risk assessment in the last 12 months. This placed the practice in the top 25% of local practices for this specific area of care.
- We noted that the practice's dementia register had increased since our previous inspection as the practice was focussing on identifying patients at risk of developing dementia to ensure they were offered the care and treatment they needed. We saw that the practice had purchased a staff booklet from the Alzheimer's Society to coach staff on how to apply good customer care when supporting patients with dementia. In addition, there were plans in place to host a dementia café in conjunction with the Alzheimer's Society in October 2017.
- DQOFH data for August 2017 highlighted that 94% of patients diagnosed with dementia had been referred to a memory assessment service.

Summary of findings

- The practice had purchased comprehensive dementia friendly care planning packs which were sourced through the Alzheimer's Society. At the point of our inspection the practice was in the initial stages of the project and was planning to start a new programme of recalls to start the process.
- The practice was also in the process of recruiting an in-house counsellor to offer services such as Cognitive behavioural therapy (CBT). This was in addition to the current counselling services provided in the practice and support services such as Integrated Plus which were also used appropriately to support people experiencing poor mental health.

Summary of findings

What people who use the service say

The practice received 106 responses from the national GP patient survey published in July 2017, 265 surveys were sent out; this was a response rate of 40%. The results highlighted that the practice's responses were below local and national averages across some areas of the survey. For example:

- 25% found it easy to get through to this surgery by phone compared to the CCG average of 67% and national average of 71%.
- 69% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 84%.
- 50% described the overall experience of the practice as good compared to the CCG average of 71% and national average of 73%.

- 51% said they would recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 75% and national average of 77%.

We spoke with four patients on the day of our inspection, including a member of the patient participation group (PPG). Most comments were positive, indicating that patients were satisfied with the care provided by the practice. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 completed CQC comment cards and most of the comment cards were positive about the care provided at the practice.

Areas for improvement

Action the service **SHOULD** take to improve

Continue to explore ways to improve satisfaction rates with regards to access.

Coseley Medical Centre

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 specialist adviser, a second CQC inspector and a CQC Primary Medical Services Directorate Support Team Leader.

Background to Coseley Medical Centre

Coseley Medical Centre is a long established practice located in the area of Coseley, in the West Midlands. There are approximately 6,700 patients of various ages registered and cared at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes three male GP partners, an advanced nurse practitioner, two practice nurses and a health care assistant. The GP partners and practice manager form the management team and they are supported by a team of 11 support staff who cover reception, secretarial and administration roles. One of the practice's long term GP partners had been away from the practice

due to a period of long term absence; we saw that patients have been kept informed with regards to the GPs absence through the practice notice board and on the practice's website.

- The practice is open for appointments between 8am and 6:30pm during weekdays. Appointments with the GPs are available from 9am to 11:30am and then from 4:30pm until 6:30pm. There is a GP on call between 8am and 9am and also between 11:30am and 4:30pm. Appointments with the advanced nurse practitioner, practice nurses and health care assistant were available at various times during the day.
- Patients can also access appointments on Saturdays between 9am and 12pm and on Sundays between 9am and 11am at this practice, every four weeks. In addition, patients can access weekend morning appointments at the other four practices within the locality through the seven day opening service which operates on a rotational basis.
- Patients can also access evening appointments at the practice between 6:30pm and 8pm for a one week period every four weeks.

The practice also had arrangements to ensure patients received urgent medical assistance when the practice was closed during the out-of-hours period.

Why we carried out this inspection

We previously inspected Coseley Medical Centre on 6 October 2016. As a result of our inspection visit, the practice was rated as requires improvement overall with a requires improvement rating for providing effective and responsive services; this was because we identified some areas where the provider should make improvements. The practice was rated good for providing safe, caring and well led services.

We carried out an announced comprehensive inspection at Coseley Medical Centre under Section 60 of the Health and

Detailed findings

Social Care Act 2008 as part of our regulatory functions, on 30 August 2017. This inspection was conducted to see if improvements had been made following the previous inspection in 2016. This inspection was conducted to see if improvements had been made following the previous inspection in 2016. The inspection was also 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 provider under the Health and Social Care Act 2008 and associated regulations.

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)

The inspection team:

- Reviewed information available to us from other organisations such as NHS England
- Reviewed information from CQC intelligent monitoring systems
- Carried out an announced inspection on 30 August 2017
- Spoke with staff and patients
- Reviewed patient survey information
- Reviewed the practice's policies and procedures

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data and any reference to the local quality framework (Dudley Quality Outcomes for Health), this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 6 October 2016, we rated the practice as good for providing safe services. The practice is still rated as good for providing safe services.

