

Your Health Partnership

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 at Carters Green Medical Centre on 29th November 2016. The practice is part of Your Health Partnership (YHP) a four practice group operating with centralised management and governance. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- 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 the services were provided and how to complain was available and easy to understand. The practice website informed patients of the complaints process and the services available. There was a facility to translate the website into a variety of languages.
- 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. However the size and design of the building limited the number of consulting rooms available and access to consulting rooms on the first floor was difficult for patients with mobility problems.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. Patients said appointments had become easier to access in the last six months.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- All patients who reported or sought help from other providers after an episode of attempted or actual self-harm were contacted by telephone or offered a face to face appointment within one week to discuss ongoing care by a GP.
- The practice kept a register of patients with coeliac disease and offered them an annual review.

The provider should make improvements as follows:

- Continue to encourage attendance for cancer screening programmes.
- Continue to monitor and ensure improvement to patient feedback regarding access, for example patient perception and access options available

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.

Good



- There was an effective system 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 generally 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.
- The repeat prescriptions were reviewed and organised monthly, weekly or daily as required. All repeat prescriptions were then passed to the GPs for action, and the patient was seen where necessary.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the local and national average. For example 87% of female patient's aged 25-64 are recorded as having had a cervical screening test in the preceding 5 years. (CCG average 79% national average 81%) and 83% of patients with asthma have had an annual review which included assessment of asthma control using the three Royal College of Physicians questions (CCG average 75% national average 75%)
- Staff assessed needs and delivered care in line with current evidence based guidance.
- YHP had developed a service providing proactive care to vulnerable households including those living in care homes. An evaluation done in May 2016 showed significant outcomes for patients including a 10% reduction in attendances at the Accident and Emergency department and a 15% reduction in unplanned admissions.
- Clinical audits and analysis of significant events demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals including those in care homes to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey (July 2016) showed patients rated the practice higher than others for several aspects of care such as 87% of respondents stated that the last time they saw or spoke to a GP the GP was good or very good at treating them with care and concern. This compared to a national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible including evidence of material translated into a number of languages appropriate for patients living in the local community.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Staff reviewed the needs of the practice population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. Its vision was to deliver a range of enhanced services based on the needs of its local population.
- Patients said they found it easy to make an urgent appointment and they were happy to wait for a GP of choice if required. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available in the patient information pack and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Staff were able to speak some of the languages spoken by patients and staff knew how to arrange a translation service where appropriate.

Summary of findings

- The practice website could be translated into various languages to ensure information about services was accessible to all.

Are services well-led?

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

- The practice was part of a corporate partnership (Your Health Partnership) and as a result had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about the vision and their responsibilities in relation to it. A set of values and behaviours had been developed by staff and were to be the basis of future staff appraisal.
- 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. All partners had clearly defined key areas of responsibility.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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. The patient participation group met regularly and supported a bid to relocate the practice to a purpose built building locally.
- 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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Each patient over 75 years had a named doctor who saw them for appointments and followed up on test results which older patients told us they found very valuable.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Practice staff visited a number of care homes in the area to provide ward rounds, confer with staff and managers and provide advice on medicines management.
- There were patients on the Avoiding Unplanned Admissions register all of whom had a care plan.
- The practice offered influenza, pneumococcal and shingles vaccinations to patients.
- Multidisciplinary team meetings were held on a monthly basis, where patients were selected and reviewed along with palliative care patients. The health care professionals who attended included palliative care nurses, district nurses, community matrons and Sandwell ICARES (including the community falls team). Your Health Partnership (YHP) had worked with the local hospital trust to secure a dedicated team of district nurses for the registered population which enhanced continuity of care. The district nurses also ran a dedicated clinic at Rowley Hospital for patients from the YHP group of practices.
- Patients who may be at risk of falls were assessed using a standardised template and were referred to the community falls prevention team.
- YHP employed an advanced nurse practitioner to provide acute and planned care for the predominantly elderly housebound population.
- The practice referred patients to a number of voluntary sector organisations for assessment and support of patients' social needs. For example, Kaleidoscope provided links to a befriending service, 'walk from home' enablement programme, lifestyle packages, falls prevention programmes, day trips, good neighbouring, social enterprise development training, IT and

Summary of findings

health training and information and guidance services. Kaleidoscope attended the practice during the dedicated influenza vaccination weekend clinics to promote their services to patients.

