Pulborough Medical Group

Quality Report

Pulborough Primary Care Centre
Spiro Close
Pulborough
West Sussex
RH20 1FG
Tel: : 01798 872815
Website: www.pmgdoctors.co.uk

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

Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pulborough Medical Group on 5 January 2017. Overall the practice is rated as outstanding

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.
- The practice used innovative and proactive methods to improve patient outcomes. For example as a result of a review of venous leg ulcer management the practice was able to demonstrate a significant improvement in healing rates
- 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.
- Feedback from patients about their care was consistently positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. 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.
- The practice had worked proactively with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. As a result of this work patients had access to a wide range of services including mental health services, specialist dermatology, ear nose and throat, podiatry, audiology physiotherapy and citizens advice.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group,

Summary of findings

Pulborough Patient Link group (PPL). For example, as a result of feedback from the PPL the practice had installed additional phone lines and increased the number of call centre staff.

- The practice had strong and visible clinical and managerial leadership and governance arrangements. The partnership included the practice manager and the advanced nurse practitioner. The practice had a clear vision to deliver health care in a flexible and innovative way to meet patient choice and to improve access to services for its largely elderly, rurally based population. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice

- The practice had taken the lead on working with other organisations and its patient participation group to ensure services were more accessible to its predominantly elderly, rurally based population and also to those who were vulnerable or suffering deprivation. By providing providers with space and facilities the practice had significantly increased the range and frequency of services available to its patients within its premises so that patients did not have to travel. As a result of the practice's proactive approach to providers, services had expanded over the years to include consultant led mental health services, counselling, cognitive behavioural therapy, hearing aid provision, ear, nose and throat services, podiatry, alcohol and drug addiction support, consultant paediatrics and citizens advice.
- The practice had been proactive in ensuring that the mental health needs of its patients were met. It had identified that 35% of its work was mental health related and that these patients had to travel outside the area to receive the specialist help they required.In recognition of the fact that travel for these patients could be challenging the practice sought to provide a better option. The practice approached the local community trust and worked with them to establish a 'mental health hub' at the primary care centre and ensure that a counselling service for patients was provided on a daily basis. Following the success with this, the practice was asked to extend this service all patients in West Sussex to support the wider rural area
- The practice used innovative and proactive methods to improve patient outcomes. After identifying that demand for leg ulcer management clinics was increasing and that healing rates were declining the practice undertook a review of venous leg ulcer management. This led to the introduction of a new protocol and integrated approach which included the establishment of a specialist leg ulcer clinic. This was run by a practice nurse who had been especially recruited by the practice and supported by them to train as a specialist in compression and wound management. The practice had also invested in specialist equipment to aid assessment and diagnosis. As a result the practice was able to show that healing rates had increased from 60% in 2014 to 85% in 2016.
- The practice had identified 532 patients as carers (About 4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. There was a dedicated page on the practice's website providing information and advice for carers.

The areas where the provider should make improvement are:

- Review exception reporting rates for the quality and outcomes framework and ensure appropriate action is taken to reduce rates where they are above the local and average.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions 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.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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.
- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- The practice hosted and supported a patient led bereavement support group.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- The practice had taken the lead on working with other organisations and its Pulborough Patient Link Group (PPL) to ensure services were more accessible to its predominantly elderly, rurally based population and also those who were vulnerable or suffering deprivation. By providing providers with space and facilities the practice had significantly increased the range and frequency of services available to its patients within its premises.
- 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.
- Patients could access appointments and services in a way and at a time that suited them. For example, the practice provided early morning GP, nurse and phlebotomy appointments three days a week, for working patients who could not attend during normal opening hours. In response to the CCG's winter pressure initiative the practice held Saturday morning clinics during January 2016 to help ease the burden on local accident and emergency departments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way they delivered services as a consequence of feedback from patients and from the patient participation group. For example, they had installed additional phone lines and increased the number of call centre staff to improve access to the service via the telephone.
- 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.

Are services well-led?

