Moss Grove Surgery - Kingswinford

Quality Report

15 Moss Grove
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Date of inspection visit: 19 January 2016
Date of publication: 10/03/2016

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?	Outstanding

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Moss Grove Surgery - Kingswinford on 19 January 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Risks to patients were assessed and well managed. Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice was proactive in identifying and managing significant events. All opportunities for learning from internal and external incidents were maximised.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvement and improvements to patient care and treatment.
- The practice was committed to working collaboratively and worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- There were consistently high levels of constructive staff engagement Staff we spoke with said they felt valued, supported and that they felt involved in the practices plans. Staff were actively engaged in activities to monitor and improve quality and patient outcomes.

Summary of findings

- 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.
- The practice had a clear vision which had quality and safety as its top priority. We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had a regular programme of practice meetings and there was an overarching governance framework which supported the delivery of the practice's strategy and good quality care. Governance and performance management arrangements were proactively reviewed to reflect best practice.
- We observed the premises to be visibly clean and tidy. The practice had good facilities and was equipped to treat patients and meet their needs.

We saw some areas of outstanding practice:

- One of the GPs had a lead role in women's health, the GP led on a programme of in-house workshops focussing on women's health topics and gynaecology in particular. The success of the workshops led to the development of a gynaecology triage system. The practice completed an audit of their gynaecology system which highlighted a 20% reduction in their community referral rates and acute admissions.
- The practice had very active patient participation group which influenced practice development. We found that they had been involved in a number of successful events and projects at the practice including a successful children's health event which was led by the GP safeguarding lead and supported by the PPG. The event covered child CPR and guidance on how to effectively manage minor illnesses in small children.

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.

- The practice was proactive in identifying and managing significant events. There were robust systems in place to monitor safety. These included systems for reporting incidents, near misses, positive events and national patient safety alerts, as well as comments and complaints received from patients.
- The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. We saw that significant events were regularly discussed with staff during practice meetings and the practice used these as opportunities to drive improvements.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people 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.

- Staff assessed needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members throughout the practice had lead roles across a range of areas.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvement and improvements to patient care and treatment Audits were discussed during regular staff meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- Staff, teams and services were committed to working collaboratively. They explored innovative and efficient ways of

Summary of findings

improving communication with their local health care teams to deliver more joined-up care to patients. We saw evidence that a range of information sharing and engagement meetings took place in addition to the monthly multi-disciplinary meeting.

- The practice shared data which identified that 99.98% of their identified smokers were given smoking cessation advice; this was 5% higher than the local and national averages; 52 patients had stopped smoking as a result.

Are services caring?

Good

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Four members of the reception team had been trained as Carer Leads in order to identify and offer support, guidance and information to carers. All front line staff had also completed carer awareness training.
- The practice also provided information and supported patients by referring them to a number of support groups, onsite counselling services and further support organisations.
- Results from the national GP patient survey published in January 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health.
- Urgent access appointments were available for children and those with serious medical conditions. The practice offered a walk in and wait service for children so that children were usually seen within 30 minutes of requesting an urgent appointment.
- The practice was proactive in identifying patients with complex health conditions, flags were applied to the system so that these patients were seen as a priority. The practice shared examples of how this system had previously helped them to effectively deal with specific urgent cases.

Summary of findings

- The operated a nurse advisory service so that patients who needed to be seen could see a nurse for basic observations.
- The practice provided an in-house phlebotomy service for patient blood tests.
- There were disabled facilities, hearing loop and translation services available. Staff members were also trained to do sign language for patients with a hearing impairment.

Are services well-led?

