

The Queen's Crescent Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 26 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about how to complain was available and easy to understand. Comments and complaints were analysed and improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there was area of practice where the provider should make improvements:

- Continue to monitor and review performance in respect of diabetes care and the uptake of cervical screening tests, implementing any remedial action as appropriate.
- Continue with efforts to increase the size of the patient participation group.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally above local and national averages.
- The practice monitored performance and where the need for some improvement had been identified it had implemented actions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits relating to relevant health issues were used to monitor quality and to make improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was marginally below averages in respect of some aspects of care.

Good



Summary of findings

- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Morning and evening appointments were available for patients unable to attend during normal working hours.
- The practice proactively sought feedback from patients, which it acted upon. The patient participation group was active, although the membership was small.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the vision and their responsibilities in relation to it.
- There was a strong leadership structure and staff felt supported by management. The practice had various up to date policies and procedures to govern activity.
- 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 was aware of and complied with the requirements of the duty of candour. The partner GPs and practice management encouraged a culture of openness and honesty.
- Staff members felt supported by management and were positive regarding their involvement in decision making.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a 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.

- 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 made provision for urgent appointments for those with enhanced needs.
- The practice maintained a case management register of patients at high risk of admission to hospital. There were 62 patients currently on the register, all of whom had up to date care plans. This included 19 patients on the register who had been discharged from hospital, all of whom had had their care plan reviewed.
- The practice had carried out follow up consultations of 43 patients aged over- 65 (72%) and 28 patients aged over-75 (78%).
- Records showed that 105 patients, being 93% of those who were prescribed ten or more medications, had had a structured annual review.
- Ninety-seven patients identified as being at risk of developing dementia had received a cognition test or memory assessment.

Good



People with long term conditions

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

- The practice had 42% more patients with chronic disease than the local CCG average.
- The practice's performance relating to diabetes care was below local and national averages, but actions had been identified and implemented to secure improvement.
- The practice maintained a register of patients with diabetes, of whom 120 (81% of those eligible) had received an annual foot check and 129 (73% of those eligible) had received an annual retinal check.
- The practice maintained a register of 44 patients with heart failure, of whom 41 (95%) had had an annual medicines review in the preceding 12 months.
- The practice's performance relating to patients with atrial fibrillation, hypertension, and chronic obstructive pulmonary disease and asthma was comparable with the national average.

Good



Summary of findings

- Longer appointments and home visits were available when needed.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and maintained a register of vulnerable children.
- Of the 16 children on the child protection register who had attended Accident and Emergency or had been discharged from hospital, 10 (63%) had been seen by a GP within one month.
- Take up rates for standard childhood immunisations were generally comparable with averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



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 practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Morning and evening appointments with both GPs and nurses were available for those patients who could not attend during normal working hours.
- Telephone consultations with patients' usual GPs were available within 48 hours.
- The practice's uptake for the cervical screening programme was below average, but it had taken action to remedy this. We were shown data that indicated a 9% improvement in uptake from September 2015.
- Data showed that 3,168 patients aged over-16 (83% of those eligible) and 1,529 patients aged over-45 (86% of those eligible) had undergone blood pressure checks in the last five years.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice maintained a learning disability register of nine patients, of whom five had received an annual follow and had had their care plans reviewed, since April 2016.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patients can be booked into specialist alcohol support clinics which operate twice a week at the sister practice.
- A Citizen's Advice Bureau worker attends the practice every fortnight to assist patients with welfare issues.
- Homeless patients can register with the practice's address to access healthcare and welfare services.
- 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.

Good



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).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 95.74%, being higher than the national average of 88.77%.
- The practice worked closely with a local mental health trust's psychology team and the local Care Navigator providing co-ordinated care for patients.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 81.82%, being comparable with the national average of 83.77%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Continuity of care for patients experiencing poor mental health was prioritised.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had completed online training relating to the Mental Capacity Act.

Summary of findings

What people who use the service say

What people who use the practice say

The latest national GP patient survey results available at the date of the inspection had been published in July 2016 and covered the periods July - September 2015 and January - March 2016. The results showed the practice was performing generally in line with local and national averages. Three hundred and sixty survey forms were distributed and 79 were returned. This represented roughly 2% of the practice's list of approximately 3,700 patients.

