

Marsden Road Health Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Marsden Road Health Centre on 24 March 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care as a result of this.
- Feedback from patients about their care was consistently positive. Patients reported that they were treated with compassion, dignity and respect.
- The practice had obtained excellent National GP Patient Survey results in relation to care and treatment received and the ease of being able to get an

appointment. 95% of patients described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.

- Urgent appointments were usually available on the day they were requested. Pre-bookable appointments were available within acceptable timescales.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.
- The practice had proactively sought feedback from patients and had an active patient participation group. The practice implemented suggestions for improvement and made changes to the way they delivered services in response to feedback. For example, they had introduced Saturday morning GP appointments.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- The practice had a clear vision in which quality and safety was prioritised. The strategy to deliver this vision was regularly discussed and reviewed with staff and stakeholders.

We saw several areas of outstanding practice:

- The practice had effective systems in place to support patients with long term conditions. They had adopted an approach that ensured patients with long term conditions received proactive, holistic and patient centred care. In addition to the usual range of conditions for which long term condition reviews were offered the practice also offered reviews for conditions such as pre-diabetes, chronic kidney disease, rheumatoid arthritis, peripheral vascular disease and recurrent depressive disorder.
- The practice had created a process to ensure housebound patients with long term conditions were offered a fully comprehensive annual review. They had achieved this by ensuring practice health care assistants attended home visits for long term condition reviews armed with all necessary background information and diagnostic equipment to be able to carry out a fully comprehensive review. The results were then reviewed by a clinician who would subsequently contact the patient to carry out a follow up telephone review. The success of this initiative had led to it being adopted by the local CCG for use by their community nurses.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were generally assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

The practice was clean and hygienic and good infection control arrangements were in place.

There was evidence of effective medicines management and the medicines we checked were in date and stored appropriately. The practice had an effective system in place to monitor the use and movement of blank prescriptions.

Comprehensive staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks where appropriate. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training. The availability of this service was advertised on the electronic call system in the practice waiting room.

Good



Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework showed patient outcomes were better than local clinical commissioning group (CCG)

Good



Summary of findings

and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 100% of the points available (local CCG average 94.4% and national average 94.7%).

Achievement rates for cervical screening, flu vaccination and the majority of childhood vaccinations were above or comparable with local and national averages. For example, at 95%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was higher than the national average of 82.8%. Childhood immunisation rates for the vaccinations given to two year olds ranged from 83.8% to 98.2% (compared with the CCG range of 84.9% to 99.4%). For five year olds this ranged from 86.7% to 100% (compared to CCG range of 91.5% to 100%).

There was evidence of clinical audit activity and improvements made as a result of this. Staff received annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in January 2016 were generally above average when compared with CCG and national averages in respect of providing caring services. For example, 95% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 92% and national average 89%) and 97% said the last nurse they saw or spoke to was good at listening to them (CCG average 92% and national average was 91%).

Results also indicated that 92% of respondents felt the GP treated them with care and concern (CCG average 89% and national average of 85%). 95% of patients felt the nurse treated them with care and concern (CCG average 91% and national average 91%).

Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Trends and themes arising from complaints and significant events were identified and implementation of lessons learned monitored appropriately. The practice was proactive in ensuring that all significant events were reported to the local CCG using the Safeguard Incident and Risk Management (SIRMS). This enabled not only the practice but the CCG to identify recurrent issues and those requiring immediate remedial action quickly.

The practice's scores in relation to access in the National GP Patient Survey were higher than local and national averages. The most recent results (January 2016) showed that 96% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%). 96% found it easy to get through to the surgery by phone (CCG average 82%, national average 73%). 77% said they usually waited 15 minutes or less after their appointment time (CCG average 74%, national average of 65%). The practice had previously used an external provider to analyse demand and capacity which had concluded that there was the right number of staff employed to meet the needs of their patient population.

The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met patients' needs and had developed innovative approaches to providing integrated patient-centred care. For example, they had adopted the Kings Fund 'House of Care' approach to caring for patients with long term conditions which ensured they received proactive, holistic and person centred care. The practice had also taken steps to ensure housebound patients received fully comprehensive long term condition reviews.