Outstanding ☆

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

Summary of findings

- The practice had a clear vision to deliver health care in a flexible and innovative way to meet patient choice and to improve access to services for its population. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. For example the practice manager and advanced nurse practitioner were included in the partnership.
- 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 practice proactively sought feedback from patients, which it acted on. They had a very engaged patient participation group which had actively influenced practice development. There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- As part of the clinical commissioning group's (CCG) 'pro-active care' initiative the practice identified and registered older patients at high risk of hospital admission. They worked with multi-disciplinary teams to develop care plans for these patients so that unnecessary and unplanned hospital admissions were avoided.
- There were weekly multidisciplinary meetings to discuss and review these patients. Care plans were reviewed every three months and were shared with the ambulance service and out of hour's providers.
- The 'pro-active care' team and the community nursing team were based in the same primary care centre as the practice which enabled good communication about patients being cared for.
- The practice provided care to older patients who lived in care homes and nursing homes within the locality. The GPs carried out regular reviews of the care being provided to these patients and had regular meetings with the homes' managers.
- All patients over the age of 75 had a named GP. Each named GP worked with a group of GP worked in a group of GPs within the practice to provide and ensure continuity of care for patients who were unable to see their named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Outstanding ☆

The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- One of the practice nurses specialised in diabetes and met weekly with the GP lead for diabetes to discuss care plans for patients.

Summary of findings

- A diabetes specialist nurse from the local hospital held a monthly clinic on site with the practice nurse for patients with more complex needs. There was input also from a specialist diabetes dietician.
- The practice held regular pre-diabetes clinics for patient identified at risk of developing the disease.
- Practice performance against indicators for the management of long term conditions was comparable the local and national averages. For example the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 82% compared to the clinical commissioning group (CCG) average of 79% and the national average of 78%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review undertaken by a healthcare professional, including an assessment of breathlessness, in the preceding 12 months was 92% compared to the CCG average of 88% and the national average of 90%.
- The practice held regular clinics for patients with respiratory disease. Combined clinics were held for patients with more than one long term condition to avoid them having to attend multiple appointments.
- 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 practice worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Families, children and young people

Outstanding ☆

The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- 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.
- The practice provided a comprehensive family planning service which included the fitting of implants and coils.
- The number of women aged between 25 and 64 who attended cervical screening in 2015/2016 was 81% compared to the CCG average of 84% and the national average of 82%.

Summary of findings

- The practice ensured that children under five were seen straight away and the duty doctor was informed immediately of their arrival.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Fortnightly midwife clinics were held in the primary care centre which helped facilitate good communication between them and the GPs.
- The paediatric lead GP had regular meetings with the health visitor to discuss children and families of concern. The health visitor often attended the practice's weekly multi-disciplinary meeting.
- Case conferences to discuss families and children of concern were held at the practice and the GPs attended.
- The health visiting team was also based in the primary care centre which helped the GPs maintain close links with the service.
- The practice had received an award from the clinical commissioning group as part of an improvement programme for practices providing primary care services to children, young people, their families and carers. This was in recognition of the work they had undertaken to develop a dedicated page on their website for children and young people, patient engagement, refreshed child safeguarding policies and procedures, a training video for non-clinical staff and the development of a care template for sick children.

Working age people (including those recently retired and students)

Outstanding ☆

The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- 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.
- Extended access appointments from 7am until 8 am were available three days a week. This included practice nurse, phlebotomy and GP appointments.
- Patients could contact the practice via phone, email or fax.
- The practice was pro-active in offering online services which included on line appointment booking and the ordering of repeat prescriptions.
- It provided a full range of health promotion and screening that reflected the needs for this age group.

Summary of findings

- The practice enabled students returning from university in the holidays to be registered a temporary resident for that period.

