Hindon Surgery

Quality Report

High Street
Hindon
Salisbury
SP3 6DJ
Tel: 0174 7820222
Website: www.hindonsurgery.co.uk

Date of inspection visit: 9 August 2016
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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?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hindon Surgery on 9 August 2016. Overall the practice is rated as outstanding.

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

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice was instrumental in establishing an Elderly Care Facilitator service in the locality. One of their roles was to send a birthday card and questionnaire to patients aged 75 and over on their birthday to help identify patients at increased risk.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice including:

- The practice had identified 131 patients as carers (6% of the practice list) and had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority.
- The practice had an ethos of providing a one stop surgery to reduce patients' visits to the surgery and to reduce the need for patients to visit hospital. They worked to remove all barriers and encourage service uptake. For example, following patient feedback and discussions with the Patients Participation Group the practice had introduced eight 'never full' surgeries per week. The practice was committed to offering same day access to a GP if this was what the patient wanted and this was confirmed by feedback from patients which was consistently highly positive. Data from the national GP patient survey showed patients rated the practice as the best performing practice in the local

Summary of findings

clinical commissioning group area. For example, 100% of patients described the overall experience of this GP practice as good compared to the national average of 85%. This was supported by the latest data available from the Family and Friends test which showed that 100% of the patients responding to said they would recommend this practice to their friends and family.

The areas where the provider should make improvement are:

- Ensure they adequately assess the risks inherent in the building, such as the security of consulting rooms.

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.
- Most risks to patients were assessed and well managed. However the risk assessments did not adequately reflect some of the security risks inherent in the building, such as the potential for an unauthorised person to enter the consulting rooms which opened onto the foyer.
- The practice put additional information on labels and repeat prescription forms to improve patient safety, to encourage patients to take responsibility for their condition and to share other health information. For example, we saw a label on some tablets dispensed by the practice which said, “take half in the evening to help prevent migraine”.
- 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 had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken .

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally. For example, 100% of

Summary of findings

patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (4/2014 to 3/2015) compared to the CCG average of 88% and national average of 84%.

- The practice had low numbers of people being admitted to hospital as an emergency. Six patients per thousand had an emergency admission for ambulatory care sensitive (ACS) conditions (from 04/2014 to 03/2015 inclusive) compared to the clinical commissioning group of average of 13 and national average of 15 per thousand patients. (ACS conditions are a group of diverse health conditions that can often be managed with timely and effective treatment in a primary care setting without hospitalisation. The rates of admission for these conditions are a common marker of success for health systems.)
- The practice actively encouraged its patients to attend national screening programmes for bowel and breast cancer. They encouraged uptake of the screening programmes by a communication strategy which included; writing up to three personal letters from the GP to all patients who did not attend for a screening test, articles in local village newsletters and advice on repeat prescription forms. We saw that the letters to patients included background information and the pros and cons of the screening.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice.

Are services caring?

Outstanding ☆

The practice is rated as outstanding for providing caring services.

Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. This data showed they were the best performing practice in Wiltshire and the fourth best nationally. For example:

- 100% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 100% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

We observed a strong patient-centred culture:

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- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. For example, following feedback from patients the practice had changed their appointment system to include eight 'never full' surgeries a week for which no appointment was required and went on until all patients had been seen.
- The practice prioritised supporting patients on end of life care. We were told that one of the GPs gave their personal phone number to patients who were identified as being in need of end of life care and in the last two years over 70% of patient deaths had been in a place of their choosing. (The majority of patients prefer to die at home.)
- Views of external stakeholders were very positive and aligned with our findings.

The practice had identified 131 patients as carers (6% of the practice list). The practice offered carers clinics where carers could be seen by a GP, a health trainer and an advisor who was able to give advice and support on a range of issues such as benefits and finances. The practice had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice was instrumental in establishing an Elderly Care Facilitator service in the locality. One of their roles was to send a birthday card and questionnaire to patients aged 75 and over on their birthday to help identify patients at increased risk.
- 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. For example, the practice had introduced eight 'never full' surgeries per week as a result of patient feedback. These were surgeries for which no appointment was necessary. The practice was committed to offering same day access to a GP if this was what the patient wanted and this was

Summary of findings

confirmed by feedback from patients. Patients could still book appointments for the usual daily surgeries and on the day of our inspection the next bookable appointment with a GP was the next day.