- 80% of patients found it easy to get through to this practice by phone, compared to the local average of 76% and the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 84% and the national average of 85%.
- 84% of patients described the overall experience of this GP practice as good, compared to the local average of 84% and the national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the local average of 79% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards, all of which were very

positive about the standard of care received, saying that staff were friendly, supportive and helpful, and that the premises were always clean. One card said the staff were informative and enthusiastic. Another mentioned the GPs listened carefully and made the patient feel valued. A third said staff did a great job in a very diverse and challenging practice. However, a patient commented on a card that staff need to pay attention to all patient requests, but did not clarify what they meant by this; another said they had occasional problems when prescriptions were not ready for collection when the patient had been told they were.

We spoke with nine patients during the inspection, together with one member of the patient participation group. The patients said they were generally very satisfied with the care they received and thought staff were approachable, committed and caring. One patient told us they sometimes felt rushed, but conceded the practice was a busy one. Two mentioned occasional delays in getting appointments. Two mentioned consultations sometimes running late, but said they were kept informed of times by the reception staff.

We saw that 48 patients had responded to the Friends and Family Test in the six month period prior to our inspection and that 46 of them would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Continue to monitor and review performance in respect of diabetes care and the uptake of cervical screening tests, implementing any remedial action as appropriate.
- Continue with efforts to increase the size of the patient participation group.

The Queen's Crescent 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, a practice nurse specialist adviser and an Expert by Experience.

Background to The Queen's Crescent Surgery

The Queen's Crescent Surgery operates from 76 Queen's Crescent, London NW5 4EB. The premises are located a short distance from Kentish Town West overground station, with good bus services nearby. The premises are shared with the Four Trees Surgery, a service which was taken over in April 2016 by the same four GP partners responsible for Queen's Crescent. The partnership had taken over the Queen's Crescent Surgery in 2013. The two practices will be merging in due course. The GP partners also operate another large practice nearby, the James Wigg Practice, from which some clinics and other healthcare services are provided to patients registered at the Queen's Crescent Surgery.

The Queen's Crescent Surgery provides NHS services through a General Medical Services (GMS) contract to approximately 3,700 patients. It is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 36 general practices. The practice is registered with the Care Quality Commission to carry out the following regulated activities - Maternity and midwifery services; Surgical procedures; Diagnostic and screening procedures;

Family planning; Treatment of disease, disorder or injury. The patient profile has a higher than average population of teenage and younger adults of working age, between 20 and 39 years, with fewer than average older patients. The deprivation score for the practice population is in the second "most deprived decile", indicating a higher than average deprivation level among the patient group. Data showed that the practice had the most deprived population within the CCG area.

The practice has a clinical team of four partner GPs (three male and one female), one female salaried partner GP and two salaried GPs (one male, one female). One of the four partner GPs has overall management responsibility for the practice, working two admin / training sessions there. The salaried partner GP is the clinical lead, working four clinical sessions and two admin sessions per week; One of the partner GPs works one clinical session and another works half a session. One of the salaried GPs works six clinical sessions and the other works two. Other GPs from the James Wigg Practice cover two clinical sessions two per week. It is a teaching practice, with the salaried partner and two of the partner GPs being trainers. At the time of our inspection, there was one registrar (a qualified doctors gaining general practice experience) and one Foundation Year 2 medical student working at the practice. There are four practice nurses, a physician's associate and two healthcare assistants.

The administrative team is made up of a practice manager and associate practice manager, and 13 other staff, some of whom are shared with the other two associated practices.

The practice reception operates between the following times -

Monday 8.30 am - 6.00 pm

Detailed findings

Tuesday 8.30 am - 12.30 pm and 2.00 pm - 6.00 pm

Wednesday 8.30 am - 8.00 pm

Thursday 8.30 am - 6.00 pm

Friday 8.30 am - 6.00 pm

It closes between 12.30 pm and 2.00 pm on Tuesdays only for staff training.

Routine, pre-bookable and on the day appointments are available with GPs and nurses between 8.30 and 11.00 am and 2.30 pm and 5.30 pm Monday, Tuesday, Thursday and Friday and pre-bookable appointments are available up to 8.00 pm on Wednesday.