What we found at this inspection in August 2017

Safe track record and learning

Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. There were processes in place for formally reporting incidents. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. During our most recent inspection we saw records of eight significant events. Records outlined actions taken and lessons learnt in response to significant events. We saw that the practice strengthened their premises security procedures following a near miss event. We saw minutes of meetings which demonstrated that significant events were also discussed with staff as a standing agenda item.

Overview of safety systems and processes

- Safety and medicines alerts were disseminated by the practice manager. In addition, the clinicians and the practice's two pharmacists from the CCG (clinical commissioning group) had also signed up to receive the alerts directly. We discussed examples of recent alerts and we saw that action was taken where necessary. For instance, the practice had stopped prescribing antiviral medicines on an FP10 prescription form for the treatment and prevention of influenza, in line with a recent alert from the Department of Health.
- We looked at five staff files, including recruitment records for a locum GP who provided locum support on a weekly basis. The files showed that appropriate recruitment checks had been undertaken prior to employment such as; proof of identity, references, qualifications and registration with the appropriate professional body and Disclosure and Barring Service (DBS) checks. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Notices were displayed to advise patients that a chaperone service was available if required. The practice nurses and the healthcare assistant would usually act as chaperones however the reception team were able to chaperone if needed. We saw that DBS checks were in place for members of staff who chaperoned and all of them had received chaperone training.
- We saw that the practice's safeguarding policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP who was named as the lead member of staff for safeguarding. They attended regular safeguarding meetings and we saw minutes of meetings to demonstrate that the practice regularly engaged with the health visitors. The practice provided reports where necessary for other agencies. Staff we spoke with demonstrated that they understood their responsibilities and had received the appropriate level of safeguarding training relevant to their role.
- One of the practice nurses was the infection control lead. There was an infection prevention control protocol in place and we saw records of completed infection control audits. Staff had received infection control training and the training was also incorporated in to the induction programme for new staff members.
- We observed the premises to be visibly clean and tidy and we saw that cleaning specifications were in place. The practice kept records to support that medical equipment was frequently cleaned. We saw calibration records to ensure that clinical equipment was checked and working. Staff had access to personal protective equipment including disposable gloves, aprons and coverings.
- There was a policy in place for needle stick injuries and conversations with staff demonstrated that they knew how to act in the event of an incident. The vaccination fridges were secure, vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance. During our inspection we found that two unopened boxes of a specific vaccine had expired, staff explained that they were no longer using this type of vaccine and that they were due to be appropriately disposed of. On further investigation the practice also found that some of the vaccines within the packaging had conflicting dates

Are services safe?

printed on them and some had not exceeded the expiry dates, members of the management team recorded this and appropriately raised the matter with the vaccination manufacturer.

- The practice used an electronic prescribing system and across the practice, prescription stationery was securely stored. All prescriptions were reviewed and signed by a GP before they were given to the patient. There was an effective system in place to monitor and track prescription stationery. Uncollected prescriptions were also effectively managed; they were checked on a regular basis, reviewed by the GP and the practice also liaised with the local pharmacy before securely disposing of any uncollected prescriptions, where appropriate.
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. We saw evidence to support that legal patient specific directives (PSDs) were in place to support health care assistants role when administering vaccinations, such as flu vaccines. PSDs are written instructions signed by a prescriber, for medicines to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- There was an effective system in place for the prescribing and monitoring of high risk medicines. We saw that patients prescribed high risk medicines were regularly monitored and reviewed.

Monitoring risks to patients

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

- There was a health and safety policy in place and the practice had a range of formal risk assessments in place to demonstrate how they managed and monitored risk associated with the overall health and safety of the premises. We saw records of fire risk assessments and records to show that regular fire alarm tests and fire drills took place. There were also named fire marshalls in place to support with fire drills where needed. We noted that staff with lead responsibilities had received appropriate training.
- We saw records of formal risk assessments associated with infection control across the practice, including the control of substances hazardous to health and for the risk of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Arrangements to deal with emergencies and major incidents

There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice. The practice kept emergency medicines, a defibrillator and oxygen with adult and children's masks at each practice site. Although records highlighted that these were regularly checked to ensure they were fit for use, we noted that the practice did not keep stock of a specific emergency medicine typically used in emergency scenarios when fitting contraceptive devices such as coils and when performing certain minor surgery procedures. A formal risk assessment had been completed by the practice GP who was trained to perform minor surgery, the risk assessment indicated that the specific emergency medicine was not required for the types of procedures carried out in the practice.