- The practice aim was to offer a one-stop-shop approach where patients had easy access to GPs who would deal with whatever issues they brought to the surgery.
- The GP phoned patients on their discharge from hospital or if the patient had received emergency care elsewhere and made arrangements for a home visit or a surgery appointment as appropriate.

Are services well-led?

Outstanding

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- High standards were promoted and owned by all practice staff and the team worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice had clear and longstanding commitment to the development of ideas and innovations that improved the quality of care they provided. We saw examples of innovations developed by the practice that had subsequently been adopted by other practices. The practice had won numerous awards for their development work. For example, their information leaflets about how to get the best out of a hospital referral, which won a British United Provident Association award and adding extra information to repeat prescription forms.
- They also supported development in allied services, such as the ambulance service, by giving them feedback and we saw evidence that this was well received.
- The practice held two team 'away-days' each year to focus on learning and service development.

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 is rated as outstanding for the care of older people.

- 14.5% of the practice register were over 75 years of age and had been identified as a priority.
- The practice sent a birthday card and questionnaire to patients aged 75 and over on their birthday to help identify patients at increased risk.
- They offered admission avoidance appointments to patients identified as being at risk.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice conducted weekly visits to one nursing home in the area.
- The practice used every opportunity to encourage patients to take advantage of preventative measures, such as flu vaccination, which they offered and delivered opportunistically during appointments made for other reasons.
- They prioritised supporting patients on end of life care and in the last two years over 70% of patient deaths had been in a place of patients' choosing. (The majority of patients prefer to die at home.)

People with long term conditions

Outstanding ☆

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

- The practice offered six monthly health checks for patients with long term conditions.
- 90% of patients with diabetes on the register had their last blood test result within the target range in the last 12 months (04/2014 to 03/2015) compared to the clinical commissioning group average of 83% and national average of 81%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All patients had a named GP and a structured annual to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had an ethos of providing a one stop surgery to reduce patients' visits to surgery and to reduce the need for patients to visit hospital.
- The practice had low number of people being admitted to hospital as an emergency. Six patients per thousand had an emergency admission for ambulatory care sensitive (ACS) conditions (04/2014 to 03/2015) compared to the clinical commissioning group of average of 13 and national average of 15 per thousand patients. (ACS conditions are a group of diverse health conditions that can often be managed with timely and effective treatment in a primary care setting without hospitalisation. The rates of admission for these conditions are a common marker of success for health systems.)

Families, children and young people

Outstanding ☆

The practice is rated as outstanding 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.
- The practice had a policy of the GP phoning to speak to parents of all children seen by medical services outside the practice such as A&E and NHS 111 services.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw spoke to patients who confirmed this.
- The practice's uptake for the cervical screening programme was 81%, which was higher than the CCG average of 77% and the national average of 74%.
- The practice's uptake or bowel cancer screening programme was 69% which was higher than the CCG average of 63% and the national average of 55%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- New parents were sent a card that included the patient registration form to complete and a provisional date for the post-natal check. New mothers were telephoned or seen by a GP soon after delivery in addition to midwife and health visitor visits.
- We saw positive examples of joint working with midwives, health visitors and school nurses. For example the practice had recently decided to work more closely with local primary schools to help increase the uptake of child immunisation.
- Immunisation rates were high for all standard childhood immunisations.

Working age people (including those recently retired and students)

Outstanding ☆

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. 33% of the patient list had signed up for on-line services.
- The practice offered extended hours surgeries between 6:30pm and 7pm on Mondays and Wednesdays for patients who worked and found it difficult to attend during normal working hours. Between September and April they also offered an extended hours surgery on Friday evenings between 6.30pm and 7pm. These were in addition to the 'Never Full' surgeries which ran from 5pm on Monday, Wednesday and Friday evenings.
- The practice offered two weekend flu clinics in October, which was advertised on repeat prescription forms, in articles in the village newsletter and on their website.
- Last year the practice identified those patients aged 40 – 74 who had not taken up the invitation for a health check in the past two years and a nurse telephoned these patients. Many of these subsequently attended a health check increasing the practice uptake from about 50% to 75% of patients identified for the checks.