Outstanding ☆

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

- The practice had a regular programme of practice meetings and there was an overarching governance framework which supported the delivery of the practice's strategy and good quality care. Governance and performance management arrangements were proactively reviewed to reflect best practice.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for managing notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. Staff we spoke with said they felt valued, supported and that they felt proud to be part of the practice team. Staff spoken with demonstrated a commitment to providing a high quality service to patients.
- 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.
- There was a strong focus on continuous learning and improvement at all levels within the practice. As a long standing teaching and training practice, the practice was committed to education, training and development. Staff members throughout the practice had lead roles across a range of areas and there were consistently high levels of constructive staff engagement.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care to patients in several nursing, care and residential homes. Each home had a named GP who conducted regular ward rounds.
- The PPG chaired a number of successful health awareness events at the practice. The most recent event was a healthy living and healthy life event which was developed specifically for the practices older population.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice developed a successful multi-clinic which acted as a one-stop system for patients with multiple conditions. The practice manager explained how the clinic, templates and protocols had been described as good practice by the local CCG with a view to disseminate the multi clinic service across the local area.
- The practice was part of a self-management programme in the area to help to patients to manage their long term conditions. The practice recognised that 674 of their patients had type 2 Diabetes and decided to focus on this area as part pf the programme.

Summary of findings

- Performance for overall diabetes related indicators was 91% compared to the CCG average of 88% the national average of 89%.

Families, children and young people

Good

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.
- In addition to attending the practices monthly multidisciplinary (MDT) meetings, the safeguarding lead implemented a monthly child multidisciplinary meeting dedicated to child health and child safeguarding.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 93% to 100% compared to the CCG averages which ranged from 80% to 100%. Immunisation rates for five year olds ranged from 89% to 100% compared to the CCG average of 93% to 98%.
- The practice offered a walk in and wait service for children so that children were usually seen within 30 minutes of requesting an urgent appointment.
- The practice also held successful children's health event which was led by the GP safeguarding lead and supported by the PPG. The event covered child CPR and guidance on how to effectively manage minor illnesses in small children.

Working age people (including those recently retired and students)

Good

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

- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 81%, compared to the national average of 81%.
- The operated a nurse advisory service so that patients who needed to be seen could see a nurse for basic observations.

Summary of findings

- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations as well as extended hours.
- Patients had access to appropriate health assessments and checks. The practice uptake for health checks were at 60%, compared to the national average of 48%.

People whose circumstances may make them vulnerable

Good

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 homeless people, travellers and those with a learning disability. Most of these patients had care plans in place and had a regular medication and face to face review.
- The practice had 39 patients on their learning disability register, data highlighted that 83% of the practices patients with a learning disability had a care plan in place; these patients were also regularly reviewed.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was proactive in identifying patients with complex health conditions, flags were applied to the system so that these patients were seen as a priority. The practice shared examples of how this system had previously helped them to effectively deal with specific urgent cases.

People experiencing poor mental health (including people with dementia)

Good

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

- There were longer appointments available at flexible times for people experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

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- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Performance for mental health related indicators was 92% compared to the CCG average of 93% and national average of 92%. Most of these patients had received a health review and further reviews were planned.
- Data showed that diagnosis rates for patients with a dementia were 96% compared to the CCG average of 95% and national average of 94%. Most of these patients had received a health review and further reviews were planned.

Summary of findings

What people who use the service say

The practice received 136 responses from the national GP patient survey published in January 2016, 238 surveys were sent out; this was a response rate of 57%. The results showed the practice was performing in line or above local and national averages in most areas. For example:

- 75% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 66% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 63% and a national average of 65%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 90% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 71% and national average of 73%.
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 75% and national average of 78%.

However, the practice was performing below local and national average in the following area:

- 61% found it easy to get through to this surgery by phone compared to the CCG average of 68% and national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We spoke with seven patients during our inspection and the service users completed 35 completed comment cards. Patients and comment cards gave positive feedback with regards to the service provided. Some patients commented that waiting times could be long and suggested that this was sometimes because the GPs took the time with patients to ensure thorough discussions took place during consultations.

Outstanding practice

We saw some areas of outstanding practice:

- One of the GPs had a lead role in women's health, the GP led on a programme of in-house workshops focussing on women's health topics and gynaecology in particular. The success of the workshops led to the development of a gynaecology triage system. The practice completed an audit of their gynaecology system which highlighted a 20% reduction in their community referral rates and acute admissions.
- The practice had very active patient participation group which influenced practice development. We found that they had been involved in a number of successful events and projects at the practice including a successful children's health event which was led by the GP safeguarding lead and supported by the PPG. The event covered child CPR and guidance on how to effectively manage minor illnesses in small children.