There was a business continuity plan in place for major incidents such as power failures, building damage and IT incidents. The plan included emergency contact numbers for staff and staff were aware of how to access the plan. Records showed that all staff had received training in basic life support. There was also a first aid kit and an accident book in place.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 6 October 2016, we rated the practice as requires improvement for providing effective services. This was because on the day of our inspection we did not see evidence of completed clinical audits which had been repeated to monitor quality and to make improvements.

We noted improvements during our most recent inspection and therefore the practice is now rated as good for providing effective services.

What we found at this inspection in August 2017

Effective needs assessment

- The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- We saw evidence to support that adequate care plans were in place and there was an effective recall system in place for patients needing medication and general health reviews.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission. Additionally, patients who were at high risk of admission to hospital had personalised care plans in place.
- The practice also reviewed their patient's attendances at the local Accident and Emergency departments and had achieved some of the lowest A&E admission rates in the CCG (clinical commissioning group) area. The practice was placed in the top threshold of 75% to 100% for low attendance rates at A&E and also at the local urgent care centre, compared to other practices in the area; during our inspection the practice provided quality reports to demonstrate this.

Management, monitoring and improving outcomes for people

- The practice had signed up to pilot the Dudley clinical commissioning group's long term condition framework; Dudley Quality Outcomes for Health (DQOFH). This was a local framework which replaced the Quality Outcomes

Framework for Dudley practices that opted in to pilot DQOFH. This practice began piloting the framework in April 2016 and was continuing to actively use the framework at the point of our inspection.

- The practice used the information collected for DQOFH and national screening programmes to monitor outcomes for patients. DQOFH data for August 2017 indicated that 69% of the practice's patients with hypertension had received blood pressure checks to help manage their condition appropriately. This placed the practice in the top 25% of practices for this specific area of care and performance was in the top threshold of 75% to 100%. The practice was also continuing to call patients in for blood pressure checks, as part of their recall programme.
- DQOFH data for August 2017 indicated that 88% of the practice's patients with a diagnosis of severe mental illness had received a cardiovascular disease risk assessment in the last 12 months. This placed the practice in the top 25% of practices for this specific area of care and performance was in the top threshold of 75% to 100%.
- The practice was focussing on identifying patients at risk of developing dementia in order to offer them the care and treatment needed, such as screening and onward referrals where required. We saw that the practice had purchased a staff booklet from the Alzheimer's Society to coach staff on how to apply good customer care when supporting patients with dementia. The practice manager also utilised online resources from Dementia Friends, so that staff could understand some of the symptoms experienced by people with dementia. We noted that the practice's dementia register had increased from 31 to 44 since our previous inspection.
- DQOF data for August 2017 highlighted that 94% of patients diagnosed with dementia had been referred to a memory assessment service. The practice had also purchased comprehensive dementia friendly care planning packs which were sourced through the Alzheimer's Society. Members of the management team explained that the practice was planning to use the packs with patients and carers, so that they could develop care plans to suit their needs. At the point of our inspection the practice was in the initial stages of the project and was planning to start a new programme of recalls to start the process.

Are services effective?

(for example, treatment is effective)

- DQOF data for August 2017 highlighted that since April 2017, 65% of the practices patients on the diabetes register had a blood sugar reading which showed that their condition was being controlled appropriately. This highlighted that practice performance was in the bottom 25% of the local practices for this specific area of care under the DQOF framework however the practice were aware of this and were continuing to work through their call and recall system.

The practice worked with two pharmacists from the Clinical Commissioning Group (CCG). The pharmacists attended the practice on a weekly basis and supported them with medicines reviews, audits and monitored the use of antibiotics to ensure they were not overprescribing. We saw records of a prescribing audit carried out in May 2017, the audit monitored the practices prescribing of direct oral anticoagulant medicines (DOACs); DOACs are medicines that help to prevent blood clots. audit highlighted that prescribing was safe and appropriate in all cases reviewed; furthermore all patients within the audit criteria had received a medication review during the last six months. In addition, the repeated audit highlighted that 62% patients had received a medication review during the last six months. An action was implemented to ensure these patients received a review and a reminder was applied to encourage appropriate coding of medication reviews.