Routine appointments are 12 - 20 minutes long, although patients can book double appointments if they wish to discuss more than one issue. Appointments are usually offered up to six weeks in advance. Patients may request urgent appointments, when a receptionist will note the patient's contact details and their health needs and pass them to the duty GP to triage and phone the patient back. Children younger than 12 months old can be brought to the surgery on a walk in basis.

If they have previously registered for the system, patients can also book appointments and request repeat prescriptions online. Emergency home visits are available for patients who for health reasons are not able to attend the practice.

The practice is closed at weekends, but a number of weekend appointments are available under a local scheme operating at three locations across the borough. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 service on the practice website. Information is given in the practice leaflet regarding the two urgent care centres operating in the borough.

Why we carried out this inspection

We carried out a comprehensive inspection of the practice 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.

The practice had not been inspected previously.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 October 2016. During our visit we:

- Spoke with a range of staff including partner GPs and salaried GPs, practice nurses, the practice manager and members of the administrative team. We also spoke with nine patients who used the service, and one member of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Detailed findings

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. These included actual incidents and near misses.

- The practice's computer system had a protocol for recording incidents, managing any investigation, analysis and for recording the outcomes. The protocol and reporting form was accessible via a shortcut on staff members' computer screens. Staff we spoke with were familiar with the protocol and reporting form and described how these were used. The associate practice manager was the lead for significant events. We saw several examples of completed records. We saw that events were reviewed at weekly clinical meetings and at senior management team meetings. Information, including the results of investigations, was disseminated to staff in the newsletter shared with the associate practices. In addition, we were shown evidence that where significant event outcomes needed to be communicated urgently they were distributed by e-mail to all staff. The incident management process 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.

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, there had been six incidents treated as significant events since May 2015. These were monitored and risk assessed by the practice. We discussed several of them with staff. In one case, a patient contacted the practice having heard nothing regarding a secondary referral by a locum GP. The matter was investigated and it was established that the locum had not been aware of a change to guidelines regarding two week wait referral pathways.

Further, that the locum had not forwarded the referral request to the staff responsible for arranging it in the appropriate way. The clinical lead contacted the patient and arranged the referral as soon as the delay came to light. The associate practice manager also spoke with the patient and provided a means of contact in the event of any further delays. The event was reviewed at a clinical meeting and learning points from it were emailed to all staff. These included a reminder of the procedure for requesting secondary referrals, for staff to be aware of changes to guidelines and patient pathways, to process the referral in the patient's presence, and check that patients' notes are accurately recorded.

Patient safety alerts, received using the NHS Central Alerting System, and for example relating to particular medications, were initially processed by the managing partner GP, then passed to the associate practice manager for actioning. They were forwarded to relevant clinical staff by email, and we saw the central spreadsheet record which was maintained. In the case of medications alerts, a search of computer records is conducted, to identify which patients had been prescribed the drugs who were then contacted accordingly. We saw recent evidence of this process in action relating an alert from the CCG regarding medication for rheumatoid arthritis. Other recent alerts included a recall of syringe multipacks because of possible damage to the sterile packaging and two regarding missing patients.

Overview of safety systems and processes

The practice had clearly defined and embedded systems and processes 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. The salaried partner GP was the named safeguarding lead, who worked closely with the lead at the James Wigg Practice on safeguarding adults and child protection issues. The policies were accessible to all staff and had been reviewed in January 2016. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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

Are services safe?

safeguarding children and vulnerable adults relevant to their role. With the exception of one of the nurses, who was currently trained to level 2, all clinical staff, together with the practice manager, were trained to level 3. The nurse was to complete level 3 training shortly. The remaining staff members were trained to level 1.