The practice worked closely with other organisations and the local community to plan services and events which not only benefited their patients but the wider community. For example, they delivered and supported health promotion events within the health and wellbeing centre in which the practice was based.

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, they had introduced a Saturday morning session and made changes to their waiting area.

Outstanding



Summary of findings

Are services well-led?

The practice is rated as good 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 this.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The practice did not have a formal business or development plan but discussed issues such as succession planning, demand, plans for the future and alternative ways of working at regular practice cabinet meetings.

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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice proactively sought feedback from staff and patients, which it acted on. An active patient participation group was in operation

There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 98.9% and the England average of 97.9%.

Patients aged over 75 had a named GP and the practice offered immunisations for pneumonia and shingles to older people which included home visits for any housebound patients considered to be at risk (at the time of our inspection practice staff told us that 78% of the practice's older patient population had taken up the offer of a flu vaccination). The practice had a palliative care register and held regular multi-disciplinary meetings to discuss and plan end of life care. This involved the development of emergency health care plans in conjunction with patients and their families and carers.

All local care homes in which the practice had patients had a named link GP to enable continuity of care. The practice operated a ward round approach to visiting patients in their main care home. All care home patients were offered a six monthly review.

All home visit requests were triaged within 30 minutes to ensure older people at risk of admission to hospital received the care they required as soon as possible.

The practice had undertaken a project to improve the management of their frail patients to ensure problems related to over treatment were minimised. They had reviewed the medication of relevant patients and ensured they had a comprehensive care plan in place. They had also created a frailty index and placed an alert on the computer record of their most frail patients to ensure they were prioritised as needing urgent care if they contacted the surgery.

Good



People with long term conditions

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

Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. Patients with multiple long term conditions were offered a comorbidity review. In

Outstanding



Summary of findings

addition to the usual range of conditions for which long term condition reviews were offered the practice also offered reviews for conditions such as pre-diabetes, chronic kidney disease, rheumatoid arthritis, peripheral vascular disease and recurrent depressive disorder. The practice had decided to do this as they had identified that they had a high percentage of patients with these conditions who would benefit from regular review.

The practice were proactive in their treatment of diabetes and offered screening for risk, care of pre diabetes patients, condition management and insulin initiation led by a GP with a special interest in the condition. Practice staff told us that as a result of this they had low complication rates for diabetic patients and very few who had required any form of amputation. The practice had diagnosed 666 of their patients as having pre-diabetes, 450 of whom had undergone a review.

The practice also provided joint injections and were committed to managing long term musculoskeletal conditions in-house led by a GP with orthopaedic experience.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved very good outcomes in relation to the conditions commonly associated with this population group. For example:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 2.6% above the local CCG average and 2.6% above the national average.
- The practice had obtained 100% of the point available to them in respect of chronic obstructive pulmonary disease. This was 3.5% above the local CCG average and 4% above the national average
- The practice had obtained 100% of the points available to them in respect of hypertension (2.6% above the local CCG average and 2.2% above the national average).
- The practice had obtained 100% of the points available to them in respect of diabetes (10.1% above the local CCG average and 10.8% above the national average).

The practice were committed to ensuring patients with multiple long term conditions had, where possible, one annual review with a clinician experienced in dealing with their most complex condition. They were using a risk categorisation system for patients with multiple long term conditions which meant that patients were categorised into a colour coded system dependent on which of their long term conditions presented the most risk. They were then asked to make an appointment for the appropriate clinic which ensured

Summary of findings

that appropriately trained staff were carrying out the review and had the equipment at hand they needed to do so. For example, patients most at risk from experiencing problems related to chronic obstructive pulmonary disease (COPD) were asked to make an appointment for the purple clinic. The practice then ensured that the purple clinic was staffed by clinical staff experienced and trained in treating COPD and that diagnostic equipment such as a spirometer (a device used to measure the volume of air inspired and expired by the lungs) was readily available.