Moss Grove Surgery - Kingswinford

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, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Moss Grove Surgery - Kingswinford

Moss Grove Surgery -Kingswinford is a long established practice located in the Kingswinford area of Dudley. There are approximately 14,500 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes seven GP partners, three salaried GPs, four practice nurses and three health care assistants. The practice manager is also a partner at the practice, The GP partners and the practice manager form the practice management team and they are supported by a deputy practice manager and a team of 19 staff members who cover administration, reception, IT and secretarial roles.

The practice is open between 8am and 6.30pm from Monday to Friday, with extended hours between 6:30pm and 8:45pm on Mondays. Appointments are available from 8.15am to 6:15pm and until 8:30pm on Mondays. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

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?

Detailed findings

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

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

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 19 January 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, 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

The practice had robust systems in place to monitor safety and used a range of information to identify risks and improve patient safety. These included systems for reporting incidents, near misses, positive events and national patient safety alerts, as well as comments and complaints received from patients.

- The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events.
- The practice had records of 17 significant events that had occurred during the last 12 months. We noticed that the recording of each significant event was detailed and comprehensive. For example, a significant event was recorded in relation to an unsheathed needle found in one of the treatment rooms. The practice took remedial action straight away, the needle was disposed of in the appropriate sharps bin and the issue was bought to the attention of the staff member concerned. A formal discussion took place and learning outcomes were discussed and documented with actions implemented to avoid reoccurrence.
- Significant events, safety alerts, comments and complaints were a regular standing item on the practice meeting agendas and were discussed with staff during training meetings. We saw other minutes such as minutes from multidisciplinary team meetings where significant events, safety alerts and National Institute for Health and Care Excellence (NICE) best practice guidelines were discussed and shared with local health teams.
- We saw that significant event records dated back to 2010, demonstrating a safe track record over a long period of time.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare
- Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- One of the GPs was the lead member of staff for safeguarding. In addition to attending the practices monthly multidisciplinary (MDT) meetings, the safeguarding lead implemented a monthly child multidisciplinary meeting dedicated to child health and child safeguarding. The minutes of the child MDT meetings demonstrated that representation was made from a range of children's health and social care services including health visitors, a midwife and a school nurse. The safeguarding lead explained how specific cases had been reviewed and that this impacted positively on safeguarding, information sharing and joint working across the organisations.
- Notices were displayed to advise patients that a chaperone service was available if required. The practice followed a system where the healthcare assistants were the first port of call to provide a chaperoning service. The practice nurses would chaperone if ever the healthcare assistants were unavailable. We saw that these staff members had received disclosure and barring checks (DBS checks). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- One of the healthcare assistants was the infection control clinical lead who liaised with the local infection prevention team 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.
- We observed the premises to be visibly clean and tidy. We saw weekly cleaning records and completed cleaning specifications within the practice. There were

also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly.

- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice worked with a pharmacist from their Clinical Commissioning Group (CCG) who attended the practice once a week. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- The practice had clear systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They carried out regular audits of the prescribing of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.
- Healthcare assistants were trained to administer vaccines such as flu, pneumonia and shingles vaccinations. The practice also had a system for production of Patient Specific Directions to enable the healthcare assistants to administer vaccinations.
- We viewed four staff files, the files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body. The practice also had risk assessments in place for non-clinical staff members in the absence of a disclosure and barring checks (DBS check).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy in place and the practice had risk assessments in place to monitor safety of the premises including fire risk and legionella.
- We saw records to show that regular fire alarm tests and fire drills had taken place. The practice also regularly tested their evacuation procedures for service users with mobility difficulties. They did this by having staff members test various scenarios such as fire drills for patients and service users in wheelchairs. The practice had effectively learnt from these drills and identified that they needed to push wheelchairs backwards when exiting out of the main practice doors.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- The practice used regular locum GPs to cover if ever the GPs were on leave. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.