People with long term conditions

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

Good



- The practice was part of corporate partnership YHP and nurses delivered specialised clinics in diabetes, heart disease, chronic obstructive pulmonary disease, asthma, anticoagulation and dementia across all of the practices.
- Performance for diabetes related indicators was better than or comparable with the local and national average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less in the period April 2015 to March 2016 was 91%. The clinical commissioning group (CCG) average was 91% and national average 91%.
- YHP employed a diabetes specialist nurse who ran a dedicated weekly clinic. There was an ongoing diabetes skills development programme for other practice nurses.
- Longer appointments and home visits were available when needed.
- YHP had developed a Year of Care plan of proactive care for patients with long-term conditions based on their complexity. All these patients had a named GP and a structured annual review to check their health. Detailed policy and management flow-charts were available to staff on the computer system. Patients were invited to have the relevant blood tests in advance and given a one-stop extended appointment with the practice nurse with a plan agreed for the follow up period. The GP reviewed medicines and authorised repeat prescription medicines for the following year.
- The health care assistant undertook telephone screening with some groups of patients for example those with hypothyroidism. Any abnormalities were then flagged to a GP or nurse for action.
- Clinicians were encouraged to complete an annual medicines review for patients on repeat medicines using a dedicated system. This was subject to an ongoing audit.

Summary of findings

- Patients were encouraged to access healthy lifestyle support via the local health support website. Patients could also be referred to the local smoking cessation and health trainer services.
- Patients taking warfarin were offered the opportunity to be monitored in a weekly nurse-led clinic. Monitoring of patients taking anti-rheumatic drugs took place via the centralised patient-services team.
- The practice kept a register of patients with coeliac disease and offered them an annual review. The review was established in 2013 following a Royal College of General Practitioners award-winning audit by a former GP trainee.

Families, children and young people

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

- There were comprehensive 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 Accident & Emergency attendances and those who did not attend secondary care appointments.
- All new mothers and their babies were invited to a postnatal and baby check when infants were 8 weeks old. This was a 30 minute appointment with a GP.
- Same day appointments were available for families either face to face or by telephone. Appointments were available so that school children could be seen outside of school hours. The premises were suitable for children and babies.
- Immunisation rates were relatively high for all standard childhood immunisation programmes achieving from 73% to 94% in 2015/16, the same as the clinical commissioning group (CCG). These were provided both at immunisation clinics and by appointment.
- Saturday influenza clinics were offered at another YHP practice to enable improved access and uptake of the influenza vaccination.
- The practice provided sexual health services and cervical screening and staff signposted patients to the local sexual health clinics and for family planning.
- We saw that 87% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 79% and a national average of 81 %.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included surgeries from 8am each day, on Monday evenings (6.30-9pm), Wednesday mornings (7.30-8am), and Saturday mornings as a joint clinic with the three other YHP practices. There were also daily pre-booked and same day telephone consultations.
- The practice was proactive in offering online services including appointments, repeat prescriptions and viewing their medical records.
- Health checks were available for patients aged between 40-74years.
- Where appropriate patients were able to request MED3 Fit for Work notes by telephone. If an assessment was needed then the duty GP contacted the patient, otherwise the note was issued for collection within an agreed period.
- Students were offered vaccinations as part of the national immunisation programme. Where students required information for health or study enrolment purposes staff provided this quickly through an outlet support team who handled such requests.

People whose circumstances may make them vulnerable

Good



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

- We saw posters in the reception areas signposting patients to other services for example HIV testing, sexual health clinics and NOMAD services. (NOMAD provided housing and support to help people to maintain their tenancies or those at risk of losing their home.)
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Carters Green Medical Centre participated in the enhanced service for patients with learning disabilities. This involved a nurse-led annual review for adults and a GP review for patients under 16.

