

Leighton Road Surgery

Quality Report

Leighton Road Surgery
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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?

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 Leighton Road Surgery on 8 September and 11 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff were aware of their responsibilities in helping to safeguard and protect patients and had undertaken specific training to support this, for example Female Genital Mutilation (FGM) training.
- Staff were aware of their responsibilities in helping to safeguard and protect patients and had undertaken specific training to support this.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- They worked well with multidisciplinary teams, including community and social services to plan and implement care for their patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice held regular staff and clinical meetings where learning was shared from significant events and complaints.
- The practice held daily lunch time meetings for the clinical team to discuss cases and share learning.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice offered extended hours appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice hosted a number of community services which enabled patients to access services nearer home.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of and complied with the requirements of the Duty of Candour.

There was one area where the practice should make improvements:

- The practice should continue to monitor the availability of appointments.

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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, an explanation and a written apology. Patients were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. All staff had received training on female genital mutilation (FGM).
- Risks to patients were assessed and well managed, including those related to fire safety and health and safety.
- 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 and key contractors. Copies were kept off site by lead staff.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Performance for mental health related indicators was largely comparable to local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 92% where the CCG average was 89% and the national average was 89%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 92% which was comparable to the CCG average of 90% and national average of 90%.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had recognised the potential benefit of additional support for effective medicines optimisation and employed a clinical pharmacist to support prescribing and the management of medicines within the practice.
- Minor illness trained nurses had undertaken additional training to enable them to provide a minor injury or illness service for children.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Vulnerable patients, patients considered to be at risk and those on the palliative care register were prioritised through a red flag on the clinical system.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published July 2016 showed patients rated the practice higher than others for several aspects of care. The practice was largely above average for its satisfaction scores on consultations with GPs and nurses. For example, 92% of patients said the GP was good at listening to them compared to the Bedfordshire Clinical Commissioning Group (CCG) average of 87% and the national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.
- Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.
- Information for patients about the services available was easy to understand and accessible.
- The practice had identified 383 patients as carers (approximately 1.7% of the practice list). A GP and a health care assistant (HCA) led on monitoring and supporting carers within the practice. The HCA was allocated weekly protected time to support carers.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with NHS England and Bedfordshire Clinical Commissioning Group to secure improvements to services where these were identified. For example, we saw that the practice had developed a number of clinical templates which had been shared across the locality. These included templates for patients requiring palliative care and those with learning disabilities.
- The majority of patients we spoke to on the day said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice provided urgent appointments for patients requiring immediate care. This was led by a GP and three minor illness nurses.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- A drop in phlebotomy service was available daily from 8am till 11.30am.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting). This clinic had been well received by patients as it reduced the need for them to travel to secondary care for the service.
- A diabetes specialist nurse and a diabetes specialist dietician provided support to patients registered at the practice and those within the locality not registered.
- Patients at risk of falls were prioritised and routinely referred to the falls clinic multidisciplinary team.
- There were disabled facilities, a hearing loop and translation services available.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision to deliver the highest level of care to its patients by adopting best practice with a research based approach to health care. The practice also aimed to ensure all its staff thrived in a supportive environment.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The patient liaison officer was responsible for management of notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. We saw evidence of improvements made following staff and patient consultation. For example, following feedback from the PPG the practice had introduced extended hours appointments on a Saturday once a month.
- The practice had three GP trainers with responsibility for mentoring and training the GP registrars.
- There was a strong focus on continuous learning and improvement at all levels. The practice had and continued to undertake research projects to improve outcomes for patients including a FAST (Fourfold Asthma Study Trial) and currently HEAT (Helicobacter Eradication Aspirin Trial) looking at preventing ulcer bleeding in aspirin users in patients aged over the age of 65 years.
- The practice had developed a central call system at the Leighton Road Surgery to manage calls effectively for both sites; including the Grovebury Road Surgery.