Good

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had robust checking systems in place and there were systems in place to monitor their use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included a robust risk assessment of services, as well as emergency contact numbers for staff. Staff we spoke with were aware of how to access the plan.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date and NICE guidelines were discussed in monthly multidisciplinary meetings. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs.

The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included reviewing discharge summaries following hospital admission to establish the reason for admission. These discussions included members of the relevant multidisciplinary team. These patients were reviewed to ensure care plans were documented in their records and assisted in reducing the need for them to go into hospital.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results from 2014/15 were 96% of the total number of points available, with 7% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for mental health related indicators was 92% compared to the CCG average of 93% and national average of 92%.
- Data showed that diagnosis rates for patients with a dementia were 96% compared to the CCG average of 95% and national average of 94%.
- Performance for overall diabetes related indicators was 91% compared to the CCG average of 88% the national average of 89%.

The practice had an effective programme of continuous clinical and internal audits. Audits were discussed during regular staff meetings and staff were actively engaged in activities to monitor and improve quality and patient outcomes. The practice shared records of nine clinical audits, eight of these were completed audits and one was due to be repeated to complete the audit cycle.

- We saw that two sets of audits were completed in September 2013 and April 2015 regarding specific anti-inflammatory medicines. The first audit was initiated in relation to a significant event in 2013 where a patient experienced contraindications whilst on a specific anti-inflammatory medicine. The audit highlighted that 563 patients were prescribed anti-inflammatory medication during a two month period. A sample audit was then further analysed on 56 records. The audit identified five cases with risk factors due to patients with contraindications, these patients were reviewed in the practice as a priority and prescribing was appropriately adjusted. The audit was circulated internally and practice prescribers were reminded to refresh on prescribing guidelines. The audit methodology was repeated in April 2015, 548 patients were prescribed anti-inflammatory medication during a two month period. A sample audit was then further analysed on 56 records. The audit identified two cases with risk factors due to patients with contraindications, these patients were reviewed in the practice as a priority and prescribing was appropriately adjusted. Findings also highlighted a reduction in repeat prescriptions, with an increase in the use of topical anti-inflammatories and a greater awareness of risk factors in prescribing with less potential risk factors detected.
- Some of the additional audits we reviewed included an audit of patients on insulin therapy, a full cycle audit on the practices Chronic Kidney Disease (CKD) register and an audit on nutritional supplements. The audits demonstrated quality improvement and improvements to patient care and treatment.

Good

Are services effective?

(for example, treatment is effective)

- Further audits completed included an audit of injections used for musculoskeletal conditions, an audit of fractures in patients with osteoporosis, a prescribing audit on New Oral Anticoagulants (NOACs) and a full cycle audit on antidepressant medicines.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The clinical team had a mixture of enhanced skills including palliative care, asthma, diabetes, minor surgery and contraception. The practice manager had completed a masters degree in primary care management and was also an accredited quality assessor for the Royal College of General Practitioners (RCGP).

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice also arranged for manual handling training to be provided to staff on an annual basis, the training was provided by the practice physiotherapist.
- Discussions demonstrated that staff received ongoing support during one-to-one meetings, appraisals, supervision and support for the revalidation of doctors.
- The GPs were up to date with their yearly continuing professional development requirements and had recently been revalidated. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.
- Staff told us that the practice was very supportive of training and that they had staff away days where guest speakers and trainers attended. An example was where staff had attended a Prevent Workshop in April 2015. The aim of the training was to educate staff and raise awareness in recognising the signs of vulnerability to radicalisation and how to follow the correct reporting procedures.
- Discussions with the practice nurses demonstrated that they were also supported in attending external training updates, these included updates on asthma and diabetes.