People whose circumstances may make them vulnerable

Outstanding ☆

The practice is rated as outstanding for the care of people who circumstances may make them vulnerable.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access 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.
- The practice nurse undertook regular home visits for people who were vulnerable and housebound.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the clinical commissioning group average of 88% and national average of 84%.
- 100% of patients with a psychosis had a comprehensive agreed care plan documented in their record (from 04/2014 to 03/2015 inclusive) compared to the clinical commissioning group average of 93% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- 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 January 2016. The results showed the practice was performing better than local and national averages. They were the best performing practice in Wiltshire and the fourth best nationally, 226 survey forms were distributed and 142 were returned. This represented 7% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 100% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

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

The planned inspection had to be re-scheduled, which meant the practice had collected comments cards from patients twice. The inspection team looked at all of the comment cards. We received 104 comment cards which were all positive about the standard of care received. (One card contained a comment that sometimes they had to wait to be seen although other comments on the card were highly positive.) Patient said they always received a caring, responsive and friendly service from all the staff which many described as excellent, outstanding and first class.

We spoke with two patients during the inspection. Both patients said they were highly satisfied with the care they received and thought staff were approachable, committed and caring. They commented on how easy it was to see a GP. One said the GP phoned her at home on her discharge from hospital where she had given birth, to check all was well and it was followed by a birthday card for the new baby signed by all the practice staff.

The latest data available showed that 100% of the patients responding to the family and friends test said they would recommend this practice to their friends and family.

Outstanding practice

We saw several areas of outstanding practice including:

- The practice had identified 131 patients as carers (6% of the practice list) and had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority.
- The practice had an ethos of providing a one stop surgery to reduce patients' visits to surgery and to reduce the need for patients to visit hospital. They worked to remove all barriers and encourage service uptake. For example, following patient feedback and discussions with the Patients Participation Group the practice had introduced eight 'never full' surgeries per week. The practice was committed to offering same day access to a GP if this was what the patient wanted and this was confirmed by feedback from patients.
- Feedback from patients about their care was consistently highly positive. Data from the national GP patient survey showed patients rated the practice as the best performing practice in the local clinical commissioning group area. For example, 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%. 100% of patients described the overall experience of this GP practice as good compared to the national average of 85%. This was supported by the latest data available from the Family and Friends test which showed that 100% of the patients responding to said they would recommend this practice to their friends and family.

Hindon Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hindon Surgery

Hindon surgery is small rural practice located close to the centre of the village of Hindon in Wiltshire. It has a dispensary.

The practice is part of the Wiltshire Clinical Commissioning Group and has approximately 2,260 patients. The practice has a higher than average patient population over 50 years old and lower than average under 40 years old. The practice area is in the low to mid-range for deprivation nationally, although it is important to remember that the data is only an indication of deprivation and does not accurately reflect all local communities.

There are two GP partners and a salaried GP making the whole time equivalent of two GPs. The senior partner is also the practice manager. They are supported by two practice nurses, one health care assistant and an administrative and dispensing team of six people.

The practice provides services from the following location:-

Hindon Surgery, High Street, Hindon, Salisbury, SP3 6DJ

The practice is open between 8am and 6.30pm on Monday, Wednesday and Friday, 8am and 12pm on Tuesdays and 8am and 5pm on Thursday. GP appointments are available between 8.40am and 11.30am every morning and 3pm to 5pm every afternoon except Tuesday when they are closed and Thursdays when appointments are until 4.30pm. Extended hours appointments are offered from 6.30pm and 7pm on Monday and Wednesday. Between September and April they also offered an extended hours surgery on Friday evenings between 6.30pm and 7pm. Appointments can be booked over the telephone, online or in person at the surgery. On Tuesday afternoons when they are closed the practice has reciprocal arrangements with a neighbouring practice to see their patients who need to be seen in an emergency.

In addition to pre-bookable appointments that could be booked some months in advance, they run a 'Never Full surgery' for patients who want to be seen the same day. This runs Monday to Friday from 11.30am and Monday, Wednesday and Friday from 5pm.

When the practice is closed patients are advised, via the practice website that all calls will be directed to the out of hours service. Out of hours services are provided by Medvivo.

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

This practice had not been previously inspected.