- Notices in the waiting area and consultation rooms advised patients that chaperones were available if required. The practice policy, which had been reviewed in January 2016, was available to all staff on the practice computer system. Administrative staff who performed chaperone duties had received appropriate training and repeat Disclosure and Barring Service (DBS) checks had been carried out. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We interviewed several staff members and discussed chaperoning. They had a clear understanding of the issue and their duties when acting as chaperones.
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A contractor carried out cleaning in accordance with written cleaning schedules and checklists, posted in each room. There were weekly meetings with the cleaning supervisor to review the service provided. Clinical staff were responsible for cleaning their rooms during the day. The associate practice manager was the infection control lead and had received recent training appropriate to the role. The associate practice manager worked with one of the healthcare assistants to monitor infection control issues and feedback learning to all staff. We also saw records evidencing that all staff had received infection control training and noted that it was an area covered by the staff induction process. The infection control policy, together with the policies relating to clinical waste and general waste management, was reviewed and updated in June 2016. The practice liaised with the local infection prevention teams to keep up to date with best practice. The practice carried out infection control audits every six months, most recently in July 2016. The few issues highlighted by the audit had been actioned straight away. We saw evidence that regular cleaning audits were carried out. We saw that disinfectant gel was available and hand washing guidance was provided by posters throughout the premises. Clinical waste was stored in a secure container outside the premises and was collected weekly and disposed of by a licensed contractor; the relevant policy had been reviewed in June 2016. The practice had a sharps injury protocol, last reviewed in April 2016, accessible on the shared computer system and guidance notices advising on procedures relating to sharps injuries available in the treatment and consultation rooms. We saw evidence of a recent sharps incident being treated as a significant event and being discussed at a clinical meeting for learning from it to be shared appropriately. Disposable curtains were used in the treatment and consultation rooms and had a note affixed of when they had been put up and were due to be changed. The practice had spillage kits and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks. Most practice staff we spoke with were aware of the appropriate procedures to follow should there be the need use the spillage kits. Equipment such as spirometer and nebuliser was cleaned and maintained in accordance with a written schedule. All medical instruments were single-use. A record was maintained of all staff members' Hepatitis B immunisation status.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe including obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions. These included the review of high risk medicines, with flags on patients' records to assist in monitoring their prescribing. The practice's repeat prescribing policy had been reviewed in June 2016. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice benchmarked its prescribing practice using data provided by the CCG. We saw that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The use of PGDs was in accordance with current guidelines. The practice appropriately monitored and recorded stocks of medicines and vaccines, including those for home visits. One of the nurses or healthcare assistants monitored stock levels. The practice re-ordered supplies on a regular basis to avoid a build-up of stock if it was unused for a significant period. The practice's vaccines fridge was newly acquired and under warranty. Fridge

Are services safe?

temperatures were monitored, using two thermometers, and recorded. The fridge protocol had been reviewed in June 2016. All the medicines and vaccines we saw were within date and fit for use. No controlled drugs were kept on the premises.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed. A health and safety risk assessment had been carried out in April 2016. The practices' health and safety policy had been reviewed at the same time. All staff had undertaken online annual fire awareness training and there were three named fire marshals. Firefighting equipment was inspected annually, most recently in July 2016. The practice carried out and logged weekly fire safety checks, which included testing the fire alarms; the alarm system had been inspected in May 2016; the emergency lighting in December 2015. We saw that fire drills had been conducted.

The annual inspection and calibration of medical equipment had been carried out in June 2016; the annual inspection of portable electrical appliances (PAT Testing) had been done in October 2016. Fixed wiring at the premises had been checked in April 2016. We saw records confirming the premises lift was regularly inspected and serviced. The practice had a variety of risk assessments in place to monitor safety at the premises. These included a register and risk assessment relating to the Control of Substances Hazardous to Health (CoSHH), and legionella - a particular bacterium which can contaminate water

systems in buildings, which had been risk assessed in July 2016. A contract was in place for the quarterly sampling and testing of the water supply at the premises and water temperature tests were done on a monthly basis.

Arrangements to deal with emergencies and major incidents

The practice had 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 were up to date with annual basic life support training and guidance was posted in all consulting rooms.
- The practice had a defibrillator available on the premises, with the pads in date and the battery charged ready for use. The practice had an emergency oxygen supply, a first aid kit and an accident recording book was used. We saw evidence that the equipment was checked on a daily basis.
- The practice had a range of emergency medicines which were monitored by practice nurses every two weeks and were easily accessible to staff in a secure area of the practice; all staff knew of their location. All the medicines we checked were in date and stored securely. Supplies were logged and monitored. We saw that risk assessments had been carried out in relation to not maintaining emergency stocks of opiates and diclofenac, both higher risk painkillers.
- The practice had a detailed business continuity plan in place. The plan had been reviewed in January 2016. It contained emergency contact numbers for stakeholders, utilities providers and contractors. The plan provided for the service to re-locate temporarily to the James Wigg Practice should the premises be put out of use because of fire, flooding or power-cuts.