The practice had taken steps to ensure that housebound patients were offered structured long term condition reviews to the same standard as more able patients able to attend the surgery. They had achieved this by ensuring practice health care assistants attended home visits for long term condition reviews armed with all necessary background information and diagnostic equipment to be able to carry out a fully comprehensive review. The results were then reviewed by a clinician who would subsequently contact the patient to carry out a follow up telephone review. The success of this initiative had led to it being adopted by the local CCG for use by their community nurses.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 83.8% to 98.2% (compared with the CCG range of 84.9% to 99.4%). For five year olds this ranged from 86.7% to 100% (compared to CCG range of 91.5% to 100%). Systems were in place to follow up children who repeatedly failed to attend immunisation appointments and highlight concerns to the local safeguarding authority.

Good



Summary of findings

At 95%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was higher than the national average of 82.8%

Pregnant women were able to access antenatal clinics provided by healthcare staff attached to the practice. The practice GPs carried out post-natal mother and baby checks.

The practice offered a full range of contraceptive services, including implants, insertion of intra uterine devices and emergency contraception.

Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been met. The practice was open from 8am to 7pm on a Monday, Tuesday and Thursday (appointments from 8am to 6.50pm), 8am to 6pm on a Wednesday and Friday (appointments from 8am to 5.30pm) and 9am to 11am on a Saturday (appointments from 9am to 10.50am). The practice also offered urgent and pre bookable telephone consultations to aid patients who worked or were unable to physically attend the surgery. In addition, the practice allowed out of area patients who worked locally to register with them.

The practice offered minor surgery, joint injections, contraceptive services, travel health clinics, smoking cessation and NHS health checks (for patients aged 40-74).

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group.

The practice had worked with South Tyneside Council to provide a new health and wellbeing centre where patients and local residents could access a number of health promotion activities and support services.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances make them vulnerable.

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for an annual half hour long health check and were able to request longer appointments.

Good



Summary of findings

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable people. 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 and out of hours.

The practice pro-actively identified carers and ensured they were offered an annual flu vaccinations and signposted to appropriate advice and support. The practice had built questions designed to identify and assist carers into templates used by clinical staff, which included a carer's strain index.

The redevelopment of the building offered opportunities for patients to access many activities, clubs and services. For example, there was a pop up café staffed by people with autism and learning difficulties. The practice had also agreed to educate and support vulnerable adults running and attending the café as part of a route to work programme, in the benefits of registering with, and using a GP service.

People experiencing poor mental health (including people with dementia)

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

Nationally reported QOF data for 2014/15 showed the practice had achieved the maximum point available to them for caring for patients with dementia, depression and mental health conditions. At 87.6% the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face meeting in the last 12 months was 2.4% above the local CCG and 3.6% above the national averages.

Patients experiencing poor mental health were sign posted to various support groups and third sector organisations, such as local wellbeing and psychological support services. The practice had developed an effective working relationship with the local IAPT (Improving Access to Psychological Therapies) service.

The practice had recognised that there was high levels of drug and alcohol addiction in their area and offered a drug reduction service, including methadone prescribing, in house. Some of the practice GPs had undertaken a Royal College of General Practitioners (RCGP) certificate in the management of drug misuse and had previously worked in rehabilitation facilities. Patients experiencing drug and alcohol dependency could self-refer to a drugs and alcohol counsellor who attended the practice on a regular basis.

Good



Summary of findings

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice systematically screened for dementia and referred patients to memory clinics. Staff members, including some of the GPs had undertaken training to enable them to become a 'Dementia Friend'. Patients with dementia, and their carers were regularly signposted to a local service for support and advice.

Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in January 2016 showed patient satisfaction was above average. 262 survey forms were distributed and 112 were returned, a response rate of 43%. This represented approximately 0.9% of the practice's patient list.

- 96% found it easy to get through to this surgery by phone compared to a CCG average of 82% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 96% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 94% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).
- 94% said their GP was good at explaining tests and treatment (CCG average 88%, national average 86%)

- 95% said the nurse was good at treating them with care and concern (CCG average 91%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We only received one comment card which was very complimentary about the standard of care received. The respondent stated that they found the surgery clean and hygienic and that they were confident that they would receive good treatment.

We spoke with six patients during the inspection, two of whom were members of the practice patient participation group. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

In advance of the inspection we also spoke to a pharmacist who was employed by the local clinical commissioning group but worked with the practice. They reported that they had no concerns in respect of the practice and that there was effective information sharing and communication.