Summary of findings

- The practice regularly worked with other health care professionals, including hospice staff, palliative care nurses and district nurses in the case management of vulnerable patients. This included multidisciplinary integrated care meetings to ensure patients received safe, effective and responsive care.
- Staff were involved in planning do not attempt cardiopulmonary resuscitation (DNA CPR) forms (where an advance decision not to resuscitate is made) in accordance with the YHP group protocol. All decisions involved discussion with a GP.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. The practice had a named safeguarding lead and a deputy lead. The practice had a domestic violence prevention pathway available on the computer system. There were posters around the practice and in patient toilets about the local support service for women experiencing domestic violence.
- The practice's computer system alerted GPs if a patient was a carer. The practice had identified 181 patients as carers (2% of the practice list). A carer's information board was maintained in the waiting room. All carers were offered a health check, the influenza vaccination and were signposted to relevant support services. YHP was currently establishing a network of carer's champions in each practice to support this work. Regular reviews of the practice register of carers were undertaken to monitor for any changes in patient circumstances.
- The practice had an ethnically diverse population. An audit in 2015 revealed that 5% of consultations took place in the presence of a professional interpreter. An unquantified but significant number also relied on informal interpreters brought by patients. Patients requiring an interpreter were encouraged to make advance appointments.

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).

- Annual enhanced reviews with the healthcare assistant and a named GP were offered to check physical and mental health, review chronic disease control, arrange appropriate screening and agree a care plan. The electronically-generated care plan included individualised mental and physical health goals.
- We saw that 87% of patients with schizophrenia, bipolar affective disorder and other psychoses, 94% had a

Good



Summary of findings

comprehensive, agreed care plan documented in the record in the preceding 12 months. This compared with a clinical commissioning group (CCG) average of 90% and a national average of 89%.

- Of patients with mental health conditions, 92% had their alcohol consumption recorded in the preceding 12 months. This compared with the CCG average of 93% and the national average of 89%.
- The practice used an in-house template to encourage a standardised approach to patients presenting with depression or anxiety. Clinicians were encouraged to review all patients with a new diagnosis within 2 weeks after diagnosis.
- Clinicians referred to the local wellbeing team who provided guided self-help support, group support and access to face to face talking therapies. This included signposting to the 'Books on Prescription' scheme pioneered by one YHP partner. Patients could borrow books which provided information and advice about their condition.
- Patients requiring the input of the specialist mental health teams were referred to the local 'Single Point of Access' team.
- All patients who reported or sought help from other providers after an episode of attempted or actual self-harm were contacted by telephone or offered a face to face appointment within one week to discuss ongoing care by a GP.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing well in comparison with local averages. A total of 288 survey forms were distributed and 116 were returned. This represented 40% response rate and 1.1% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by telephone compared to the CCG average of 60% and the national average of 73%.
- 81% 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 75% and the national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 66% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were in the main very positive about the standard of care received. Patients commented that they were treated with respect and never rushed in an appointment. Staff were described as polite and helpful. Patients commented that the environment was clean and safe. Most patients said they were very satisfied with the service, two patients commented that access by telephone was a problem and their calls were not always returned as promised.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and the surgery was run efficiently. Patients told us they did not feel rushed in consultations and that staff listened to them. They commented that it was frustrating to find the telephone line engaged between 8-8.30am and there were often no appointments that day when their call was answered. All said they would recommend the surgery to others.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to encourage attendance for cancer screening programmes.
- Continue to monitor and ensure improvement to patient feedback regarding access, for example patient perception and access options available

Your Health Partnership

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.

Background to Your Health Partnership

Carters Green Medical Centre is part of Your Health Partnership (YHP), a GP led partnership that consists of four practices including Regis Medical Centre, Oakham Surgery and Whiteheath Medical Centre. The outlets (practices), based in Sandwell in the West Midlands, provide services for approximately 46,000 patients. Carters Green Health Centre provides services for approximately 10,600 patients.

Carters Green Medical Centre is located on the High Street in West Bromwich. It is an older building with plans to expand in a new location. The majority of consultations are conducted on the ground floor although three of the treatment/consultation rooms accessed by patients are reached via steep staircases. There is easy access to the building and facilities for disabled patients are provided. There is limited car parking on site for patients. After an extensive patient and public engagement campaign there are plans to relocate the practice to the Sandwell Hospital site and YHP are awaiting final approval.