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. Prior to the inspection we had phone conversations with four members of the patient participation group. We carried out an announced visit on 9 August 2016. During our visit we:

- Spoke with a range of staff, including; the three GPs, one nurse and four members of the dispensary and reception team.
- Spoke with two patients who used the service.
- 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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- The practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

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, when two patients died after presenting with conditions that turned out to be due to cancer, the practice reviewed what had happened and the referral pathway. As a result they changed their procedure to refer such patients much sooner.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice on the consulting room doors 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 practice nurse 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. They had adopted a new methodology recommended by the local clinical commissioning group (CCG) in 2014 which helped identify areas for improvement and since then the practice score using the new method had risen from 69% in 2014 to 96% in June 2016. Staff identified a range of improvements they had made during this period, ranging from a new examination couch to painting walls with a wipeable paint.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk

assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there were a few gaps in the risk assessment policy and it was not fully up to date. For example, it did not adequately reflect the risks inherent in the building.

- 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.

Medicines Management

We looked at the arrangements for managing medicines including prescribing, handling, dispensing, storing and security. The practice had a dispensary offering pharmaceutical services to those patients on its practice list who lived more than one mile (1.6km) from their nearest pharmacy which was about 87% of their patients.

- The practice had a named GP lead, providing governance for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- We saw processes were in place to safely and accurately dispense medicines to patients. Practice staff told us about the procedures for managing repeat prescriptions, which included the review of high risk medicines, medicines requiring blood monitoring, and how they dealt with any that had exceeded the authorised number of repeats. All repeat prescriptions were reviewed and signed by a GP before they were dispensed to the patient.
- The practice delivered some dispensed medicines to a community shop in a neighbouring village where they could be collected more easily by patients. We looked at the system for managing this safely and securely and found it was robust. For example, staff at the community shop had signed confidentiality agreements and there was a process for returning prescriptions that had not been collected.
- Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely and managed in line with legislation and national guidance. For example, controlled drugs were stored in a controlled drugs cupboard and appropriate records were kept. There were also arrangements in place for the destruction of controlled drugs.
- All blank prescription forms were securely stored in the dispensary and we saw systems in place to monitor their use.
- The practice made some reasonable adjustments for patients who struggled to manage their own medicines, for example, by the provision of monitored dosage systems.
- The practice put additional information on labels and repeat prescription forms to improve patient safety, to encourage patients to take responsibility for their condition and to share other health information. For example, we saw a label on some tablets which said, "take half in the evening to help prevent migraine". And the repeat prescription form for another patient said, "fasting blood test and check-up every June". We were told that this system developed by the practice was now being used in other practices.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing and dispensing was in line with best practice guidelines for safe prescribing. We saw examples of eight prescribing audits carried out in the previous eight months.
- A GP reviewed all repeat prescriptions every six months to remove items that were no longer necessary and identify items that needed to be reviewed with the patient.
- Any medicines incidents or 'near misses' were recorded for learning and the practice had a system of audit in place to monitor the quality of the dispensing process.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Good

Are services safe?

- The practice had recently purchased a second internal probe thermometer for the vaccine fridge to act as a check on the built in thermometer. This new thermometer was not working correctly. We saw the practice was taking appropriate action to deal with this.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice told us they regularly reviewed the emergency medicines they chose to stock but these reviews were not usually recorded. The day after our inspection the practice sent us a new emergency drug policy and risk assessment setting out the emergency drugs they would stock, the rational for each and when the document would next be reviewed.
- 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 access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance 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. The overall exception reporting was 5% compared to the clinical commissioning group (CCG) average of 11% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Performance for diabetes related indicators was better than the CCG and the national average. For example, 100% of patients on the register had a flu immunisation in the period 1 August 2014 to 31 March 2015 compared to the CCG average of 96% and national average of 94%. The practice exception rate for this indicator was 3% compared to the CCG and national average of 15%.
- Performance for mental health related indicators was better than the national average. For example, 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (4/2014 to 3/2015) compared to the CCG average of 88% and the national average of 84%. The practice exception rate for this indicator was 0% compared to the sea CCG average of 10% and national average of 8%.
- The 5% of the antibiotic items prescribed by the practice were Cephalosporins and Quinolones, which was the same as the national average of 5% and better than the CCG average of 7%. (Cephalosporins and Quinolones are broad spectrum antibiotics and prescribing rates of these drugs are monitored due to concern they may encourage antibiotic resistance.)