Coordinating patient care and information sharing

All 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 risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff, teams and services were committed to working collaboratively; patients with complex needs were supported to receive coordinated care. The practice team worked together and with other health and social care services to understand and meet the range of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that monthly multi-disciplinary team meetings took place. We saw that representation was made from a wide range of health and social care services and we saw minutes of meetings to support that joint working took place. Vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. We also saw that the practices palliative care register was regularly discussed as well as the care and support needs of patients and their families

- The practice shared data with the inspection team which highlighted that they had identified 458 patients from vulnerable groups. Most of these patients had care plans in place and had a regular medication and face to face review.
- The practice had 39 patients on their learning disability register, data highlighted that 83% of the practices patients with a learning disability had a care plan in place; these patients were also regularly reviewed.
- The practice had 68 patients on their palliative care register, 76% had care plans in place with regular health reviews implemented.

The practice moved to a paper-light system approximately three years ago and achieved a paper-light accreditation in March 2015.

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

There were 102 patients on the practices register for dementia and 66 patients on the mental health register. Most of these patients had received a health review and further reviews were planned.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Staff were consistent in supporting patients to live healthier lives through a proactive approach to health promotion and prevention of ill-health and the practice used every contact with patients as an opportunity to do so.

The practice shared data which identified that 99.98% of their identified smokers were given smoking cessation advice; this was 5% higher than the local and national averages. The practice worked alongside the Dudley stop smoking team and the practice manager explained how the smoking cessation service had been a success, with 52 patients who had stopped smoking as a result.

The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice. The practice's uptake for the cervical screening programme was 81%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence network data from March 2015 highlighted that breast cancer screening rates for 50 to 40 year olds was 73% compared to the CCG and national averages of 72%. Bowel cancer screening rates for 60 to 69 year olds was 61% compared to the CCG and national averages of 58%.

Staff members throughout the practice had lead roles across a range of areas. For example, a member of the administration team who regularly worked as part of the practices telephone management HUB was responsible for ensuring that children and new mothers were routinely called in for the NHS Health checks, child immunisations and postnatal checks.

The member off staff explained how they would contact new mothers for postnatal checks and follow up to ensure immunisations were given at eight weeks. This process was also overseen by the nursing team and GPs. Staff members explained that this contributed towards their childhood immunisation rates.

- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 93% to 100% compared to the CCG averages which ranged from 80% to 100%. Immunisation rates for five year olds ranged from 89% to 100% compared to the CCG average of 93% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice shared a report which demonstrated that health checks had been completed for 568 patients; this was an uptake of 60%, compared to the national average of 48%.

Flu vaccination rates for the over 65s was 70%, compared to the national average of 73%. Flu vaccinations for those patients in the at risk groups was 51%, compared to the national average of 52%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

Patients completed 35 CQC comment cards, positive comments were made to describe the service and staff were described as helpful, respectful and caring. We also spoke with seven patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice; patients said their dignity and privacy was respected and staff were described as friendly, caring and approachable.

Results from the national GP patient survey published in January 2016 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 89% said the GP gave them enough time compared to the CCG average of 88% and national average of 89%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.
- 93% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. Comment cards highlighted that the GPs often took the time to explain information and carefully discussed treatment options during consultations with patients. Results from the national GP patient survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%

Patient and carer support to cope emotionally with care and treatment

The practice manager explained how the team felt it was important to take a proactive approach in identifying carers in order to offer them further support. The practice shared data which highlighted that 0.6% of the practices list had been identified as carers. Initially there were 49 carers of the practices register; however this had started to increase with the introduction of carer leads at the practice. Four members of the reception team had been trained as carer leads, we saw that their lead roles were also added to their name badges; this was also to inform carers that they could liaise with a specific carer lead in the practice if they wished to. The practice manager explained how their carer's register was steadily increasing and that 10 more carers had been identified by the carer leads during a one week period; this bought their carer register up to 59 carers. All front line staff had also completed carer awareness training and the practice worked closely with the local Crossroads Carers Association who offered support and guidance on the carers lead roles.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice offered flu jabs and annual reviews for anyone who was a carer. The practice also displayed information containing supportive advice for carers and signpost information to other services.

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

The practice also provided information and supported patients by referring them to a number of support groups, onsite counselling services and further support organisations.