People whose circumstances may make them vulnerable

Outstanding ☆

The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- The practice offered longer appointments for patients with a learning disability and those with more complex needs.
- There were weekly multi-disciplinary meetings at the practice where vulnerable patients were identified and discussed.
- The practice was a centre for distribution of food-bank vouchers. This helped ensure its vulnerable patients could access essential resources.
- The practice had approached the Citizens Advice Bureau and now provided them with space and facilities for a monthly clinic so that patients received advice on benefits, housing debt management, law and citizens' rights
- The practice provided financial support for a subsidised community transport scheme which enabled patients who would have difficulties doing so, to get to the primary care centre and the local hospitals to attend appointments.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The practice was rated as outstanding for responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Comprehensive care plans were put in place and updated annually.
- 95% of patients with a severe and enduring mental health problem had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.

Summary of findings

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 81% and the national average of 84%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- In recognition of the fact that travel for these patients could be challenging the practice had led discussions with local trusts to ensure that a wide range of mental health services were available for patients at the primary care centre. This included consultant led psychiatry, a daily counselling service, cognitive behavioural therapy and addiction and alcohol counselling.
- The GPs were able to communicate directly about patients with consultant psychiatrists who held clinics at the primary care centre.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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. Two hundred and twenty eight survey forms were distributed and 123 were returned. This represented about 1% of the practice's patient list.

- 66% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%. (The practice had installed additional phone lines and increased the number of call centre staff to address this).
- 76% of patients who responded 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%.
- 90% of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 79% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% 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 three comment cards. Two were positive about the standard of care received describing it as 'outstanding' and 'brilliant'. One patient commented that there had been no senior management available to make their complaint heard at a crucial time.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Pulborough Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Pulborough Medical Group

Pulborough Medical Group is situated in the small town of Pulborough, in West Sussex. The practice serves approximately 13,000 patients living in the town and surrounding areas.

There are six GP partners and four salaried GPs. Five of the GPs are male and five are female. There is a practice manager who is a managing partner and an advanced practitioner nurse who is also a partner. The practice also employs five practice nurses and two health care assistants. There is a finance team leader, a patient services manager and a team of secretarial, administrative and reception staff. The practice is a training practice and provides placements for student nurses and trainee GPs.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than the local and national average number of patients over the age of 65. The proportion of patients with a long standing health condition is 68% which is above the local and national average. Income deprivation is relatively low for both children and older people. The population is largely rural and there are small areas of significant deprivation. The ethnicity of the practice population is largely white British.

The practice is open from 7am until 6.30pm on Monday, Tuesday and Friday. On Wednesday and Thursday it is open from 8am until 6.30pm. Appointments can be booked over the phone, on line or in person at the surgery. When the practice is closed, patients are advised on how to access the out of hour's service on the practice website, the practice leaflet or by calling the practice. Out of hours calls are handled by an out of hours' provider (Care UK).

The practice provides a wide range of NHS services and clinics for its patients including minor surgery and vasectomy services, a nurse led minor injuries service, asthma, diabetes, cervical smears, childhood immunisations, travel immunisations, family planning and new patient checks. It is a yellow fever vaccination centre. The practice is located in a primary care health centre which hosts a variety of other health care services and specialist clinics including community nursing, psychiatry, dermatology, ear nose and throat, aortic aneurysm screening, audiology, speech and language therapy, osteopathy, podiatry, counselling and physiotherapy. A welfare and benefits advice clinic is provided monthly by the Citizens Advice Bureau.

The practice provides services from the following location:-

Pulborough Primary Care Centre

Spiro Close

Pulborough

West Sussex

RH20 1FG

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 visiting, 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 visit on 5 January 2017. During our visit we:

- Spoke with a range of staff including the GPs, the practice manager, the advanced nurse practitioner, practice nurses, and administrative and reception staff.
- Spoke with patients who use the service and the chair of the Pulborough Patient Link group.
- Observed how patients were being cared for and talked with 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were a standard agenda item at the weekly practice meeting.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as the result of an emergency medicine not being available on the emergency trolley when required, the practice nurse was given protected time to undertake monthly checks to ensure that all the required emergency medicines were there and in date.