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 as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a register of housebound patients. Nurses provided enhanced, proactive care for those who were housebound or lived in care homes, and for all older patients who had long term medical conditions through regular reviews performed at home. Other services such as provision of flu vaccinations and domiciliary phlebotomy were also available.
- The practice worked in close liaison with three local care homes to co-ordinate care for residents. There were dedicated telephone slots available daily to allow GPs time to contact the homes and ensure that any requests for clinical care were met. In addition regular ward rounds were undertaken by assigned GPs to ensure continuity of care wherever possible.
- Patients at risk of falls were prioritised and routinely referred to the falls clinic multidisciplinary team.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 79%, where the CCG average was 78% and the national average was 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice utilised a recall system to invite patients by letters, email, and SMS text messages as appropriate for their regular checks. We saw that appointments were linked to synchronise reviews, reducing the number of appointments for patients.
- The community diabetes team were also available at the Grovebury Road practice once a week. A diabetes specialist nurse and a diabetes specialist dietician provided support to patients registered at the practice and those within the locality not registered.
- The practice pioneered an anticipatory medicines template, working with consultants and the palliative care lead in the CCG (anticipatory medicines are small doses of specific medicines prescribed and kept with the patients nearing the end of their life to allow quick administration by care home staff or district nurses when required without waiting for it to be prescribed). The template facilitated the rapid, safe, and documented prescription of palliative care anticipatory medication to all palliative care patients.

Families, children and young people

The practice is rated as 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, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice hosted the locality maternity hub, providing ante natal care and ultrasound services for expectant mothers. This service was available for all patients within the locality, including those not registered at the practice.
- The practice participated in health promotion programmes aimed at reducing sexual health risks including contraception and screening for sexually transmitted diseases, such as Chlamydia. The practice ran a designated sexual health clinic

Good



Summary of findings

weekly. Appointments were available for patients not registered with the practice who were also able to attend this clinic. The practice utilised a separate computer system and pathology pathway for these patients to ensure privacy was protected.

- The practice ran a family planning clinic known as the 'Sphere Clinic' lead by one of the GP partners.
- To enable staff to support patients in this group they had received training on female genital mutilation (FGM).

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered prebookable appointments on one Saturday each month, the branch surgery, for patients unable to access appointments during the normal working week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided health checks to all new patients and carried out routine NHS health checks for patients aged 40-74 years.

Good



People whose circumstances may make them vulnerable

The practice is rated as 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 with a learning disability.
- There were 56 patients on the learning disability register of which 41 had received a review in the last 12 months.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified approximately 1.7% of the practice list as carers. The practice made efforts to identify and support carers in their population.

People experiencing poor mental health (including people with dementia)

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

- 83% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, comparable to the CCG and national averages of 84%.
- Performance for mental health related indicators were otherwise comparable to local and national averages. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 87% which was above the CCG average of 86% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 281 survey forms were distributed and 111 were returned. This represented 0.4% of the practice's patient list (a response rate of 40%).

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 13 comment cards of which the majority were positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Five comments cards referred to difficulty accessing appointments, these comments were made alongside positive feedback on general satisfaction with the service.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice also sought patient feedback by utilising the NHS Friends and Family test (FFT). (The NHS Friends and Family test is an opportunity for patients to provide feedback on the services that provide their care and treatment). Results from June 2016 to December 2016 showed that 82% (23 of the 28 responses received) of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

There was one area where the practice should make improvements:

- The practice should continue to monitor the availability of appointments.

Leighton Road Surgery

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 advisor and a practice nurse specialist advisor.

Background to Leighton Road Surgery

Leighton Road Surgery provides a range of primary medical services, including minor surgical procedures from its town centre location on Leighton Road, in Leighton Buzzard, Bedfordshire. The practice has a branch surgery, known as the Grovebury Road Surgery on Ridgeway Court, Leighton Buzzard, Bedfordshire. We inspected all location on the day of inspection. There is a dispensary at both the main practice and the branch surgery that provides medicines for patients who live more than one mile from a pharmacy. The practice holds a General Medical Services (GMS) contract for providing services; a nationally agreed contract between NHS England and GP Practices.

In July 2016 the practice had undertaken a merger with another practice at Grovebury Road and incorporated all staff and patients into their existing structure. We were told that due to the size of the building at Grovebury Road and the higher number of patients utilising it as their preferred site the practice planned to make the Grovebury Road practice its main site through the course of 2017.

The practice serves a population of approximately 22,600 patients with higher than average populations of both males and females aged 0 to 4 years, 30 to 39 years 50 to 65

years. There are lower than average populations aged 10 to 34 years and 70 to 85 years and over. National data indicates the area served is less deprived in comparison to England as a whole and has low levels of unemployment.