Outstanding practice

- The practice had effective systems in place to support patients with long term conditions. They had adopted an approach that ensured patients with long term conditions received proactive, holistic and patient centred care. In addition to the usual range of conditions for which long term condition reviews were offered the practice also offered reviews for conditions such as pre-diabetes, chronic kidney disease, rheumatoid arthritis, peripheral vascular disease and recurrent depressive disorder.
- The practice had created a process to ensure housebound patients with long term conditions

were offered a fully comprehensive annual review. They had achieved this by ensuring practice health care assistants attended home visits for long term condition reviews armed with all necessary background information and diagnostic equipment to be able to carry out a fully comprehensive review. The results were then reviewed by a clinician who would subsequently contact the patient to carry out a follow up telephone review. The success of this initiative had led to it being adopted by the local CCG for use by their community nurses.

Marsden Road Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. Also in attendance were a GP specialist advisor and a specialist advisor with experience of practice management.

Background to Marsden Road Health Centre

Marsden Road Health Centre is located in the South Shields area of Tyne and Wear. The practice provides care and treatment to 12,022 patients from the Westoe, Cauldwell, Harton, Cleadon, Marsden and Horsley Hill areas of South Shields. It is part of the NHS South Shields Clinical Commissioning Group (CCG) and operates on a Personal Medical Services (GMS) contract.

The practice provides services from the following address, which we visited during this inspection:

Marsden Road Health Centre, Marsden Road, South Shields, NE34 6RE.

The practice is located in purpose built public finance initiative premises in Marsden Road Health and Wellbeing Centre which opened in 2013. As well as the health centre the premises incorporates a dentist, gym, local social housing office, Horsley Hill Youth Project and community rooms used by a number of local groups for a variety of classes including dancing, fitness, football and toddler classes.

All reception and consultation rooms are fully accessible for patients with mobility issues and there are two on-site car parks adjoining the health and wellbeing centre.

The practice is open from 8am to 7pm on a Monday, Tuesday and Thursday (appointments from 8am to 6.50pm), 8am to 6pm on a Wednesday and Friday (appointments from 8am to 5.30pm) and 9am to 11am on a Saturday (appointments from 9am to 10.50am).

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC).

Marsden Road Health Centre offers a range of services and clinic appointments including chronic disease management clinics, antenatal care, family planning, minor surgery, smoking cessation, travel vaccinations, childhood health surveillance and immunisations and weight management. The practice is a training practice and provides training to GP registrars (fully qualified doctors with experience of hospital medicine who are training to become a GP). It is also a research practice which means that the practice are actively involved in clinical research and their patients are able to participate in clinical trials should they wish to do so.

The practice consists of:

- Six GP partners (four male and two female)
- Three salaried GPs (one male and two female)
- A nurse manager and five practice nurses (all female)
- Two health care assistants (both female)
- 20 non-clinical members of staff including a managing partner, practice manager, reception manager, receptionists, clinical coders and secretaries

The area in which the practice is located is in the fourth (out of ten) most deprived decile. In general people living in more deprived areas tend to have greater need for health services.

Detailed findings

The average life expectancy for the male practice population is 78 (CCG average 77 and national average 79) and for the female population 83 (CCG average 81 and national average 83).

64.5% of the practice population were reported as having a long standing health condition (CCG average 59.6% and national average 54%). Generally a higher percentage can lead to an increased demand for GP services. 51.5% of the practice population were recorded as being in paid work or full time education (CCG average 54.6% and national average 61.5%). Deprivation levels affecting children and older people were both lower than the CCG averages but higher than national averages.

Why we carried out this inspection

We inspected this service as part of our 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?

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 March 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, nursing staff, the practice manager, the clinical coder and a health care assistant. We spoke with six patients, two of whom were members of the practice's patient participation group (PPG) and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed one Care Quality Commission (CQC) comment card that had been completed by a patient and looked at the records the practice maintained in relation to the provision of services. We also spoke to attached staff that worked closely with, but were not employed by, the practice.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events which recorded level of risk and likelihood of recurrence.

- Staff were well aware of their roles and responsibilities in reporting and recording significant events.
- Significant events were analysed and reviewed on a regular basis at staff meetings as a standard agenda item.