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. These included National Institute for Health and Care Excellence (NICE) best practice guidelines and those issued by the Camden CCG.

- The practice had systems in place to keep all clinical staff up to date and to provide them with information to help deliver care and treatment that met patients' needs. For example, we saw that the practice had a protocol for receiving and disseminating clinical guidance, such as those issued by the National Institute for Clinical Excellence (NICE). Guidelines were received and logged onto the practice's computer system. We saw that they were discussed at weekly clinical meetings. The guidelines and alerts were also printed and added to a central library file, which could be accessed by all staff, as well as by any locums. Staff told us of a recent NICE guideline regarding Chronic Heart Disease, which had prompted an audit and had been discussed at a practice meeting. A PowerPoint presentation had been prepared to illustrate the issues. It had then been emailed to all staff and posted on the practice intranet, which it shares with the James Wigg Practice.
- 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. One of the GP partners had lead responsibility for monitoring performance, and they were supported by a targets manager and two administrators.

The most recently published results related to 2015/16 and were 96.2% of the total number of points available being 1.1% above the CCG average and 0.9% above to the national average. The practice's clinical exception rate was 13.4%, which was 6% above the CCG average and 3.6%

above the national average. 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 that cannot be prescribed because of side effects.

This practice was not an outlier for any QOF or other national clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 82.7%, being 7.2% below the CCG average and 7.1% below the national average.
- Performance for hypertension related indicators was 100%, being 3% above the CCG average and 2.7% above the national average.
- Performance for chronic obstructive pulmonary disease was 100%, being 3.1 above the CCG average and 4.1% above the national average.
- Performance for mental health related indicators was 99.6%, being 7.7% above the CCG Average, and 6.8% above the national average.

We discussed the diabetes figures with the practice. It has a higher than average number of patients of south Asian background and it is recognised that this group is at a greater risk of developing Type 2 diabetes. To improve the provision of services for diabetic patients, the practice had over recent years invested in the nursing and health care assistant team. In May 2016, a specialist diabetes nurse attended one of the practice's educational meetings. In addition, there is an active education programme run by the CCG. The practice had introduced a "year of care" approach, under which patients have all relevant tests completed before their two-part checks, allowing for appropriate risk assessment and management of their condition. The practice was proactive in using a combination of letters, text messages and phone calls to invite patients for long term condition reviews. A Bengali speaker attended the practice on a regular basis to assist patients and there was a Bengali support group which helped increase patients' awareness of issues relating to diabetes and other long term conditions.

There was evidence of quality improvement including clinical audit to highlight where improvements made could be monitored. They included ones that had been initiated by the practice as well as a number by the local CCG. There had been ten clinical audits carried out in the last 12 months. Of these, three were completed or ongoing repeat audits. We looked at the results of completed cycle audit of

Are services effective?

(for example, treatment is effective)

the prevalence of chronic kidney disease, conducted in 2015 and re-audited in 2016. The result showed that fewer patients who required further investigation and coding and identified a number of recommendations, such as setting up a template letter for easy use, arranging multi-disciplinary teaching meetings, reviewing patients to ensure they received appropriate follow up and were coded accordingly.

Effective staffing

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

- The practice had a rota manager and we saw examples of staff rotas prepared in advance. Clinical team rotas were prepared 6-8 weeks in advance, whilst those for non-clinical staff were prepared six months in advance.
- The practice had an induction programme for all newly appointed staff, which ranged from 3-6 weeks according to the role. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff on induction spent time at both Queen's Crescent and James Wigg. All new staff were subject to a six month probationary period.
- Most locum cover was provided by GPs at the James Wigg Practice, which shares systems and protocols. When agency locums were needed, they were often ex-registrars, who were therefore familiar with the two practices. There was a suitable information pack for them to use.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example diabetes and mental health care, safeguarding and infection control.
- 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 stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating

GPs. All staff had received an appraisal within the last 12 months. The practice used a "360-Degree" appraisal process whereby staff received confidential, anonymous feedback from both their manager and colleagues.