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last 12 months. Three of these were completed audits where the improvements made were implemented and monitored. For example, following a review of bowel cancer screening the practice included an extra letter from the GP in their process. This letter, which was signed by the GP, included background information and the pros and cons of the screening. A subsequent second audit showed the screening uptake rate had increased from 58% to 78%.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice did a monthly analysis of all referrals and emergency admissions.

We saw numerous examples demonstrating how the practice had a clear and long standing commitment to the development of the service through improvements and innovation. As a result of their work they had achieved:

- A low number of people being admitted to hospital as an emergency. Six patients per thousand had an emergency admission for ambulatory care sensitive (ACS) conditions (from 04/2014 to 03/2015 inclusive) compared to the CCG average of 13 and national average of 15 per thousand patients. (ACS conditions are a group of diverse health conditions that can often be managed with timely and effective treatment in a primary care setting without hospitalisation. The rates of admission for these conditions are a common marker of success for health systems.)

Good

Are services effective?

(for example, treatment is effective)

- They prioritised supporting patients who were in need of end of life care and in the last two years over 70% of patient deaths had been outside hospital. (The majority of patients prefer to die at home.)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. We spoke to staff who told us they had had a clear induction process, with appropriate training and they felt supported by the whole practice team. This induction covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We were shown a new induction check list the practice had recently adopted to help monitor the induction process but it had not yet been used, as no new staff had been appointed.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff.
- 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, mentoring, clinical supervision and facilitation and support for revalidating GPs. The practice actively encouraged staff to develop. For example, they had a staff plan which set out, both the practice requirements for staff development and staff training preferences for development including additional clinical training. This was used by the practice together with the annual appraisal system to support staff development.
- All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice had an ethos of empowering their patients to manage their own condition.

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

Good

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on smoking and alcohol cessation.
- The lead GP had trained in alcohol cessation and the practice said that they had the lowest rate of alcohol related hospital admissions in Wiltshire.
- The practice offered smoking cessation advice and 73% of smokers on the practice register over 16 years old had been offered advice.
- The practice had a high rate of flu vaccination. In addition to offering these opportunistically, they offered Saturday flu clinics in October each year which were advertised on prescription slips, surgery notices, local village newsletters and their website.

The practice's uptake for the cervical screening programme was 81%, which was higher than the CCG average of 77% and the national average of 74%. The practice also actively encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for the bowel cancer screening programme was 69% which was higher than the CCG average of 63% and the national average of 55%. The practice had won a Public Health award for their work to improve screening rates for bowel cancer. There were fail-safe 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 demonstrated how they encouraged uptake of the screening programmes by a communication strategy which included; writing up to three personal letters from the GP to all patients who did not attend for a screening test, articles in local village newsletters and advice on repeat prescription forms. We saw that the letters to patients included background information and the pros and cons of the screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds were all 100% compared to the CCG averages which ranged from 83% to 97%, and for five year olds ranged from 75% to 90%, compared to the CCG averages which ranged from 92% to 97%.

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. Last year the practice identified those patients who had not taken up the invitation for a health check in the past two years and nurse telephoned these patients. Many of these subsequently attended a health check increasing the practice uptake from about 50% to 75% of patients identified as eligible for the checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Outstanding ☆

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.
- The reception desk opened onto the waiting room area and we were told it presented a challenge when patients wanted to discuss confidential matters. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they told us they were able to take them to one side to discuss their needs. Being a small practice there was not always a spare room available. The patients we spoke to about this said it was not a problem for them as staff were always sensitive to the issue and this was in line with our observations.

All of the 104 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt all practice staff were helpful, caring and treated them with dignity and respect. Many of the comment cards used words such as 'excellent', 'outstanding' and 'first class' to describe the service. Many patients' comments on how easy it was to see a GP.

We spoke with four members of the patient participation group (PPG). They also told us they were highly satisfied with the care provided by the practice 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 99% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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.

Outstanding ☆

Are services caring?

The practice was committed to empowering patients to take responsibility for their condition and had a communication strategy for giving information to patients in a timely way. For example, they had developed a system for putting additional information on labels and repeat prescription. We saw a label on some tablets which said, "take half in the evening to help prevent migraine". They wrote health articles for a number of local village newsletters and the GP wrote up to three personal letters to all patients who did not attend for a recommended screening test

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 131 patients as carers (6% of the practice list). The practice offered carers clinics where carers could be seen by a GP, a health trainer and an advisor who was able to give advice and support on a range of issues such as benefits and finances. The practice had been awarded a gold plus award for caring for carers by a local charity working in partnership with the local authority. Written information was available to direct carers to the various avenues of support available to them.