We reviewed safety records, incident reports national patient safety alerts and minutes of partners meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Trends and themes were identified and all significant events were recorded on the local clinical commissioning group's (CCG) Safeguard Incident and Risk Management System (SIRMS). The SIRMS system enables GPs to flag up any issues via their surgery computer to a central monitoring system, so that the local CCG can identify any trends and areas for improvement. Patient safety alerts were received by the practice manager and cascaded to relevant staff for action.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology if appropriate and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place which generally kept patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 GP leads for children's and adult safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice held six weekly multi-disciplinary meeting to discuss vulnerable patients, including children who

attended A&E regularly. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs were trained to level three in children's safeguarding.

- Chaperones were available if required and this service was advertised on the electronic call system in the practice waiting room. Staff who acted as chaperones had all received appropriate training 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 and we observed the premises to be clean and tidy. A comprehensive cleaning schedule was in place and the nurse manager told us that cleaning audits were carried out on a regular basis as part of their infection control audit process. The last infection control audit had been carried out in February 2016 and we saw evidence of action taken as a result of this audit.
- An effective system was in place for the collection and disposal of clinical and other waste.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Blank prescription pads were stored securely
- Patient group and patient specific directions (PGDs and PSDs) had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. PGDs and PSDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor.
- We reviewed the personnel files of recently employed staff members and found that appropriate recruitment checks had been undertaken for all staff prior to employment. Good induction processes were in place for all staff including locums and registrars.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP partners and practice management staff encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and were transparent in their approach to this to enable identification of trends,

Are services safe?

themes and recurrent problems. They had recorded 113 significant events during the period 1 April 2015 to 31 March 2016, all of which had been recorded on the SIRM system. The system used by the practice encouraged them to assess likelihood of reoccurrence and potential impact/risk to others. Significant events were regularly discussed and analysed at various practice meetings and appropriate action taken. For example, a significant event relating to the unexpected death of a patient had led to the practice including questions relating to domestic violence in a number of their templates, including those used for depression, postnatal checks, cervical smears and bio-psychosocial assessments. The practice had also arranged training updates for staff on domestic violence awareness.

Monitoring risks to patients

Risks to patients were generally assessed and well managed with the exception of those relating to fire safety:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. Staff had received fire safety training and fire alarms were tested on a weekly basis. The premises were owned and managed by NHS Property Services who were responsible for carrying out annual fire evacuation drills and we saw evidence that the last one had been carried out in June 2015. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Annual leave was planned well in advance and staff covered for each other when required. The practice had previously used an external provider to analyse demand and capacity which had concluded that there was the right number of staff employed to meet the needs of their patient population.
- The practice regularly used locum GPs but staff told us this was usually for very short periods of time. When this was necessary, however, relevant checks were undertaken and a comprehensive locum induction pack was in place.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training. 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 fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- There were alarms in all clinical rooms to alert staff of a medical emergency. A lighting system in the premises ceiling would then activate to direct staff to the appropriate room.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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 implementation of such guidelines were discussed at regular clinical and appraisal meetings.

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 showed the practice had achieved 100% of the total number of points available to them compared with the clinical commissioning group of 94.4% and national average of 94.7%.

At 16.1% their clinical exception rate was higher than the local CCG average of 9.5% and national average of 9.2%. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Practice management staff told us this was due to the fact that they had a high percentage of patients with long term conditions failing to attend review appointments despite the practice sending three recall letters before exception reporting (64.5% of the practice population were reported as having a long standing health condition compared to the CCG average 59.6% and national average 54%). The practice had carried out an audit of their exception reporting in August 2015 which concluded that all of their exception reporting had been appropriate. The practice had identified that they had a higher than average rate of exception reporting in relation to asthma than average (19.6% compared to the CCG average of 8.3% and national average of 6.8%). They had therefore attempted to combat the problem of asthma patients failing to attend for review appointments by ensuring that the review invitation letters included a

questionnaire for a patient to complete and return. Dependent on the answers provided the patient could then be offered a telephone review rather than having to attend the practice in person.

- The practice had obtained the maximum points available to them for all of the 19 QOF indicators, including mental health, hypertension, dementia and depression and for caring for patients who had a learning disability or required palliative care.