The practice kept a happy book where they logged compliments from patients. We saw a number of entries made where patients had thanked staff for their support and care.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG and the local Public Health team to improve outcomes for patients in the area. For example**,** the practice was part of a self-management programme in the area to help to patients to manage their long term conditions. The practice recognised that 674 of their patients had type 2 Diabetes and decided to focus on this area as part pf the programme. The practice manager explained how the programme was designed to provide patients with skills, confidence and knowledge on specific long term conditions. Patients could then attend workshops and group discussions at local practices and community halls where they could share experiences and offer support to others who have a long term condition. The practice manager explained that these were known as expert patients and that they were in the process of collating feedback from the individual patients who took part in the programme, all 674 patients with type 2 diabetes were contacted and invited to take part in the programme.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were those with serious medical conditions. The GPs carried out home visits for older patients and patients who would benefit from these.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations as well as extended hours on Mondays between 6:30pm and 8:45pm.
- The practice provided care to patients in several nursing, care and residential homes. Each home had a named GP who conducted regular ward rounds. The named GP also spends one day a year at their allocated home to review each patient, the reviews include a pre-screening medication review by the practice pharmacist.
- The practice offered a walk in and wait service for children so that children were usually seen within 30 minutes of requesting an urgent appointment.
- The practice provided an in-house phlebotomy service for patient blood tests.
- The practice was proactive in identifying patients with complex health conditions, flags were applied to the system so that these patients were seen as a priority. The practice shared examples of how this system had previously helped them to effectively deal with specific urgent cases.
- Each morning and afternoon the practice operated a nurse advisory service so that patients who needed to be seen could see a nurse for basic observations. The practice nurses would then refer patients to the GP for a follow up assessment if required and if abnormalities and risk factors were identified.
- The practice offered a multi clinic which acted as a one-stop system for patients with multiple conditions. Patients with appointments under the multi-clinic were reviewed and assessed on an annual basis, both in the practice and at home.
- There were disabled facilities, hearing loop and translation services available. Vulnerable patients, patients with hearing impairments and those who did not have English as a first language were also flagged on the practice's system. The practice had 320 registered patients with hearing impairments and they had worked with the British Sign Language Society to train staff members on basic sign language. Some staff members had also been supported in completing advanced sign language courses.

Access to the service

The practice was open between 8am and 6.30pm from Monday to Friday, with extended hours between 6:30pm and 8:45pm on Mondays. Appointments were available from 8.15am to 6:15pm and until 8:30pm on Mondays. Pre-bookable appointments could be booked up six to eight weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed that the practice was performing above local and national averages in the following areas:

- 74% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 77% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 75% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 66% of patients felt they did not normally have to wait too long to be seen compared with the CCG average of 63% and a national average of 65%.

However, the practice was performing below local and national average in the following areas:

- 61% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.

The practice manager explained that telephone access was identified in the practice as an area to improve on. A further five telephone lines were installed during 2015 which had increased the total number of telephone lines to 10. The practice also operated a telephone HUB where staff had specific operational roles dedicated to handling telephone enquiries and appointment requests. The practice had invested in telephony software and the practice manager explained that they were approaching their 12 month period since making changes to their telephone system. The practice manager explained that they were due to conduct an analysis of their telephone system to identify peak times and apply further actions for improvement.

The patients we spoke with during our inspection and the completed comment cards all gave positive feedback with regards to the service provided. While some patients commented that sometimes waiting times could be long, some also commented that this was usually because the GPs took the time to listen to and ensure that thorough discussions took place during consultations.

Listening and learning from concerns and complaints

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

- The practice's 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 online to help patients understand the complaints system. During our inspection we highlighted that information wasn't displayed in the practice with regards to the complaints process, the practice manager made arrangements for printed information to be displayed as a priority and confirmed that the complaints process was displayed shortly after the inspection.

The practice shared records of the five complaints they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled and responses demonstrated openness and transparency. For example, we saw how the practice had responded to a complaint relating to a delay in a patient receiving their medication. The information highlighted that the incident had initially been identified in the practice and managed as a significant event; the patient was contacted as a priority in order to receive their medication. The complaint records demonstrated that as a result of the complaint the practice reviewed their process so that patients were always notified by their telephone HUB staff when a prescription requires collection. We saw that learning from complaints was regularly discussed in monthly practice meetings.