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 GP for safeguarding. The GPs regularly attended safeguarding meetings which were held at the primary care centre. When they couldn't attend they 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. The GPs, advanced nurse practitioner and practice nurses were trained to child protection or child safeguarding level three. Administrative and reception staff were trained to level one.
- 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 had received a Disclosure and Barring Service (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The advanced nurse practitioner was 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.
- 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 carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, 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. The advanced nurse practitioner had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions 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.
- 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 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 posters in various locations around the building 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 mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 one of the treatment rooms.
- 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.

Good

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. Staff had on line access to guidelines from NICE as well as local guidelines developed by the clinical commissioning group. They used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, and clinical audit.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%. The clinical exception reporting rate was 17% compared to the CCG average of 13% and the national average of 10%. (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). In particular, exception reporting rates were higher than average for asthma (23% compared to CCG average of 15% and national average of 7%), diabetes (22%, compared to CCG average of 16% and national average of 12%) hypertension (12%, compared to CCG average of 7% and national average of 4%) and rheumatoid arthritis (41%, compared to CCG average of 19% and national average of 8%). The practice needed to review exception reporting rates in these areas to ensure all exceptions were clinically appropriate were coded correctly.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 82% which comparable to the CCG average of 79% and the national average of 78%.
- The practice performance for management of patients with poor mental health was above the local and national averages. For example, 95% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared to the CCG average of 82% and the national average of 88%.
- The practice performance for the management of patients diagnosed with dementia was comparable to local and national averages. For example 82% of these patients had received a face-to-face review within the preceding 12 months compared to the CCG average of 81% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the local and national averages achieving 80% in comparison with the CCG average of 82% and the national average of 83%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review undertaken by a health care professional, including an assessment of breathlessness, in the preceding 12 months was 92% compared to the CCG average of 88% and the national average of 90%.

There was evidence of quality improvement including clinical audit.

- The practice had a clear programme of clinical audit which was regularly monitored. The practice showed us evidence of 18 clinical audits undertaken in the last three years; ten of these were completed audits where the improvements made were implemented and monitored. The audit programme was wide ranging and had included audits of minor surgery, follow up documentation in patients' notes, dementia and safe prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The GPs and the practice nurse team participated in clinical audit. Findings were used by the practice to improve services. For example, as a result of review of venous leg ulcer management the practice was able to demonstrate how the introduction of a new protocol

and integrated approach led to significant improvements in healing rates. The new approach included the establishment of a specialist leg ulcer clinic. This was run by a practice nurse who had been supported by the practice to train as a specialist in compression and wound management and was supported by health care assistants with additional skills in wound care. New referral pathways had been put in place for patients and specialist equipment had been purchased to aid assessment and diagnosis. The practice was able to show that healing rates had increased from 60% in 2014 to 85% in 2016.

Effective staffing

The practice was able to demonstrate a strong commitment to training and education. They were a training practice for GPs and the advanced nurse practitioner was a nurse trainer. Staff had the skills, knowledge and experience to deliver effective care and treatment and a number of staff had advanced qualifications, for example a masters in advanced nursing practice. Staff were encouraged to develop their skills and take on new roles. For example an administrative staff member had undergone additional training to become a health care assistant.

- 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions attended regular training and update sessions.
- 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. Staff had protected time to attend regular training sessions facilitated by the CCG.

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.
- 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. As part of the CCG's 'proactive care' initiative the practice identified and registered older patients at high risk of hospital admission. They worked with multi-disciplinary teams to develop care plans for these patients so that unnecessary and unplanned hospital admission was avoided. There were weekly multidisciplinary meetings to discuss and review these patients. Care plans were reviewed every three months and were shared with the ambulance service and out of hour's providers.
- The 'proactive care' team, the community nursing team and other health care professionals were based in the same primary care centre as the practice which helped facilitate information sharing and the co-ordination of patient care
- The paediatric lead GP had regular meetings with the health visitor to discuss and share information about children and families of concern. The health visitor often attended the practice's weekly multi-disciplinary meeting.

Good

Are services effective?