The practice was able to demonstrate that it had carried out clinical audit activity to help improve patient outcomes. We saw evidence of several two-cycle audits, including one used to review patients prescribed warfarin (an anticoagulant used to prevent blood clots and thrombosis) to ensure their international normalised ratio (INR) was checked and recorded at least every three months. The audit identified 156 relevant patients during the first cycle and a further 173 during the second cycle. As a result of the audit recording of target ranges increased from 10.3% to 83.2% with results for being within the target range increasing from 3.2% to 39.9%. We also saw evidence of a number of other audits including a review of two week wait hospital referrals for patients experiencing cancer-like symptoms, patients prescribed methotrexate (a cytotoxic agent used to treat a variety of conditions including cancer) and antibiotic prescribing.

The practice had a palliative care register and held regular multi-disciplinary palliative care meetings to discuss the care and support needs of palliative care patients. Care plans which included decisions about end of life care were developed with the involvement of palliative care patients and their families/carers.

Effective staffing

The staff team included GPs, nursing, managerial, health care and administration staff. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS

Are services effective?

(for example, treatment is effective)

England can the GP continue to practice and remain on the performers list). The practice nurses reported they were supported in seeking and attending continual professional development and training courses.

The practice had an effective staff appraisal system in operation which included the identification of training needs and development of personal development plans. Staff were given protected time to undertake both mandatory and non-mandatory training.

The practice continually looked at demand for appointments and staffing requirements and responded appropriately. We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in house whenever possible. When the practice did have to use a locum GP an effective locum induction pack was in place.

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 services 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. We saw evidence that multi-disciplinary meetings took place on a regular basis and that care plans were reviewed and updated. The practice adopted a joint care planning approach and used emergency health care plans (EHCPs) and health and social care plans.

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 Mental Capacity Act 2005. All clinical staff had undertaken mental Capacity Act training.
- 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 practice had a system in place to ensure that the coroner was informed of the death of any patient's subject of a deprivation of liberty safeguarding (DoLS) order.

Patients were supported to express their views and were involved in making decisions about their care and treatment. Of the 112 patients who participated in the National GP Patient Survey published in January 2016, 94% reported the last GP they visited had been good at involving them in decisions about their care. This compared to a national average of 82% and local CCG average of 86%. The same survey revealed that 93% of patients felt the last nurse they had seen had been good at involving them in decision about their care compared with a national average of 85% and local CCG average of 88%.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers and those with a long-term and mental health condition or learning disability.

Vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 83.8% to 98.2% (compared with the CCG range of 84.9% to 99.4%). For five year olds this ranged from 86.7% to 100% (compared to CCG range of 91.5% to 100).

At 95%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was higher than the national average of 82.8%

Patients had access to appropriate health assessments and checks. These included health checks for new patients, patients aged between 40 and 74 and for over 75s. During

Are services effective?

(for example, treatment is effective)

2015 the practice had carried out 744 new patient checks, 2149 NHS health checks for patients aged 40 to 74 and 1315

over 75 health checks. The practice had carried out appropriate follow-ups where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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 knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Reception staff had undertaken customer service training.

We received one completed CQC comment card which was very complimentary about the practice. We also spoke with six patients during our inspection, two of whom were members of the practice patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey (published in January 2016) showed patient satisfaction was higher than local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 97% 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%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 96% patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 on the comment card we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed patient satisfaction was above average in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 92% and the national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 97% said the last nurse they spoke to was good listening to them compared to the CCG average of 92% and the national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language. There was also had a hearing loop and sign language service available for patients with hearing difficulties.

Longer appointments were available for patients with a learning disability, who were also offered an annual half hour physical health check and flu immunisation. The practice held a register of 65 patients recorded as living with a learning disability.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations

Are services caring?

The practice pro-actively identified carers and ensured they were offered an annual flu vaccination and signposted to appropriate advice and support. The practice had built questions designed to identify and assist carers into templates used by clinical staff, which included a carer's

strain index. The practice computer system alerted clinicians if a patient was a carer. At the time of our inspection they had identified 256 of their patients as being a carer (approximately 2.13% of the practice patient population).