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 practices vision was to provide efficient high quality healthcare, in a personalised, accessible and timely fashion. The practice also had a documented mission statement which incorporated the vision of the practice. We spoke with 14 members of staff who all spoke positively about working at the practice. Staff we spoke with said they felt valued, supported and that they felt proud to be part of the practice team. Staff spoken with demonstrated a commitment to providing a high quality service to patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure with supporting organisation charts in place. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues.
- Practice specific policies were implemented. We noticed that the policies were well organised and individually indexed for staff to easily locate them as hard copies and also on the practices intranet.
- There was a strong focus on continuous learning and improvement at all levels within the practice and there were consistently high levels of constructive staff engagement.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Results were circulated and discussed in the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Governance and performance management arrangements were proactively reviewed to reflect best practice.

Leadership, openness and transparency

The GP partners and the practice manager partner formed the management team at the practice. The management team encouraged a culture of openness and honesty and staff at all levels were actively encouraged to raise concerns. They were visible in the practice and staff commented that the management team were supportive and approachable. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

The practice had a regular programme of practice meetings; these included weekly clinical meetings where the GPs and nurses could attend. Essential training updates were covered during the training sessions including safeguarding, fire safety awareness, information governance and basic life support. Staff could also contribute towards the training programme through a focus group. Each week the focus group would decide on a topic of the day to discuss during the training session. We saw minutes from the training sessions held in 2015 where items such as prescriptions and staff retention were put forward by the focus group and discussed as a team. The minutes included shared learning and actions for improvement. In addition to in-house training, staff made use of e-learning training modules.

The partners met on a monthly basis. We saw minutes of these meetings which highlighted that key items such as complaints, significant events, alerts and NICE guidelines were regularly discussed. There were also monthly partner meetings and quarterly GP meetings.

The practice manager facilitated the Dudley Practice Manager Alliance (DPMA) meetings. These meetings took place on a monthly basis, practice managers and supporting staff regularly attended these meetings to share ideas and discuss best practices with other practices in the local area. We saw how most recently, the practice manager had developed a Disclosure and Barring Check (DBS) risk assessment policy to share with the local practice managers at the next Dudley Practice Manager Alliance (DPMA) meeting. Disclosure and barring checks (DBS checks). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Are services well-led?

Outstanding ☆

(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 very active patient participation group which influenced practice development. The PPG was established in 2001 and consisted of 25 members. The group included a PPG chair, a vice chair, a secretary and a treasurer. The PPG met as a group every six weeks, the practice manager and one of the GPs and members of the nursing team regularly attended the PPG meetings.

We spoke with two members of the PPG including the PPG chair as part of our inspection. The PPG shared a range of minutes and PPG event information to demonstrate how the group had been involved in a number of successful events and projects at the practice. The PPG chaired a number of successful health awareness events at the practice. The most recent event (in October 2015) was a healthy living and healthy life event. This was held during the day on a Saturday and was developed specifically for the practices older population. We saw that topics such as falls prevention, diet and nutrition advice, sight awareness and healthy feet were discussed as part of the event. Talks were given by health care professionals including a chiropodist and physiotherapist and exhibitions were provided by a range of organisations such as Age UK. The practice also offered flu jabs at the end of the event and shingles vaccinations to those who were eligible. The PPG completed a report which reflected on the event. A total of 56 patients attended, comments were noted from patients who described the event as useful and interesting. The PPG had also completed an evaluation of the day to analyse its success rates. Results highlighted that out of the 29 completed evaluation forms, 79% of the attendees rated the event as excellent and 0% rated the event as poor.

The practice also held a successful children's health event. This event was led by the GP safeguarding lead, with support provided by the PPG. During this event parents, grandparents and carers were able to take part in a child CPR session provided by St Johns Ambulance. Attendees were also educated on how to effectively manage minor illnesses in small children. Other health events facilitated by the PPG included teen health, diabetes, admission avoidance and medicines management.