The practice holds a General Medical Services (GMS) contract with NHS England and forms part of NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). The staff group, policies, systems and procedures are generally managed across the corporate partnership (Your Health Partnership).

There are seven GPs working at the practice, three GPs are partners and four salaried GPs. One salaried GP is currently on maternity leave. One of the GP partners is male and two are female, two of the salaried GPs are male and two are female. There are also three GP registrars based at the practice. The practice uses locum GPs regularly as YHP has been unable to recruit sufficient permanent medical staff. There are four female practice nurses, one of whom is currently on maternity leave. Two of the practice nurses are full time and two practice nurses are part time. Advanced nurse practitioners (ANP) held specific clinics at several sites and were part of the corporate partnership. There is a full time female health care assistant (HCA).

The practice has an ethnically diverse population - a mixture of long-established families from south Asia and the Caribbean, recent immigrants from the middle East and Africa, and a significant number of patients from eastern Europe. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten, with level one representing the highest level of deprivation.

There is an outlet supervisor who oversees the daily business and management of the practice, and a team of administrative staff. The telephony and patient service teams are also based on the top floor of the premises.

The practice opening times are 8am until 6.30pm Monday to Friday. There is an extended hour's surgery on Mondays from 6.30-9pm and Wednesdays 7.30-8am. Appointments are available from 8am to 6.30pm Mondays to Fridays and 6.30-9pm on Mondays and 7.30-8am on Wednesdays.

Patients requiring a GP outside of normal working hours are advised to call the 111 service and there is a walk-in centre a short distance away.

This is a teaching practice for doctors training to be GPs.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29th November 2016. During our visit we:

- Spoke with a range of staff (GPs, head of operations, outlet supervisor, practice nurses, health care assistant and reception staff) and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the outlet supervisor of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Practice staff told us they carried out a thorough review at practice meetings to share learning and agree actions required. These discussions were recorded and the overall log of events was maintained.
- We reviewed safety records, incident reports, patient safety alerts, medicines safety alerts and minutes of meetings where these were discussed. We heard evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an alert about a medicine gel with a risk of exacerbation of a skin condition all patients were contacted who were receiving the medicine and were brought in for review with a GP. National patient safety alerts were received electronically via email and the corporate governance team (Clinical Operations Group) was responsible for ensuring follow up. There was a rolling monthly document produced by the YHP Clinical Advisory group which was sent to all outlets and put onto the YHP computer system for easy access for all clinicians.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to the appropriate level to manage child protection or child safeguarding (level three).
- The practice had in the recent past raised concerns about the responsiveness of the local safeguarding team to urgent matters via the shared process and this had led to a visit from the local safeguarding lead nurse to the October 2016 clinical meeting who was able to clarify the referral process and take away staff feedback for consideration. Policies were accessible to all staff both in electronic form on the corporate provider intranet and in the practice as hard copies. A staff member we spoke with was able to demonstrate how they accessed the policy on the provider's intranet.
- We saw notices in the waiting room advising patients that chaperones were available if required and patients told us they were aware of this service. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead, and a monthly audit of infection control took place. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines and high risk medicines in the practice, kept patients safe (including obtaining, prescribing, recording, handling, storing,

Are services safe?

security and disposal). Repeat prescriptions were monitored by the GPs who either reauthorized the medicines or requested a review of the patient. All DMARDs (disease-modifying anti-rheumatic drugs) and high risk drugs were monitored centrally by YHP and we saw evidence that reviews were carried out according to best practice guidelines. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

- We saw blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Prescriptions were removed from printers at night and stored securely. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control, legionella and ongoing risk assessment as any issues were identified.
- There were well developed arrangements in place for planning and monitoring the number of staff and mix of

staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice was part of a larger corporate partnership of four practices and staff were available to cover across the four sites if required. For example, advanced nurse practitioners (ANP) held specific clinics such as dermatology and diabetes at several sites and were part of the corporate partnership. The lead GP also told us that being part of a larger organisation meant that they had systems in place to ensure cover across all the sites.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents. This had recently been tested following a power failure. As a result the plan had been updated to include easily accessible contact numbers for contractors, practice staff and a senior manager's on-call rota.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Staff members we spoke with told us that they could access guidance online and did so when needed. There was a clinical operations group which was

part of the corporate partnership. This group met monthly and was responsible for ensuring adherence to NICE guidance as well as other areas such as clinical alerts, prescribing data as well as others areas such as governance issues. We spoke with two GPs on the day of the inspection who confirmed this.