- Staff received training that included: safeguarding, fire safety awareness, basic life support, and information governance. Staff had access to and made use of a range of e-learning training modules and in-house and external training. The practice's computer system was used to monitor training needs, alerting managers when refresher training was due.

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. We saw several examples on various patients' records which we reviewed with clinical staff.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used systems, such as Co-ordinate My Care and the Camden Integrated Digital Record ("CIDR") to share information with other providers involved in patients' care.
- We saw examples of special patient notes, used to share appropriate information with the out of hours service provider, urgent care centres and the local ambulance service.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Internal multidisciplinary team meetings (MDTs) took place weekly and there were monthly MDTs with other health care professionals on a monthly basis. Participants included, district nurses, health visitors, social workers, psychology and mental health professionals and the palliative care team. The health visitors team and the district nurses work at the same building as the James Wigg Practice, allowing close liaison.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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. Staff had received training which included guidance on 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.
- Staff were able to demonstrate a familiarity with children's capacity to consent to treatment, which included consideration of the Fraser Competence Guidelines, relating to contraceptive or sexual health advice and treatment.
- The practice computer system contained appropriate templates for use in establishing patients' mental capacity to consent and to record action taken in the patients' best interest.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or 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 identified patients who may be in need of extra support and signposted them to the relevant service. This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had identified the smoking status of 2,840 patients (91% of the patient list) and offered smoking cessation advice to 99% of the identified smokers.

The practice's uptake for the cervical screening programme was 69%, compared with the national average of 81%. To

improve take up rates, the practice had its in house Bengali interpreters call patients to invite them for the screening, this had resulted in a 9% increase since September 2015. There was a policy to offer telephone reminders for all patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and it ensured a female sample-taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with its results for both being comparable with CCG averages.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 63% to 90%, achieving one of four 90% target indicators, and were below national averages. Staff told us the practice had been working with the immunisations lead of the local NHS England team to reconcile relevant data. It had been noted that immunisations were sometimes provided by health visitors or at community clinics without the practice being informed. The practice immunisations rates for five year olds ranged from 68% to 92%, being comparable with local averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 16-65 years. Data showed that 3,168 patients aged over-16 (83% of those eligible) and 1,529 patients aged over-45 (86% of those eligible) had undergone blood pressure checks in the last five years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Phone calls were handled by staff away from the reception area, maintaining confidentiality.

All of the 15 patient comments cards we received and the 10 patients we spoke with were generally positive about the service experienced, although a number of patients mentioned the practice had become noticeably busier since the Four Trees Surgery had moved to the premises and this had effected some patients' perception of their consultations with GPs and nurses. Two patients told us that appointments sometimes ran late, but that it was not a concern to them and they were kept informed of delays by staff. The CQC comment cards and the patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

The practice's satisfaction scores recorded by the GP patients' survey on consultations with GPs and nurses were slightly lower than local and national averages. For example -

- 79% of patients said the GP was good at listening to them, compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 79% of patients said the GP gave them enough time, compared to the CCG average of 85% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 94% and the national average of 95%.

- 78% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 87% and the national average of 91%.

In addition, 88% of patients said they found the receptionists at the practice helpful (CCG 87% and national 87%).

We saw that the practice monitored the results of the GP patients' survey, together with the Friends and Family Test. It checked and responded to reviews left by patients on the NHS Choices website and carried out detailed analysis of patient feedback, dealing with any negative comments as complaints.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were generally comparable with local and national averages. For example -

- 82% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 86% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 82% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 82% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation

Are services caring?

services were available for patients who did not have English as a first language. A Bengali speaker attended regularly to support patients. We saw notices in the reception area informing patients these services were available.

Patient and carer support to cope emotionally with care and treatment

There were notices and patient leaflets 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 when a patient was recorded as being a Carer. The practice had identified 56 patients as carers, being approximately 1.5% of the practice list. The practice had produced a carer's pack and there was written information available in the waiting area to direct carers to the various avenues of support available to them. A Citizen's Advice Bureau worker attended every fortnight to assist patients with welfare issues.

Staff told us that if families had suffered bereavement, their usual GP contacted them by post, offering a face-face or telephone consultation. We saw that information about bereavement and support services was available in the waiting area and on the practice website.