We noticed a suggestions box in the waiting room for patients to make suggestions in the practice if they wished to. The PPG regularly reviewed these suggestions. An improvement led by the PPG as a result of a patient's suggestion included creating a child-friendly area in the practice. The PPG members also explained that patients sometimes finding it hard to park at the practice. The practice had a large car park however we noticed that it was problematic to park during busy periods. To help with this the PPG started a walking group to reduce the number of cars in the car park and also to help with exercise and healthy lifestyles. The PPG explained that a few patients had joined the walking group and that this was on hold during the winter months.

The practice had also developed printed T-Shirts for their PPG members. The T-Shirts displayed information so that patients could approach members of the PPG for support and assistance. For example, we noticed a member of the PPG with a T-Shirt asking patients if they needed assistance with the self-check-in screen. The member of the PPG explained that they often attended the practice to support patients through the self-check-in system.

The PPG had also influenced a number of the practices services such as the times for extended hours on a Monday evening, adding further bays for disabled car parking, the development of the practice website and the practices online repeat prescription service. The PPG regularly visited local practices in the area to give presentations and guidance on how to set up a successful PPG. They had achieved a number of awards over the years due to the success of their projects at the practice. These included two patient participation awards by the Royal College of General Practitioners (RCGP).

Continuous improvement

The practice team was forward thinking and was a lead practice in the area for various pilot schemes to improve outcomes for patients in the area. The practice developed a multi-clinic which had been successful over the past five years. The practice manager explained how the multi clinic acted as a one-stop system for patients with multiple conditions. These patients were reviewed and assessed on an annual basis both in the practice and at home. The multi-clinic was led by the advanced nurse practitioner who was supported by the practice nurses and healthcare

Are services well-led?

Outstanding ☆

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

assistants. The practice manager explained how the clinic, templates and protocols had been described as good practice by the local CCG with a view to disseminate the multi clinic service across the local area.

One of the GPs had a lead role in women's health, the GP led on a programme of in-house workshops focussing on women's health topics and gynaecology in particular. The workshops were introduced as the GP recognised that some of the trainee GPs were not always adequately trained specifically to perform gynaecological examinations. The success of the workshops led to the development of a gynaecology triage process where trainee GPs and GP colleagues could contact the lead GP for women's health for advice and guidance. The practice completed an audit of their gynaecology system which highlighted a 20% reduction in their community referral rates and acute admissions following the introduction of the system.

The practice manager explained that the team were always working on areas to continually make improvements. They explored innovative and efficient ways of improving communication with their local health care teams to deliver more joined-up care to patients. For example, in addition to their multidisciplinary meetings the practice held a monthly lunch and chat meeting with a range of other community health care teams. We viewed minutes of meetings held with local care and nursing homes in June 2015 and a further meeting with local pharmacists in July 2015. The minutes of the meetings demonstrated how the practice worked with their local care and nursing homes in reviewing home visit requests, reiterating processes and gathering feedback with regards to the GPs weekly ward rounds. Topics such as ordering prescriptions specifically for nursing homes were also discussed during the practices meeting with the local pharmacists.

As a long standing teaching and training practice, the practice was committed to education, training and development. Three of the GP partners were once trainee GPs at the practice and the practice was providing further training to three trainee GPs. Three partners were GP trainers and all of the GPs contributed towards the teaching and training programme. The practice was an accredited firm 1 teaching practice for the University of Birmingham and there were lead GPs in place that supported groups of medical students at the practice. In addition the practice encouraged work experience and youth skills opportunities from a local college, two modern apprentices had been recruited as a result of this.

The practice manager also engaged with the local CCG by facilitating an education and training programme of seven updates in one day for nurses and healthcare assistants to attend every six weeks. These were training sessions where nursing teams were updated on a range of nursing areas such as long term conditions, immunisations, travel updates and core health and wellbeing information.

The practice had achieved a variety of awards over the years including a quality practice award from the Royal College of General Practitioners (RCGP) and most recently the practice manager achieved practice manager of the year which was awarded by the local CCG.