(for example, treatment is effective)

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.

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.
- A specialist dietician for diabetes provided input to monthly diabetic clinics. The practice also ran pre-diabetes clinics.
- The practice's Patient Link Group organised regular health education events for patients run by consultant doctors and other experts. Recent events had covered breast cancer and diabetes.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the clinical commissioning group (CCG) average of 82% 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. There were 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. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 72%, which was in line with the CCG average of 72% and the national average of 72%. The percentage of patients between the ages 60 and 69 years old of who had bowel screening in the preceding 30 months was 66%, which was above the CCG average of 61% and the national average of 58%.

Childhood immunisation rates met the national 90% target for three of the four indicators for vaccinations given to under two years olds. However, data available to the CQC showed that only 64% of under two year olds had received the pneumococcal conjugate booster vaccine. The practice explained that this was due to a coding error related to the records of children who had moved in to the area. The practice provided us with their own data which showed that 91% of under two year olds had received the vaccine, however this data was unverified. Childhood immunisation rates were comparable to CCG and national averages for five year olds. For example, 91% of five year olds received measles, mumps and rubella dose one compared to the CCG average of 95% and the national average of 94%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had been identified by the county council as a high performing practice and a model of good practice in relation to this. The practice had achieved this by running searches of eligible patients on it patient information system and undertaking regular validation of the patient list to ensure it was accurate. It used an external mailing agency to send out the invitations. The practice agreed a health-check rota with the community pharmacists and booked patients directly in to these appointments.

Good

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.

Two out of the three patient Care Quality Commission comment cards we received were positive about the service experienced. Two of the patient comment cards indicated that patients felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients we spoke with felt the same.

We spoke with the chair of the Pulborough Patient Link group (PPL). They also told us they thought the care provided by the practice was excellent and said their dignity and privacy was respected.

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

- 91% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 92% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 92%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 91% of patients who responded 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. 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:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format and large print.

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 532 patients as carers (About 4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. There was a dedicated page on the practice's website providing information and advice for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice supported and provided the space and facilities for a patient led bereavement support group. This was in order to help to minimise the number of depression episodes of recently bereaved patients. The group held monthly meetings and with the practice's support the group had been able to continue and its numbers had increased.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The involvement of other organisations and the community was integral to how the practice planned and delivered its services to ensure they met patients need. The practice pro-actively reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG), other organisations and the local community to do this. As a result patients were able to access a wide range of services at the primary care centre rather than having to travel out or the area. This was particularly important for its largely elderly, rural population and for those living in deprivation.

The practice was able to demonstrate an understanding of the different need of different groups of patients and deliver care in a way that met these needs and promoted equality. This included people who were vulnerable or who had complex needs. As a result patients in the locality had access to an extended range of services in the primary care centre. For example:-