We also saw further examples of audits which were used to drive improvements in patient care and to improve systems and processes in the practice. For instance, we saw records of a completed audit aiming to assess the management of a urinary tract infections (UTIs) in primary care, the scope of the audit specifically covered females aged 65 years and over, as well as adults with indwelling urinary catheters (an indwelling urinary catheter is a catheter that is inserted into the bladder). The first audit was completed in December 2016; records highlighted some areas of good practice as well as some areas for improvement. For instance the first audit demonstrated that within the audit criteria, all adults aged 65 years and over had a full clinical assessment before a diagnosis of a UTI was made. We also saw that antibiotic prescribing guidelines were adhered to in specific areas. We noted that where improvement areas were identified, action plans were produced. The UTI audit was repeated in March 2017. The repeated audit demonstrated improvements across areas including appropriate first line prescribing of specific antibiotics as well as improved note taking and record keeping.

Effective staffing

- The practice had an induction programme for newly appointed members of staff that covered topics such as safeguarding, fire safety, health and safety, infection control and confidentiality. Induction programmes were also tailored to reflect each role. The practice had a locum pack for locum clinicians to use when working at the practice.
- Clinicians were up to date with their yearly continuing professional development requirements and most had been revalidated at the time of our inspection.
- Staff received annual appraisals were supported to attend training courses. We saw that nurses and the health care assistant attended study days for updates on immunisations and nurses also attended training updates on specific areas such as cervical screening.
- Clinical staff attended supervision meetings every six weeks for supervision of the nurses and the healthcare assistant. The GPs also regularly attended training and education events. In addition to in-house training staff made use of e-learning training modules.

Coordinating patient care and information sharing

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. Multidisciplinary team (MDT) meetings and palliative care meetings took place on a monthly basis. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

Consent to care and treatment

We saw evidence to demonstrate that staff had received training in the Mental Capacity Act 2005 and staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance. Patients' consent to care and treatment was sought in line with legislation and guidance. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where

Are services effective?

(for example, treatment is effective)

a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Supporting patients to live healthier lives

- Patients who may be in need of extra support were identified and supported by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice operated an effective call and recall system for various patient groups, this included appropriate systems for scheduling childhood immunisations and ensuring appropriate actions were taken if immunisation appointments were missed or risk factors identified. There was also a policy in place to support this.
- 2015/16 childhood immunisation rates for the vaccinations were above CCG and national averages. For example, the percentage of children up to the age of two who were administered with a pneumococcal conjugate booster vaccine was 98% which was above the national standard of 90%. Additionally, 92% of children aged one had received the full course of recommended vaccines compared to the national standard of 90%. Immunisation rates for five year olds ranged from 87% to 98%, compared to the local averages which ranged from 92% to 97% and national averaged ranging from 87% to 93%.
- More recent practice data indicated that childhood immunisation rates for the year so far were above CCG and national averages. For example, quarterly data for January and April 2017 highlighted that over 90% of children aged one had received the full course of recommended vaccines.
- The practice offered annual reviews and flu vaccinations for various population groups including patients with a long term condition, carers and patients aged 65 and over.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Patients who may be in need of extra support were identified and supported by the practice. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 80%, compared to the CCG average of 77% and national average of 81%. More recent data provided by the practice on the day of our inspection indicated that the practice's cervical screening uptake was at 75% and no patients had been exception reported. Staff confirmed that the practice nurse was working through a call and recall system to provide screening to those that needed it.
- The practice nurses operated effective failsafe systems for ensuring that test results had been received for every cervical screening sample sent by the practice. There was also a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice's breast cancer screening rates for 2015/16 were at 72% compared to the CCG and national averages of 72% and bowel cancer screening rates were at 50% compared to the CCG average of 54% and national average of 55%.

Are services caring?

Our findings

At our previous inspection on 6 October 2016, we rated the practice as good for providing safe services. The practice is still rated as good for providing caring services.

What we found at this inspection in August 2017

Respect, dignity, compassion and empathy

We spoke with four patients on the day of our inspection, including a member of the patient participation group (PPG). Most comments were positive, indicating that patients were satisfied with the care provided by the practice and that their dignity and privacy was respected. We received 21 completed CQC comment cards during our inspection. Most of the comment cards were positive about the care and treatment provided at the practice; many comments described staff as friendly, caring and helpful.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.
- We saw that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

The practice's responses were below average across the following areas of the recent national GP patient survey published in July 2017, for example:

- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 77% said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.