The clinical staff team consists of one female GP partner, three male GP partners, three female salaried GPs, two male salaried GPs, a nursing services manager, a clinical nurse manager, one nurse practitioner, a practice matron, five specialist practice nurses, three minor illness nurses, two practice nurses, five health care assistants, a dispensary manager and four dispensers. The team is supported by a managing business partner and a team of management support and administrative staff. The practice is a training practice with three GP registrars currently, one of whom we met on the day of our inspection. In addition the practice employs four long term locum GPs and a clinical pharmacist.

Leighton Road surgery and the branch surgery at Grovebury Road are open between 8am and 6.30pm Mondays to Fridays and at the branch surgery between 8am and 2pm on one Saturday each month. Extended hours appointments are available on Tuesdays and Wednesdays from 6.30pm till 8.30pm at the Grovebury Road surgery.

Patients requiring a GP outside of normal hours are advised to phone the NHS 111 service, the out of hours service is provided by Care UK. This information was available in the waiting areas, on the telephone and on the practice website.

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

Detailed findings

part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 8 September 2016. Due to unforeseen circumstances on the 8 September 2016 we revisited the practice on 11 October 2016 to complete our inspection. During our inspection we:

- Spoke with a range of staff, including GP partners, nurses, dispensary staff, the practice manager and business manager.
- We spoke with patients who used the service including a member of the patient participation group.
- Observed how staff interacted with patients, carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the business manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice demonstrated that they were proactive in taking action to reduce the risk of recurrence following significant events. For example, we saw that when a power failure resulted in the vaccine stock being disposed of, the practice changed its policy on vaccine management to reduce the amount of stock that would need to be destroyed if the situation occurred again.
- The practice carried out a thorough analysis of the significant events annually to share learning and ensure that improvements were effectively implemented. In addition the actions agreed following significant events were reviewed every two months.
- We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Alerts were handled by the patient liaison manager who ensured that appropriate action was taken and records were kept. Safety alerts were also shared with the dispensary staff who would run searches and take appropriate action when needed to ensure patient safety. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, on receiving an alert for a non-steroidal anti-inflammatory drug, the clinical pharmacist carried out a search to identify patients who may be at risk. The outcome was then discussed with the GPs and any patients affected were invited for a review of their medication either on the phone or

face-to-face. We also saw evidence of another alert received where the clinical pharmacist carried out a search on the clinical system which showed that there were no patients prescribed the medication. The dispensaries were also checked to ensure there were none in stock.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding. In addition all staff had received training on female genital mutilation (FGM). Female genital mutilation (FGM) comprises all procedures involving partial or total removal of the female external genitalia.
- The practice held regular safeguarding meetings with community and local authority staff and all children aged under 18 years who attended A&E were reviewed routinely.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and all clinical staff had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw that the practice had a comprehensive chaperone policy and risk assessments had been carried out for non-clinical staff undertaking chaperoning duties. The policy clearly stated that

Are services safe?

non-clinical staff would only be used if there were no clinical staff available and were never left alone with patients. The use of chaperones were clearly recorded in the patients' notes.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse practitioner had recently been appointed as the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, a monthly check of sharps (needles) containers was introduced following an audit, to ensure that they were being managed appropriately. We saw that footstools and carpets had been replaced to ensure they met best practice guidance for infection prevention and control.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice utilised a computer software tool to support them in managing patient medication and had employed a clinical pharmacist to support effective medicines optimisation within the practice.
- The practice carried out regular medicines audits, with the support of the Bedfordshire Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Two of the practice nurses had qualified as independent nurse prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Direction (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensaries and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also appropriate arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found 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 checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to

Are services safe?

ensure enough staff were on duty. We saw that the business manager kept oversight of non-clinical staff, GP rotas were managed by one of the GPs and the clinical nurse manager held responsibility for the nursing team.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date through regular clinical meetings and peer discussions. A regular 'lunch and learn' session was held for all clinical staff. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance from national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. The practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2015/2016 showed QOF targets to be similar to local and national averages:

- Performance for diabetes related indicators was comparable to the Bedfordshire Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 79%, where the CCG average was 78% and the national average was 78%. Exception reporting for this indicator was 2% compared to the local CCG and national averages of 13% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Performance for mental health related indicators was largely comparable to local and national averages. For example:

- The percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 92% where the BCCG average was 89% and the national average was 89%. Exception reporting for this indicator was 12% compared to a CCG average of 15% and national average of 13%.
- Percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 87%, where the local CCG average was 86% and the national average was 84%. Exception reporting for this indicator was 0% compared to a CCG average of 7% and national average of 7%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 92% which was comparable to the CCG average of 90% and national average of 90%. Exception reporting for this indicator was 2% compared to a CCG average of 12% and national average of 12%.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits undertaken in the last two years, all of these were completed audits where the improvements made were implemented and monitored.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, information about patients' outcomes was used to make improvements such as; an audit was completed looking at the interactions of arthritis medicines with certain antibiotics. Awareness of this was shared with the clinical team and dispensing staff. A protocol was put in place to ensure when the arthritis medicine was prescribed it was done so on repeat so that the clinical system would highlight interactions to prescribers. Prescribers were also reminded to note medicine interactions. The practice also encouraged patients who had been prescribed this medicine to bring this to the attention of their GP if additional medicine was prescribed so that any interactions could be considered.

The practice also used an electronic, medicine optimisation and monitoring system known as Eclipse.

Are services effective?

(for example, treatment is effective)

Audits were run on a regular basis; findings were pertinent to individual patients and were actioned immediately. If any finding required further investigation, it was discussed at the GP lunchtime meeting and then actioned.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke to a GP registrar who advised that they had received a thorough induction and felt well supported in their role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes and asthma. Minor illness trained nurses had undertaken additional training to enable them to provide a minor injury/illness service for children.
- The practice had recognised the potential benefit of additional support for effective medicines optimisation and employed a clinical pharmacist to support prescribing and the management of medicines within the practice. The clinical pharmacist focused on managing the medicines for patients at a local nursing home registered at the practice. She accompanied GP ward rounds, reviewed medications and updated pharmacy care plans to ensure that patients received optimal care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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. The practice shared relevant information with other services in a timely way, for example when referring patients to other services and with the out of hours service.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Vulnerable patients, patients at risk and those on the palliative care register were prioritised through a red flag system on the clinical system. These patients were discussed at daily clinical meetings as needed.
- Regular monthly multidisciplinary palliative care meetings were held with the MacMillan and District Nurses. The practice pioneered an anticipatory medicines template working closely with an ex-registrar and the palliative care lead in the CCG (anticipatory medicines are small doses of specific medicines prescribed and kept with the patients nearing the end of their life to allow quick administration by care home staff or district nurses when required without waiting for it to be prescribed). The template facilitated the rapid, safe, and documented prescription of palliative care anticipatory medication to all palliative care patients. This initiative was then spread CCG wide through the palliative care lead and offered to all Bedfordshire practices.

Are services effective?

(for example, treatment is effective)

- All patient deaths were discussed routinely within the practice with a view to monitor and improve end of life care.
- The practice facilitated daily clinical meetings to discuss patients during lunchtime. Trainees were encouraged to ask questions and continuous efforts were made to encourage a collaborative working environment.
- The practice utilised an effective recall system to invite patients by letters, email, and SMS text messages as appropriate for their regular checks. We saw that appointments were linked to synchronise reviews, reducing the number of appointments for patients.
- The practice worked in close liaison with three local care homes to co-ordinate care for residents. There were dedicated telephone slots available daily to allow GPs time to contact the homes and ensure that any requests for GP care were met. In addition regular ward rounds were undertaken by assigned GPs to ensure continuity of care wherever possible.
- GPs reviewed discharge notes daily for patients following emergency admission to hospital.
- The business manager was involved in the 'Caring Together' project. This project aimed to combine both health and social care services to a specified cohort of patients. It included representatives from primary care, social care, public health, community services and voluntary services. Once the pilot had finished and the conclusions of its effectiveness had been reviewed, it was agreed to roll it out to all practices in both Leighton Buzzard and Dunstable. The report from the pilot gave positive feedback but was delayed in publication. It was planned to roll out the programme to local practices over the next two years.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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.
- Written consent was recorded appropriately when required.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Two smoking cessation advisors provided appointments weekly, which patients could self refer themselves to. Dedicated information boards were available at both practices and on the practice websites.
- The health and wellbeing service and sexual health clinic were available daily at the Grovebury Road site. The health and wellbeing service provided support to patients with mental health problems. The practice was also part of the 'Activities for Health' scheme based in a local leisure centre and could refer patients who qualified, for example those with high blood pressure, high cholesterol, and diabetes.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data published in March 2015 showed that:

- 60% of patients aged 60-69 years had been screened for bowel cancer in the preceding 30 months, where the CCG average was 59% and the national average was 58%.

Are services effective? (for example, treatment is effective)

- 76% of female patients aged 50 to 70 years had been screened for breast cancer in the preceding 3 years, where the CCG average was 74% and the national average was 72%.