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. One of the partner GPs is the mental health lead for the CCG.

- Early morning appointments were available throughout the week, with late appointments up to 8.00 pm on Wednesday, for patients not able to attend during normal working hours.
- Emergency consultations were available for children, with a walk-in service for under-1s, and those patients with medical problems which required urgent consultation.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available for working patients.
- There were disabled facilities and all consultation rooms had step-free access. There were baby-changing and breast feeding facilities available.
- An interpreting service was available. Staff members were also able to provide assistance to patients with a range of languages other than English.
- Appointments could be booked, and repeat prescription requested, online.

Access to the service

The practice reception operated between the following times -

Monday 8.30 am - 6.00 pm

Tuesday 8.30 am - 12.30 pm and 2.00 pm - 6.00 pm

Wednesday 8.30 am - 8.00 pm

Thursday 8.30 am - 6.00 pm

Friday 8.30 am - 6.00 pm

It closed between 12.30 pm and 2.00 pm on Tuesdays only for staff training.

Routine, pre-bookable and on the day appointments were available with GPs and nurses between 8.30 and 11.00 am and 2.30 pm and 5.30 pm Monday, Tuesday, Thursday and Friday and pre-bookable appointments were available up to 8.00 pm on Wednesday.

Routine appointments were 12 - 20 minutes long, although patients could book double appointments if they wished to discuss more than one issue. Appointments were usually offered up to six weeks in advance. Patients could request urgent appointments, when a receptionist will note the patient's contact details and their health needs and pass them to the duty GP to triage and phone the patient back. Children younger than 12 months old could be brought to the surgery on a walk in basis.

If they have previously registered for the system, patients could also book appointments and request repeat prescriptions online. The practice's 24-hour automated telephone booking service had been taken out of use temporarily. It was to be reinstated when the practice merged with the Four Trees Surgery in the near future, when the two practices' operating systems would be combined. Emergency home visits were available for patients who for health reasons are not able to attend the surgery.

The practice closed at weekends, but a number of weekend appointments were available under a local scheme operating at three locations across the borough. The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. There was information given about the out-of-hours provider and the NHS 111 service on the practice website. Information was given in the practice leaflet regarding the two urgent care centres operating in the borough.

None of the 15 patients' comments card we received mentioned any concerns about access to the service. Two of the patients we spoke with mentioned that they had experience some delays in getting appointments since April 2016, the Four Trees Surgery moved to the practice.

The results of the GP patient survey showed the practice's scores regarding access to the service were mixed, for example -

- 80% of patients found it easy to get through to this practice by phone, compared to the CCG average of 76% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 94% of patients said their last appointment they got was convenient, compared with the CCG average of 88% and the national average of 92%
- 37% of patients usually getting to see or speak to their preferred GP, compared to the CCG average of 53% and the national average of 59%.

Listening and learning from concerns and complaints

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

- Its complaints policy, which had been reviewed in April 2016, 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. They were assisted by the associate practice manager.
- We saw that information was available to help patients understand the complaints system. There were notices posted around the premises and a complaints leaflet available both at the practice and on its website.

We saw that three complaints had been submitted directly to the practice 2016. There had been five complaints in

both 2014 and 2015. Prior to that the practice had been operated by another provider. It also monitored reviews left by patients on the NHS Choices website and, if the reviews were negative, they were treated as complaints, when the patient could be identified. There had been five negative reviews in 2014; none in 2015; and one in 2016. The complaints were satisfactorily handled, dealt with in a timely way, with openness and transparency. They were closely monitored and discussed at weekly business meetings and reviewed on an annual basis. Summaries were also shared and discussed with the PPG. The complaints were analysed in detail to identify any trends and action was taken to as a result to improve the service and quality of care. We looked at one of the complaints from 2016, which related to telephone access. The practice had been aware that this was an issue since the Four Trees Surgery had moved. The practice had contacted its telecoms provider and it had been identified that technical issues would prevent any changes at present. The possibility of changing provider was being considered as part of the plans to merge the two practices in the near future. One of the complaints from 2015 had related to the patient's perception of staff members' attitude. The matter had been discussed at both clinical and reception meetings and further guidance had been given to all staff on interaction with patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Its ethos, which was set out on its website, included in the practice's statement of purpose -

- “We aim to provide excellent patient care in a welcoming and accessible environment and will strive to reverse the Inverse Care Law.
- We will stay committed to the NHS, maintain an open list and provide as wide a range of services on-site as possible.
- We will have a significant educational role and will be adventurous and 'leading edge' in our development.
- We will work and train in integrated teams with other professionals and will strive to meet most reasonable targets.
- We aim to have a happy and loyal workforce and to maintain financial security.”