- 64% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national averages of 87%.
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 86%.
- 78% said the GP gave them enough time compared to the CCG average of 87% and national average of 86%. We noted that this had improved from 76% when compared with the survey publication in 2016.

We discussed these results with staff during our inspection. Members of the management team expressed that they were surprised by the results, as patients often gave positive feedback when attending the practice. We saw several cards provided by patients, carers and families where positive comments and thanks were given to staff for their care and treatment over the years; some of these compliments were also made recently. Members of the management team advised that the results from the survey were reflected on in practice so that areas, such as communication and listening skills could be improved. We also saw that the practice had purchased a customer service booklet for reception staff to use as a reflective learning tool if required. The practice manager was also in the process of scheduling regular one to one's with staff to help with any learning needs, to ensure staff were supported and felt confident in their roles.

Care planning and involvement in decisions about care and treatment

Although results from the most recent national GP patient survey were below CCG and national averages in response to questions about care planning and being involved in decision making, we noted some improvement when compared with the survey publication in 2016, for example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%. We noted that this had improved from 75% when compared with the survey publication in 2016.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%. We noted that this had improved from 68% when compared with the survey publication in 2016.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

We saw notices on display to encourage carers to seek support from the practice and to notify them if they cared for someone. Since our previous inspection we found that the practice's carers register had increased from 90 to 99 carers; this was 1% of the practices overall list. The practice team were working on ways to capture more carers so that they were supported. For instance the practice had implemented a board behind the reception area where staff could track and monitor each time they identified a carer. Members of the management team explained that this was implemented to encourage staff to actively ask patients if they were carers, so that the practice could offer them the care they needed.

The practice offered health reviews and flu vaccinations for anyone who was a carer. There was a carer's corner located in the waiting area with a carer's board that displayed a range of supportive information for carers. There were also carer's packs in place which carers could take away, we saw that carers were signposted to other services such as the Dudley Carers Network and Spurgeons (a children's charity which offers support to young carers).

Staff told us that if families had suffered bereavement, the GP contacted them and the practice also sent sympathy

cards to families. This call was either followed by a consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

The practice supported patients by referring them to a gateway worker who provided counselling services on a weekly basis at the practice. Patients were also supported to make use of the local Dudley talking therapies. In addition, the practice was in the process of recruiting an in-house counsellor to offer services such as CBT (Cognitive behavioural therapy) to patients and at the time of our inspection an experienced counsellor was due to join under a voluntary working position.

The practice actively utilised the local Integrated Plus scheme. This scheme was facilitated by the Dudley Council for Voluntary Service (CVS) team to help to provide social support to people who were living in vulnerable or isolated circumstances. As part of our inspection the practice provided positive feedback from a locality link worker at Integrated Plus, feedback indicated that the practice worked closely with the Integrated Plus Scheme and that the practice often referred patients to the scheme for support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 6 October 2016, we rated the practice as requires improvement for providing responsive services. This was because the latest results from the national GP patient survey (published in July 2016 at the time) highlighted low satisfaction rates with regards to access.

We noted some improvements during our most recent inspection however the practice were yet to be able to demonstrate sustained improvement and improved satisfaction therefore the practice is still rated as requires improvement for providing responsive services.

What we found at this inspection in August 2017

Responding to and meeting people's needs

- There were facilities in place for people with disabilities and for people with mobility difficulties. There were translation services available and we saw that there was a hearing loop in place during our inspection.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online. The practice also utilised text messaging appointment reminders to remind patients of their appointments.
- At the time of our inspection the practice was preparing for a new seven day opening service which was being offered from 4 September 2017 in conjunction with four other general practices within the locality. This allowed patients to access appointments once a month at this practice between 9am and 12pm on Saturdays and between 9am and 11am on Sundays. This service operated on a rotational basis across four other practices, therefore patients could access appointments every weekend; as this service moved around each of the four practices to cover each weekend. In addition, the practice was opening from 8am to 8pm for one week every four weeks.
- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions.