Childhood immunisation rates for the vaccinations given were above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 96%, (national average 90%) and five year olds from 90% to 99% (CCG averages, 91% to 95%, national averages 88% to 94%). The practice had reviewed its immunisation clinic in light of changes made to the vaccination programme and had made changes to improve safety. This included ensuring

that two nurses facilitated immunisation clinics, with one nurse undertaking the vaccinations whilst the other completed all administrative duties to reduce the risk of errors.

We saw that on notification of a birth, the practice automatically booked the child in for a new baby check and first immunisations. The mother was then sent a letter of confirmation.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice had invited 544 patients since 1 April 2016 and completed 220 of these checks. 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 consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 13 patient Care Quality Commission comment cards we received eight were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Five comments cards referred to difficulty accessing appointments and the length of time it took for sit and wait appointments, especially since the practice had merged; these comments were made alongside positive feedback on general satisfaction with the service.

We spoke with four patients and a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was largely above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the Bedfordshire Clinical Commissioning Group (BCCG) average of 87% and the national average of 87%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. Due to the nature of the patient demographics the practice rarely utilised this service, however staff were aware of its availability if needed.
- Information leaflets were available in easy read format and a wide selection was available including community support groups, online services and lifestyle hubs.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 341 patients as carers (approximately 1.7% of the practice list). A GP and one of the health care assistants (HCA) led on monitoring and supporting carers within the practice. The HCA was allocated weekly protected time to support carers. Written information was available in the waiting areas and on the practice website to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them within 24 hours to offer support and arrange a visit if required. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Bedfordshire Commissioning Group (CCG) to secure improvements to services where these were identified. For example, we saw that the practice had developed many care templates which had been shared across the locality. These included templates for patients requiring palliative care and those with learning disabilities. The practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and dementia diagnosis.

The business manager was involved in the 'Caring Together' project. This project aimed to combine both health and social care services to a specified cohort of patients. It included representatives from primary care, social care, public health, community services and voluntary services. Once the pilot had finished and the conclusions of its effectiveness had been reviewed, it was agreed to roll it out to all practices in both Leighton Buzzard and Dunstable. The report from the pilot gave positive feedback but was delayed in publication. It was planned to roll out the programme to local practices over the next two years.

- The practice ran a drop in phlebotomy service daily from 8am till 11.30am.
- The practice offered prebookable appointments on one Saturday each month, at both the main and branch surgeries, for patients unable to access appointments during the normal working week.
- The practice held a register of patients with learning disabilities and invited these patients for annual reviews. From January to December 2016 the practice completed 41 out of 56 reviews. Longer appointments were available for patients with a learning disability.
- The practice maintained a register of housebound patients. Nurses provided enhanced, proactive care for those who were housebound or lived in care homes, and for all older patients who had long term medical conditions through regular reviews performed at home. Other services such as provision of flu vaccinations and domiciliary phlebotomy were also available.

- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered a sit and wait service for patients requiring urgent care. This was led by a GP and three minor illness nurses.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately including Yellow Fever.
- There were disabled facilities, a hearing loop and translation services available.
- The Grovebury Road practice hosted the locality maternity hub, providing ante natal care and ultrasound services for expectant mothers. This service was available for all patients within the locality, including those not registered at the practice. The service was positively received by the local community as it reduced the need for patients to visit the local hospital.
- The community diabetes team were also available at the Grovebury Road practice once a week. A diabetes specialist nurse and a diabetes specialist dietician provided support to patients registered at the practice and those within the locality not registered.
- Patients at risk of falls were prioritised and routinely referred to the falls clinic multidisciplinary team.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting). This clinic had been well received by patients as it reduced the need for them to travel to secondary care for the service.
- The practice ran a family planning clinic known as the 'Sphere Clinic' lead by one of the GP partners.
- The practice participated in health promotion programmes aimed at reducing sexual health risks including contraception and screening for sexually transmitted diseases, such as Chlamydia. The practice ran a designated sexual health clinic weekly. Appointments were available for patients not registered with the practice who were also able to attend this clinic. The practice utilised a separate computer system and pathology pathway for these patients to ensure privacy was protected.
- Telephone consultations were available daily.

Access to the service

The practice at Leighton Road Surgery and the branch surgery at Grovebury Road were open between 8am and 6.30pm Mondays to Fridays and between 8am and 2pm on

Are services responsive to people's needs?