- The practice identified that 35% of its work was mental health related and that these patients had to travel outside the area to receive the specialist help they required. In recognition of the fact that travel for these patients could be challenging the practice sought to provide a better option. The practice approached the local community trust and worked with them to establish a 'mental health hub' at the primary care centre and ensure that a counselling service for patients was provided on a daily basis. Following the success with this, the practice was asked to extend this service all patients in West Sussex to support the wider rural area. The practice's reception team now manage daily booking in lists for the mental health team.
- In response to patients needs the practice supported the establishment of a bereavement support group in order to help to minimise the number of depression episodes of recently bereaved patients. The practice provided a space for the group to hold their monthly meetings and the lead GP and practice manager had given talks to the groups. With the practice's support the group has been able to continue and its numbers had increased.
- The practice had taken the lead on inviting and supporting other trusts and organisations to provide a wide range of other services in the primary care centre. This was in response to the needs of its elderly and vulnerable population groups for whom travel to the local hospitals was particularly difficult. As a result the range of services available to patients in the practice premises had increased to include ear, nose and throat services, musculo-skeletal services, specialist dermatology, speech and language therapy, audiology, podiatry and a vasectomy service.
- The practice provided financial support for a subsidised community transport scheme which enabled patients who would have difficulties doing so, to get to the primary care centre and the local hospitals to attend appointments.
- The practice had invited and nor provided facilities and support to the Citizens Advice Bureau which held a monthly clinic in the premises so that patients could receive advice locally on benefits, housing debt management, law and citizens' rights without the need to travel.
- The practice was a centre for distribution of foodbank vouchers which helped ensure vulnerable patients could access essential resources.
- The practice provided a minor injury service for it patients which meant patients did not need to travel to the accident and emergency service for non-life threatening/non serious wounds or illnesses. It was able to demonstrate the lowest attendance rate at accident emergency departments in the CCG area as a result.
- Patients were able to access appointments and services in a way that suited them. The practice provided early morning GP, nurse and phlebotomy appointments three days a week, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- The practice was proactive in offering online services which included on line appointment booking and the ordering of repeat prescriptions. Patients could contact the practice by phone, email or fax.
- Home visits were undertaken by GPs and the advanced nurse practitioner and were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice ensured that children under five were seen straight away and the duty doctor was informed immediately of their arrival.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was situated on the first floor of the primary care centre and there was a lift to provide easy access for those with mobility difficulties.
- The practice had a dedicated page on its website for young people. Access to this page was clearly identified by a red button on the home page which made navigation through the website easier and quicker. Young people were therefore able to access information and advice relevant to them.
- All patients over the age of 75 had a named GP. Each named GP worked with a group of GP worked in a group of GPs within the practice to provide and ensure continuity of care for patients who were unable to see their named GP.
- In response to the CCGs winter pressure initiative the practice held Saturday morning clinics during January 2016 to help ease the burden on local accident and emergency departments.
- Staff undertook equality and diversity training to ensure all patients were treated equally.
- The practice registered anyone who needed to be seen on an urgent basis as a temporary resident.

Access to the service

The practice was open from 7am until 6.30pm on Monday, Tuesday and Friday. On Wednesday and Thursday it was open from 8am until 6.30pm. 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.

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

- 81% of patients who responded were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 66% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.(The practice had installed additional phone lines and increased the number of call centre staff to address this).

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

The practice had 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a poster in the waiting areas, a complaints leaflet and details about how to complain on the practice website

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints. Action was taken to as a result to improve the quality of care.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The practice had a clear vision set out in its statement of purpose to deliver health care in a flexible and innovative way to meet patient choice. Since the establishment of the practice in the primary care centre it had also been the shared aim and vision of the practice, the local council, community trust and patients that the centre become a hub for a wider range of services, This was in recognition of the fact that for patients living in the largely rural area who were elderly, vulnerable or suffering significant deprivation that travel to the local hospitals (which were more than 15 miles away) was particularly difficult.

The practice had a clear strategy and business plan and in conjunction with its patient participation group the Pulborough Patient Link Group (PPL) it had worked systematically with other organisations to achieve this. It had led the process of approaching and supporting local providers and had provided the space and the facilities to enable them to establish an extended range of services available to patients from within the primary care centre. Over the years the range of services available had expanded to include counselling services on a daily basis, cognitive behavioural therapy, and consultant led psychiatry, alcohol and drug addiction support, citizen's advice, ear nose and throat services podiatry, audiology, physiotherapy, dermatology and a vasectomy service.