We were told that the GP gave his personal phone number to patients on end of life care. They prioritised supporting patients on end of life care and in the last two years over 70% of patient deaths had been outside hospital.

Staff told us that if families had suffered bereavement, their usual GP will write a letter of condolence and attend funerals when able. This 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 had analysed patient deaths against the national priorities for end of life care and identified key learning points.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. There were many examples of the practice working with the CCG to develop new services. For example, the practice was instrumental in establishing an Elderly Care Facilitator service in the locality. One of their roles was to send a birthday card and questionnaire to patients aged 75 and over on their birthday to help identify patients at increased risk. One of the aims of this service was to reduce emergency admissions and we saw data that showed the practice had a low rate compared to the CCG average.

The practice had an ethos of responding to the patients individual needs. For example, when the practice had one patient that had to take a day off work fortnightly to travel to the local hospital for venesection, they decided it would be cheaper for the NHS and better for the patient to have this service delivered by the practice. (Venesection is the removal of a volume of blood as a treatment for certain blood disorders.) The practice then worked with the local clinical commissioning group (CCG) to develop a venesection service specification so the service could be given at other practices in the area. We saw evidence this had saved significant sums of money as well as reducing travel times for patients.

- The practice offered Extended Hours appointments on Monday and Wednesday evening for working patients who could not attend during normal opening hours. Between September and April they also offered an extended hours surgery on Friday evenings between 6.30pm and 7pm. These were in addition to the eight 'Never Full' surgeries each week, which were from 11.30am Monday to Friday and from 5pm on Monday, Wednesday and Friday for which no appointment was necessary and went on until all patients had been seen. This meant that patients could be seen quickly when they wanted.
- Longer appointments were available for patients with a learning disability, carers, patients with dementia or complex medical needs, for detailed reviews following emergency hospital admission and those patients identified as needing longer consultations.
- The practice aim was to offer a one-stop-shop approach where patients had easy access to GP who would deal with whatever issues they brought to the surgery.
- 33% of the patient list had signed up for on-line services.
- GP Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice also employed a specialist nurse who was able to do home visits and could carry out procedures such as changing dressings and catheters.
- Patients were able to receive some travel vaccinations available on the NHS and were referred to a travel clinic for vaccines available privately.
- There were disabled facilities and translation services available.
- In line with practice philosophy of avoiding the need for patients to visit hospital they had invested in a range of equipment to improve service delivery. Examples of equipment purchased included; seven home blood pressure testing machines, ECG and doppler ultrasound machines. near patient testing INR and cholesterol, spirometry and oximeters. (INR or international normalized ratio is a measure of how fast blood clots and usually refers to the blood test done of patients receiving anticoagulant medicine, also know as blood thinners.)
- A GP phoned patients on their discharge from hospital or if a patient had received emergency care elsewhere and made arrangements for a home visit or a surgery appointment as appropriate. We spoke to patients who confirmed this.

Access to the service

The practice was open between 8am and 6.30pm Monday, Wednesday and Friday, 8am to 12 noon on Tuesdays and 8am to 5pm on Thursday. GP appointments were available between 8.40am and 11.30am every morning and 3pm to 5pm every afternoon except Tuesday when they are closed and Thursday when appointments are until 4.30pm. Extended hours appointments were offered from 6.30pm and 7pm on Monday and Wednesday. Between September and April they also offered an extended hours surgery on Friday evenings between 6.30pm and 7pm. Appointments can be booked over the telephone, on-line or in person at the surgery. On the day of our inspection, the next pre-bookable appointment with the senior partner was the

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

next day. On Tuesday afternoons when they are closed the practice has reciprocal arrangements with a neighbouring practice to see patients who need to be seen in an emergency.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, they run a 'Never Full surgery' for patients who want to be seen the same day. Monday to Friday from 11.30am and Monday, Wednesday and Friday from 5pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 95% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 99% of patients said that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment, compared to the national average of 76%

The practice had a policy of enabling patients to be seen the same day. On the day of the inspection patients told that they found it easy to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. However, policy and procedures were not fully in line with recognised guidance and contractual obligations for GPs in England.