- Clinical staff carried out home visits for older patients and patients who would benefit from these. At the time of our inspection, the practice cared for 269 patients in local residential homes. The practice regularly attended the homes to care for patients, carry out health checks and to provide immunisations where needed. Immunisations such as flu and shingles vaccines were also offered to these patients and to patients at home, who could not attend the surgery.
- The practice offered a range of clinics including chronic disease clinics, post-natal clinics and child immunisations, as well as counselling services, health screening and phlebotomy for blood tests which were available twice a week

Access to the service

The practice's standard opening times were between 8am and 6:30pm during weekdays. Appointments with the GPs were available from 9am to 11:30am and then from 4:30pm until 6:30pm. There was a GP on call between 8am and 9am and also between 11:30am and 4:30pm. Appointments with the advanced nurse practitioner, practice nurses and health care assistant were available at various times during the day.

Patients could access appointments on Saturdays between 9am and 12pm and on Sundays between 9am and 11am at this practice, every four weeks. In addition, patients could access weekend morning appointments at the other four practices within the locality as they were operating a seven day opening service on a rotational basis. Furthermore, patients could access evening appointments at the practice between 6:30pm and 8pm every four weeks when the practice offered later appointments for a week. Pre-bookable appointments could be booked up to four weeks in advance.

The patients we spoke with during our inspection gave positive feedback with regards to the care provided; however some comments indicated that it was sometimes difficult to make an appointment. We received mixed feedback on the comment cards with regards to access, some cards highlighted that patients were able to get an appointment when needed while other cards noted that at times it was difficult to get through to the practice to make an appointment by telephone.

Are services responsive to people's needs?

(for example, to feedback?)

The results from the most recently published national GP patient survey highlighted that some responses were below local and national averages in relation to access, for example:

- 25% found it easy to get through to this surgery by phone compared to the CCG average of 67% and national average of 71%.
- 50% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%. We noted that this had improved slightly from 49% when compared with the survey publication in 2016.

The results in response to appointment waiting times and opening hours however were comparable with local and national averages in relation to access, for example:

- 70% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 65% and national average of 64%.
- 65% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 61% and national average of 58%.
- We noted that responses in relation to the practices opening hours highlighted significant improvement when compared with the survey publication in 2016. For example, 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%; this had improved from 69% in 2016.

To improve access the practice were offering seven day access to appointments and the practice was focussing on promoting online access to ease telephone traffic. Members of the management team highlighted that their current online registrations were at 20% and the practice was aiming to meet the CCG target of 50% by the end of March 2018.

Members of the management team explained that; the practice was currently part-way through their contract with the telephone service provider. We saw that the practice had proactively explored alternative telephone systems and had plans in place to transfer to an alternative provider in the future. In the meantime we also noted that the practice had changed their telephone answer phone message so that patients could dial a specific number for repeat medication requests and for appointment bookings.

We discussed these results with staff during our inspection; we saw that an in house survey had been conducted during March 2017 to focus on specific areas of access which required improvement. A total of 189 surveys were completed, these results also highlighted low satisfaction rates with regards to telephone access. An action plan was produced as a result of the survey; this included an action for the practices patient participation group (PPG) to conduct an independent audit focussing on telephone and appointment access. Records of the audit highlighted that 60% of the calls were answered within three minutes, same day appointments were available in 35% of the calls, appointments were available within three days on 42% of the calls and on 85% of the calls appointments were offered within seven days.

During our inspection the practice provided their July 2017 results of the NHS Family and Friends Test where 82% of the respondents highlighted that they would recommend the service to a friend or a family member. Staff also highlighted that the practice had received a range of positive comments on the NHS Choices web page, we saw that most comments and reviews made since January 2017 were positive; the practice also responded to feedback made through the NHS Choices web page.

Listening and learning from concerns and complaints

- There was a designated responsible person who handled all complaints in the practice. The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Patients were informed that the practice had a complaints policy which was in line with NHS requirements. The practice leaflet also guided patients to contact the practice manager to discuss complaints.
- We saw a summary of eight complaints which were received since September 2016; complaints were been investigated and responded to in a timely manner. We also looked at one of the complaint records and found that it had been satisfactorily handled and responses demonstrated openness and transparency.
- Minutes of practice meetings indicated that staff shared learning and monitored themes from complaints during the meetings.
- We noted that when a complaint was made, the practice used a feedback form to gather feedback from

Are services responsive to people's needs?

(for example, to feedback?)

complainants with regards to how their complaints were managed. These forms were used as a learning tool, to improve processes and to ensure that complainants

were happy with the handling of their complaint overall. We also noted that the form encouraged patients to share feedback with the practice by joining their patient participation group (PPG).

Are services well-led?

Good 

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

Our findings

At our previous inspection on 6 October 2016, we rated the practice as good for providing well-led services. The practice is still rated as good for providing well-led services.