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had reviewed the needs of its local population and planned services accordingly. Services took account the needs of different patient groups and helped to provide flexibility, choice and continuity of care.

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- The appointment system operated by the practice ensured that patients could generally get an urgent appointment or telephone consultation with a GP the same day.
- There were disabled facilities and translation services available. The practice had a hearing loop and access to a sign language service.
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions.
- Staff members, including some of the GPs had undertaken 'Dementia Friends' training. The practice were in the process of arranging further dementia friend training for members of their patient participation group.
- The practice had adopted the King's Fund 'House of Care' approach to caring for patients with long term conditions. This ensured that they delivered proactive, holistic and patient centred care to patients with complex or multiple long term conditions. They achieved this by ensuring that patients with multiple long term conditions were offered a comorbidity review and used a risk categorisation system which meant that patients were categorised into a colour coded system dependent on which of their long term conditions presented the most risk. They were then asked to make an appointment for the appropriate clinic which ensured that appropriately trained staff were carrying out the review and had the equipment at hand they needed to do so. For example, patients most at risk from experiencing problems related to chronic obstructive pulmonary disease (COPD) were asked to make an appointment for the purple clinic. The practice

then ensured that the purple clinic was staffed by clinical staff experienced and trained in treating COPD and that diagnostic equipment such as a spirometer (a device used to measure the volume of air inspired and expired by the lungs) was readily available.

- In addition to the usual range of conditions for which long term condition reviews were offered the practice also offered reviews for conditions such as pre-diabetes, chronic kidney disease, rheumatoid arthritis, peripheral vascular disease and recurrent depressive disorder. The practice had decided to do this as they had identified that they had a high percentage of patients with these conditions who would benefit from regular review. For example, 666 of their patients had been diagnosed as having pre-diabetes, 450 of whom had undergone a review.
- The practice had undertaken a project to improve the management of their frail patients to ensure problems related to over treatment were minimised. They had reviewed the medication of relevant patients to ensure relevant biological targets were set and that medicines that increased risk or were of dubious benefit were stopped or reduced. They had also created a frailty index and placed an alert on the computer record of their most frail patients to ensure they were prioritised as needing urgent care if they contacted the surgery. In addition, they had also ensured that frail patients had a comprehensive care plan in place.
- The practice had recognised that that there was high levels of drug and alcohol addiction in their area and offered a drug reduction service, including methadone prescribing, in house. Some of the practice GPs had undertaken a Royal College of General Practitioners (RCGP) certificate in the management of drug misuse and had previously worked in rehabilitation facilities. Patients experiencing drug and alcohol dependency could self-refer to a drugs and alcohol counsellor who attended the practice on a regular basis.
- Practice management staff were members of the Health and Wellbeing Centre's steering group and were often involved in delivering health promotion information and awareness raising for the wider community. For example, in February 2016 the practice had been involved in promoting the benefits of cervical cancer screening and in March 2016 had delivered a similar promotion aimed at raising awareness of prostate cancer screening. Future monthly awareness raising events covering a number of issues including childhood



Are services responsive to people's needs?

(for example, to feedback?)

obesity, blood and organ donation, protection from the sun, Alzheimer's, dementia, drink and drug dependency prevention and domestic violence had been planned for the remainder of the year. At 95% the percentage of the practices female patients aged between 25 and 64 whose notes record that a cervical screening test has been performed in the preceding 5 years was higher than the national average of 81.8%.

Access to the service

The practice was open from 8am to 7pm on a Monday, Tuesday and Thursday (appointments from 8am to 6.50pm), from 8am to 6pm on a Wednesday and Friday (appointments from 8am to 5.30pm) and 9am to 11am on a Saturday (appointments from 9am to 10.50am). The appointment system offered by the practice enabled patients to pre book appointments (including GP telephone consultations) up to three months in advance. The practice also operated an on call doctor system where a minimum of one of the GPs was on call each day to deal with requests for urgent or emergency appointments. This was often increased to two GPs during times of increased demand; e.g. the day after a bank holiday or as a result of winter pressures. The decision to offer appointments on a Saturday morning had been made as a result of patient feedback. The practice offered the maximum number of extended opening hours possible under the current enhanced service contract.

Results from the National GP Patient Survey (January 2016) showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages.