- The policy did not include information about how the complaint could be escalated if the complainant was not satisfied with the response. This information was not included in the two letters we saw to patients although this information was included in the practice complaint leaflet. The practice told us it was their normal procedure to include a copy of the complaint leaflet with letters to patients about their complaint but they were not able to confirm this had happened in all cases. The day after our inspection the practice wrote informing us that they had amended their policy and standard complaint letter template to include this information.
- 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. For example a summary leaflet was available in the waiting room and on the website.

We looked at two complaints received in the last 12 months and found they were satisfactorily dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints, and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We saw that the practice had an ethos of reviewing all aspects of the practice activity. For example they did a GP lead review of all repeat prescriptions every six months.
- The practice aim was to offer a one-stop-shop approach where patients had easy access to GP who would deal with whatever issues they brought to the surgery. This meant, for example, that GP's would opportunistically deliver flu vaccines and other preventative interventions during appointments booked for acute or other ongoing needs.
- They aimed to empower patients by giving them good information. This was reflected in the additional information they put on repeat prescription forms and their articles in the newsletters, and confirmed by patient feedback.
- The had a clear, evidence based understanding of how to achieve service development through small incremental improvements, reviewing all areas of the practice and learning from others.

Governance arrangements

The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care.

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. We also saw that the partners drove forward improvements within the practice and also in the local clinical commissioning group (CCG) area. For example the piloting and introduction of the venesection service.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept records of written correspondence.

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

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and speak highly of the culture. We were told that staff were told not to use the words 'urgent' or 'emergency' as the practice policy was to see all patients when they wanted.There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns. 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

Are services well-led?

Outstanding ☆

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

issues at team meetings and felt confident and supported in doing so. Staff told us the practice had an ethos of supporting staff to develop into enhanced roles or take on extra responsibilities at their own pace and we saw how the practice actively used their staff skills needs assessment to support this.

- The practice held two team 'away-days' each year to focus on learning and service development.
- 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. For example, we saw a report responding to ideas for innovation received from staff as part a staff questionnaire. One suggestion which the practice was going to introduce was to work with the local primary schools to increase the uptake of child vaccines.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met annually. The practice had a detailed action plan based on patient feedback. For example, some years ago the practice had introduced eight weekly 'never full' surgeries as a result of patient feedback. This had been welcomed by patients and although recent feedback from the national GP survey was the best in the CCG area, one of their lowest scoring areas was waiting times. 86% of patients said they don't normally wait too long to be seen. Although this was better than the CCG average of 60%, the practice had identified this as an area for further improvement. They planned to ensure all patients were given clear information about the differences between a booked appointment and attending the open 'never full' surgeries, and the planned to discuss this further with their PPG.
- The practice had gathered feedback from staff in various ways such as through staff away days and generally through staff meetings, appraisals and discussion. They did a staff and friends test which showed 100% of staff would recommend the practice as a good place to work. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and there was a clear culture of continuous learning, innovation and improvement at all levels within the practice. The senior GP had been involved with the Improvement Foundation and we saw numerous examples of quality improvements. For example;

- The practice developed a local service in partnership with the local clinical commissioning group for a venesection service. (Venesection is the removal of a volume of blood as a treatment for certain blood disorders.)
- In response to finding patients asking many questions following referrals to hospital, the practice wrote an information leaflet that was runner up for a British United Provident Association communication award.
- The practice did a monthly analysis of all referrals and emergency admissions and we saw there were a range of learning points.
- We saw a 30 page report reviewing patient feedback, primarily focusing on the national GP survey, the Friends and Family test and feedback from the patients participation group, which set out a range of actions to improve the service they provided.
- The practice had won numerous awards for their work to improve service quality and were proud that some of the ideas developed in the practice had now become more widely used. For example, their information leaflets about how to get the best out of a hospital referral, which won a BUPA award and adding extra information to repeat prescription forms.

We saw evidence that the focus on innovation and development within the practice had led to improved patient outcomes, such as lower hospital admission rates, and reduced costs, including lower than average prescribing costs.

Are services well-led?

Outstanding ☆

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

They told us they also supported development in allied services, such as the ambulance service, by giving them constructive feedback and we saw evidence that this was well received.