Staff we spoke with were familiar with the ethos and fully supported it.

Governance arrangements

One of the partner GPs was the lead on governance issues. 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 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.
- The practice monitored the results of the GP patients' survey, together with the Friends and Family Test. It checked and responded to reviews left by patients on the NHS Choices website and ran its own patient surveys.
- A programme of clinical and internal audit relating to relevant health issues was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partner GPs and the salaried partner demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We were told they prioritised safe, high quality and compassionate care. Staff told us the partner GPs and practice management were approachable and always took the time to listen to all members of the practice team.

The practice 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 practice management 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 patients support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The clinical team, including those working at the James Wigg Practice, met on a weekly basis and there were also weekly business meetings; senior managers and nurses meetings were held every fortnight; and there were monthly meetings of partner GPs, all doctors, GP trainers and the reception team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partner GPs and practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was suggestions box in the reception area and the practice website had a facility to submit comments, suggestions and complaints online. The practice carried out detailed analyses of complaints directly received, as well as comments left by patients on the NHS Choices website, and had produced action plans to address patients' concerns. The practice had conducted its own patient survey shortly before our inspection. The practice had drawn up a draft action plan, which was to be discussed at the next meeting of the patient participation group (PPG). The practice produced a monthly patients' newsletter jointly with the James Wigg Practice.

We spoke with a member of the PPG, who was very positive regarding the engagement of the practice, although the numbers of patients regularly attending meetings was low – we saw minutes of three meetings, with between three and five patients being present. Meetings took place every three or four months, usually during the afternoon, and the practice provided full administrative support. We noted that suggestions made by the PPG were actioned appropriately by the practice. For example, the PPG raised the matter of patients being informed if appointments were running late. The practice arranged for reception staff to liaise with GPs and frequently update patients waiting to be seen. We saw that the practice was making an effort to increase patient participation on its website.

The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. We saw that the practice had carried out a staff survey covering both the Queen's Crescent Surgery and the James Wigg Practice in May 2016, with positive results. The practice arranged frequent social events for staff.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. It is a

teaching practice training registrars (qualified doctors gaining general practice experience) and medical students. Staff had protected learning time and spent one month a year at the James Wigg Practice. There was a "Balint Group" of clinicians and non-clinicians from both practices, which met regularly to establish "a better understanding of the emotional content of the doctor-patient relationship and so improve their therapeutic potential". The group and method are named after the psychoanalyst who first established it.

There was a detailed schedule of educational staff meetings. Issues covered since April 2016 included Female Genital Mutilation, the Health and Wellbeing service for young people, diabetes care, prescribing and medicines management and psychological support services. We saw that guest speakers had attended the meetings, discussing topics such as orthopaedic and gastro-intestinal surgery.

The practice offered career progression and operated a sabbatical scheme for GPs. A number a senior staff had started as doctors' assistants and receptionists; several salaried GPs had trained as registrars at the practice; turnover of clinical staff was low.

The practice, together with James Wigg, had introduced a "Year of Care" assessment tool for caring for patients with diabetes and chronic obstructive pulmonary disease. This helped to ensure that all patients called in for their reviews have the relevant checks completed beforehand to allow a complete and timely assessment of their needs. The system is be extended to cover patients with other long term conditions to book them into appropriate clinics and manage the recall process. It will generate letters in an accessible format, including in languages other than English and in easy-read versions.

The practices had taken part in various pilot schemes, including the Team Around the Practice project with a local mental health trust, working closely with the trust's psychology team, providing co-ordinated care for patients, including those with personality disorders.

We saw that the practice had been shortlisted as a finalist in the National General Practice Awards 2016 "Innovators of the Year" category for its multidisciplinary approach in providing holistic paediatric care and education to primary care and secondary care clinicians.