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 75%.
- 96% of patients said they could get through easily to the surgery by phone compared to the CCG average of 82% and the national average of 73%.
- 95% of patients described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.
- 77% of patients said they usually waited less than 15 minutes their appointment time compared to the CCG average of 74% and the national average of 65%.

- 96% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.

Patients we spoke to on the day of the inspection and the patient who completed a CQC comment card did not report any concerns about being able to get an appointment within an acceptable timescale. We looked at appointment availability during our inspection and found that a routine GP appointment was available the same day. The next routine appointment with a named GP was the following working day. A routine appointment with a nurse was also available the same day. The practice offered the maximum number of extended opening hours possible under the current enhanced service contract.

Listening and learning from concerns and complaints

The practice had an effective system in place for monitoring, dealing with and responding to complaints.

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available in the reception area to help patients understand the complaints system.

The practice had recorded 21 complaints during the period 1 April 2015 to 31 March 2016. We found that these had been satisfactorily handled, dealt with in a timely way and apologies issued when necessary. Complaints were discussed regularly at appraisal and practice meetings and reviewed annually to identify trends, themes and learning points. A review of complaints received in 2014/15 revealed that the majority (58%) related to patient dissatisfaction with aspects of clinical care. The practice had identified that this was due to patients not being given enough information to understand clinical decisions and had therefore tried to improve in this area. The practice had also reviewed the way in which they dealt with complaints to ensure that complainants were given the opportunity to speak to the lead member of staff for complaints to aid timely and informal resolution. The review of complaints received in 2015/16 showed that complaints about clinical care had reduced to 48%.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice vision was to deliver high quality care and promote good outcomes for patients

The practice mission statement, 'Helping You Be Healthy', had been developed during a whole staff team development day. Staff we spoke to during the inspection were well aware of the mission statement.

The practice did not have a formal business or practice development plan but the practice manager told us that issues such as succession planning, smarter working and alternative ways of delivering a service were discussed during regular meetings involving practice partners and managerial staff. This had included, for example, the decision to appoint and develop a newly qualified nurse due to problems in being able to recruit experienced practice nurses.

Governance arrangements

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

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.
- Up to date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was evidence of an effective programme of clinical audit activity which improved outcomes for patients
- The practice continually reviewed their performance in relation to, for example QOF, referral rates and prescribing

Leadership and culture

The GPs had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

- Clinical and non-clinical staff meetings were held on a regular basis. The practice GPs also met more informally on a twice weekly basis to support each other and discuss cases.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. The practice partners were committed to funding gym membership at the health and wellbeing centre in which they were based for practice staff.

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 practice had established a patient participation group which consisted of approximately eight members who met on a bi monthly basis. Past involvement had included participation in making the practice reception area more user friendly and attractive for patients, publicising opening hours and online services and encouraging clinicians to reflect on patient survey information and consider reasons for areas where feedback had been less positive than others. The group had identified area on which they wanted to concentrate in the future, which included improvements to patient parking arrangements for the practice.
- The practice was able to demonstrate that it responded to patient feedback. For example, changes had been made to improve confidentiality at the reception desk by redesigning the layout and playing low level music as the result of a patient feedback.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels.

Are services well-led?

Good 

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

The practice team was forward thinking and part of local pilot schemes and initiatives to improve outcomes for patients in the area. This included:

- Adopting the Kings Fund 'House of Care' approach to caring for patients with long term conditions which ensured patients received proactive, holistic and person centred care.
- Ensuring housebound patients with long term conditions were offered fully comprehensive long term condition reviews
- Undertaking a project to ensure their frail patients were regularly reviewed, had comprehensive care plans and timely access to GP services as soon as this was required
- Operating a ward round approach to visiting patients resident in their main linked care home and ensuring all their care home patients were offered a six monthly review.
- The practice took an active role in supporting the teaching of doctors training to specialise as GPs. They were also a research practice and committed to being involved in, and assisting others with research which would benefit not only their own patients but a much wider patient population as well.
- The practice regularly delivered and supported health promotion events within the health and wellbeing centre in which they were based. This was of benefit to the wider local community as well as their own patients. The practice manager sat on the health and wellbeing steering group.