What we found at this inspection in August 2017

Vision and strategy

The practice had a clear vision to provide patients with high quality patient centred care. This was supported by a documented mission statement outlining that the practice aimed to serve the community, to promote health, to care for vulnerable patients and those with long term conditions and to diagnose, prevent and treat ill health.

During our inspection staff spoke positively about working at the practice and staff demonstrated a commitment to providing a high quality service to patients. As part of our inspection the practice provided positive feedback from the CPN worker who had provided counselling services for over two years at the practice. The CPN worker described the team as helpful and approachable and noted that the practice actively promoted good health and wellbeing, comments highlighted that they enjoyed working at the practice.

Members of the management team shared some of the future plans for the practice, this included continuing to work closely with community teams and to offer specific support to meet the needs of patients with dementia and long term conditions such as diabetes. There were plans place to host a dementia café in conjunction with the Alzheimer's Society; this was due to take place in October 2017. The practice also discussed plans to develop a Diabetes education programme in conjunction with a local residential home. In addition, the practice was hoping to expand their clinical team and to recruit more advanced nurse practitioners to manage patients with minor ailment needs.

Governance arrangements

- The practice held a range of regular meetings including practice meetings, clinical supervision meetings, practice nurse meetings and multidisciplinary meetings. We saw that topics such as clinical governance, significant events, safeguarding and complaints were discussed during these meetings.

- There was a clear staffing structure in place at the practice. Staff had defined roles and there were lead roles across a number of areas such as safeguarding, infection control and fire safety. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.
- Policies and documented protocols were well organised and available in hard and electronic formats.
- We saw that risk was formally assessed, monitored and managed across areas such as health, safety and infection control.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. During our most recent inspection we found that the practice had improved their audit programme overall, audits were repeated and action plans were produced to embed and drive improvements.
- In addition to clinical audits we saw that the practice regularly audited their processes and systems to ensure good governance. For instance, during our inspection we saw records of a comprehensive audit carried out in December 2017 by the practice to monitor the practices prescribing systems. The audit covered various aspects of prescribing such as protocols, prescription security and how patients could access their prescriptions. As a result of the audit a protocol for medicines reconciliation was developed and the practice also amended their medicines review policy to incorporate the local Dudley Clinical Commissioning Group (CCG) prescribing formulary.

Leadership, openness and transparency

The three GP partners and the practice manager formed the management team, the management team were visible across the practice with the exception of one of the GP partners due to a period of long term absence from the practice; we saw that patients were kept informed with regards to the GPs absence via the practice notice board and on the practices website.

Staff we spoke with commented that the management team were supportive and approachable. Staff described a

Are services well-led?

Good 

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

culture of openness and honesty at the practice; they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly within the team.

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

The practice had a patient participation group (PPG) with meetings taking place on a monthly basis. The group consisted of eight members. We spoke with a member of the PPG as part of our inspection and we saw records of a PPG independent audit which focussed on telephone and appointment access. The aim of the PPG audit was to identify specific areas where the practice could improve in terms of access, this was initiated following a practice survey which highlighted low satisfaction responses with regards to accessing the practice over the telephone and for booking appointments. Audit records demonstrated that over a five week period, six PPG members contacted the practice at various times and made records to capture how quickly their telephone call was answered, the manner of the staff member taking the call and the next available appointment time. Results highlighted that 60% of the calls were answered within three minutes, same day appointments were available in 35% of the calls, appointments were available within three days on 42% of the calls and on 85% of the calls appointments were offered within seven days.

During our inspection members of the management team outlined future plans for the PPG, this included plans to hold a coffee morning as a platform for health promotion, the practice was planning to educate patients and promote dementia screening as part of these plans also.

In addition, the practice encouraged staff to provide suggestions through the staff suggestions form, suggestions could be anonymous if preferred; at the time of our inspection no current suggestions were in place. The practice also had plans to conduct further patient surveys to gain feedback about specific clinics and services.

The practice had also produced news articles for a local magazine which was produced through a lottery funded initiative. Members of the management team explained that they use this to promote the practice and to communicate with patients in the community. During our inspection we saw copies of two articles provided by the practice which informed people about the services they offered; as well as providing health promotion and education on health and screening programmes. The practice also provided positive feedback from the local magazine which highlighted that the practice manager also engaged with the community by joining a community steering group to give talks on health screening and how the practice can help to improve health and wellbeing in the community.