(for example, to feedback?)

one Saturday each month. Extended hours appointments were available on Tuesdays and Wednesdays from 6.30pm till 8.30pm at the Grovebury Road surgery. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Appointments could be booked in person, online or via the telephone.

Patients requiring a GP outside of normal hours were advised to phone the NHS 111 service, the out of hours service is provided by Care UK. Information regarding this was available in the waiting areas and on the practice website.

Results from the national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

Whilst the majority of people told us that they were able to get appointments when they needed them, some patients commented on difficulty accessing appointments. We saw that the practice had been proactive in trying to improve access, for example the practice had operated a sit and wait service at the Leighton Road site. The practice recognised that during periods of high demand waiting times could be prolonged and regularly monitored the number of staff providing the service to try and improve waiting times wherever possible. Following patient feedback on the waiting time for sit and wait appointments, the practice changed this system to urgent on the day appointments.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The patient liaison officer handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area and on the practice website.

We looked at 44 complaints received between April 2015 and March 2016 and found these were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw that when the practice received a complaint from a patient who was dissatisfied with the treatment they received, the practice discussed the complaint as a significant event before inviting the patient in. The practice reviewed and changed its protocols following the incident to reduce the risk of recurrence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver the highest level of care to its patients by adopting best practice with a research based approach to health care. The practice also aimed to ensure all its staff thrived in a supportive environment.

- The practice had a mission statement which was displayed throughout the practice and staff knew and understood the values.
- The practice had a strategy and supporting business plan; referred to as the practice personal development plan, which reflected the vision and values and these were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. A staff 'who is who' chart was available throughout the practice ensuring that all staff knew who to refer to when needed.
- Practice specific policies were implemented and were available to all staff. All policies and procedures were updated regularly and available on the practice shared drive that was accessible to staff at home as well as at the practice.
- A comprehensive understanding of the performance of the practice was maintained by the GP partners and the management team.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, an explanation, a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings, including whole team meetings on a monthly basis. Daily 'lunch and learn' sessions were held for all clinical staff to discuss referrals, training and any queries or concerns that had arisen.
- We saw that the practice provided tailored support for trainee GPs including a phased transition into managing appointments with regular support from mentors as required.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social events were held regularly to encourage integration within the team.
- Staff said they felt respected, valued and supported, particularly by the partners and senior managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, we saw that the walk in phlebotomy service had been developed following staff feedback.

Are services well-led?

Good 

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

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was information on the practice website where patients had the opportunity to give feedback and the PPG had also produced a quarterly newsletter to update patients on what was happening at the practice, how to feedback and how to get involved. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback from the PPG the practice had introduced extended hours appointments on a Saturday once a month. In addition, following feedback from patients the practice changed the original 'sit and wait' service to an alternative urgent appointment system.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, the nursing team had suggested that a non-bookable 'drop in' service for blood taking may be more effective than booked appointments. They felt that more patients could be seen in a drop-in clinic rather than booked appointments. This was discussed at a partner away-day where it was agreed that we would trial it for a month. Initially it was offered three days per week in the morning only. The rest of the rotas remained as booked appointments. Patients fed back that they preferred to come and have their blood taken at a day and time convenient to them. Due to its success, the practice now offer the service five days a week and had recruited an additional health care assistant to cope with the demand.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice had undertaken a number of clinical research projects including, an asthma project, FAST (Fourfold Asthma Study Trial) looking at changes in medication during an exacerbation for patients using both reliever and preventer inhalers. The practice were at the time of inspection recruiting patients to participate in a project, HEAT (Helicobacter Eradication Aspirin Trial) looking at preventing ulcer bleeding in aspirin users in patients aged over the age of 65 years.
- The practice were keen to utilise their space to benefit its local population and regular hosted many community based services to reduce pressures on local secondary care providers and improve access to care for patients, particularly those with limited access to transport.
- The practice had three GP trainers and one associate trainer with responsibility for mentoring and training the GP registrars. The practice was affiliated with the Aylesbury and Milton Keynes training schemes, attached to the Oxford Deanery. In addition, the practice supported medical students from the University of Central London and Buckingham University.
- We saw evidence that the practice adopted innovative ways of working to enable them to provide good quality care. For example, they had developed a call centre at the Leighton Road Surgery to manage calls for both sites; reducing pressures on reception staff. This had proved particularly beneficial during the practice merger as there was a sudden increase in patient numbers.