Governance arrangements

The practice had a clear and comprehensive 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.
- Practice specific policies were implemented and were available to all staff.
- There was a clear structure of regular meetings which ensured a comprehensive understanding of the performance of the practice was maintained. This included two weekly partnership meetings and six monthly away days for strategic management. Weekly whole team multidisciplinary meetings, monthly team leader meetings and an annual whole staff meeting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice was able to demonstrate improved patient outcomes as a result. For example as a result of a review venous leg ulcer management the practice was able to demonstrate how the introduction of a new protocol and integrated approach led to significant improvements in healing rates for patients from 60% in 2014 to 85% in 2016.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Governance arrangements and performance management arrangements were proactively reviewed and took account of best practice For example the practice had included the practice manager (managing partner) and the advanced nurse practitioner in the partnership in order to strengthen their governance arrangements.
- In the case of the managing partner this was in recognition of what their extended skills could bring to the governance of the partnership and therefore the importance of them having full voting rights in the partnership. Through the managing partner's review and re-design of all the administrative function of the business, the practice had been able to become more efficient, but also more responsive to the needs of its patients. For example, the managing partner implemented an electronic web-based dictation system. This produced an auditable trail for all correspondence and had reduced the time from GP consultation to referral letter being sent to only a few hours from one to two days on the old tape-based process. The partnership arrangements also strengthened the practice's strategic development and project management activities. For example by ensuring ideas about extending the range of services available to patients from within the primary care centre were implemented.
- In recognition of the high volume of work undertaken within the practice by nurses and its strategic target to accelerate the development and expansion of primary care nursing the practice appointed the advanced nurse practitioner to the partnership in 2016. As a result the nurse partner had been able to establish a full team of highly trained nurses who had been able to demonstrably improve patient outcomes, for example the leg ulcer healing service.

Are services well-led?

Outstanding ☆

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

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 and invested in strong leadership arrangements. For example by adding the managing partner and advanced nurse practitioner to the partnership. The leadership, governance and culture of the practice had been used to drive and improve the services for patients living in the Pulborough area and it was clear that the leadership had a shared and inspired purpose in relation to this. There was also a systematic approach to working with other organisations to do this and as a result the practice had successfully negotiated the provision of a wide range of services at the primary care centre. This meant that patients who were elderly or vulnerable could access services closer to home.

Staff we spoke with on the day of the inspection 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.
- 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 that there was an annual whole staff meeting.
- Staff said they felt respected, valued and supported, particularly by the partners 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. There were high levels of staff engagement and we saw that staff were actively invited to put forward items for discussion on team meeting agendas, for example at the reception team meeting a request to have a more accessible storage system. There were regular staff social events and the partners arranged and paid for the annual staff Christmas party.

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 Pulborough Patient Link group (PPL) and through surveys and complaints received. The PPL was very engaged and active and met regularly with the practice. It produced a newsletter every four months that was circulated to over 3000 patients. It carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of feedback from the PPL the practice had installed additional phone lines and increased the number of call centre staff. Air conditioning in the waiting area and minor operations room had also been installed as a result of patient feedback. We spoke with the chair of the PPL and they told us that the practice was one that listened and responded. They told us that the practice invited and welcomed constructive challenge and that it was the PPL that set the agenda for meetings. They said that the practice was open and transparent and shared information that they were able to do so for example trends in complaints and how these were being addressed. The PPL was involved in the strategic development of the practice and had influenced the development of the extended range of services available to patients from within the practice.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff we spoke with on the day of the inspection 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. We saw evidence that the partners responded positively to staff suggestions for example, in response to requests from the medical secretaries digital dictation

Are services well-led?

Outstanding ☆

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

was introduced. We saw that the partners had approved a number of requests by staff for additional equipment including fridges and cupboard space. Administrative staff had had a number of their ideas adopted including processes for dealing with new patient registrations and the positioning of closed circuit TV near the reception area.

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. For example, the practice had worked with the clinical commissioning group (CCG) and local trusts to extend the availability of services available to patients in the primary care centre. This included mental health services, ear, nose and throat, musculo-skeletal services, specialist dermatology, speech and language therapy, audiology and a vasectomy service.

There was a strong commitment to training and development and the practice was involved in the training of GPs, undergraduate medical students and practice nurses. Staff were also encouraged to train and develop to take on additional roles and study for advanced qualifications. The practice was also a lead primary care research practice in the south east. The practice had achieved awards and recognition for good practice. This included an award from the CCG as part of an improvement programme for practices providing primary care services to children, young people, their families and carers. It had also been recognised by the county council as a high performing practice in relation to the provision of free NHS health checks to patients aged 40-74 years and a model of good practice.