- There was a system for staff to summarise new guidance on to a template and share with all clinicians.
- 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 clinical operations group 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 attained 99% of the total number of points available. This was 4% above the clinical commissioning group (CCG) average and 3.5% above the England average. The practice reported an overall exception rate of 12% which was 2% above the CCG and national average.

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 above or comparable to the national average. For example, the

practice achieved 85% of available points for patients with diabetes who had a foot examination compared to the CCG average of 90% and national average of 89% and 96% of diabetic patients had had influenza immunisations in the preceding August 2015 to March 2016 compared to the CCG average of 94% and national average of 95%.

The practice had introduced a weekly diabetic clinic with a specialist nurse who completed a specific template to ensure that all aspects of care were being monitored.

- Performance for mental health related indicators was higher than the local average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months compared to the CCG average of 90% and national average of 89%.

YHP had utilised NHS England Better Care Funds to develop and evaluate the impact of a service providing proactive care to vulnerable households including those living in care homes. The service included weekly home visits or ward rounds by an advanced nurse practitioner with ongoing guidance and review by the whole team.

- An evaluation done in May 2016 showed significant outcomes for patients including a 10% reduction in attendances at the Accident and Emergency department and a 15% reduction in unplanned admissions.
- 100% of personalised care plans had been completed, 90% of patients rated the service good or very good and 100% of medicine reviews were completed.
- The team consisted of a consultant, a GP lead, several advanced nurse practitioners and a pharmacist.
- Based upon these outcomes YHP stated that they intended to continue running this service after the funding ceased.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation and peer review. For example, the practice has recently audited the quality of

Are services effective?

(for example, treatment is effective)

diagnostic coding for patients with recently diagnosed diabetes mellitus and demonstrated improvement in the repeat audit after deficiencies in this area were highlighted.

- There had been several two cycle clinical audits completed in the last two years, for example an audit of the prescribing and monitoring of patients taking Lithium (a high risk medicine) was carried out in November 2016. As a result a centralised recall system was implemented by the YHP group.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses attended clinical update sessions regularly for influenza, diabetes and asthma. This included a core skills training programme developed by YHP to provide additional skills for treatment room nurses and update experienced nurses. Topics included diabetes, hypertension, tissue viability and asthma guidance.
- All managers and GPs were offered leadership and appraisal skills training.
- Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example they told us that the corporate partnership held professional/personal development days including quarterly protected learning time. All nurses and the health care assistant attended core training two hours per month as part of their protected learning time.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and support for revalidating GPs and nurses. For

example, there were monthly lead nurses meetings and quarterly corporate nurse team meetings which were open to all nurses and the HCA to raise any issues. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice computer systems.

- 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 such as secondary care and other community care services such as district nurses. The practice used the Choose and Book system for making the majority of patient referrals which enabled patients to choose at which hospital they would prefer to be seen. We looked at referral rates which were within local averages, were appropriate and within timescale.
- Vulnerable patients had a named GP who oversaw their care, undertook consultations and followed up on test results in order to provide continuity of care. If that GP was not available there was an organised buddying system in place so that another GP from the practice was responsible for the patient's needs.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. This included staff from the care homes where patients were registered.
- The practice implemented principles of the Gold Standards Framework (GSF) for end of life care. The GSF helps GPs, nurses and healthcare assistants provide a

Are services effective?

(for example, treatment is effective)

recognised standard of care for patients who may at end of life. This included a palliative care register and regular multidisciplinary meetings to discuss the care and support needs of patients and their families.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The Mental Capacity Act (2005) is a law that protects and supports people who do not have the ability to make decisions for
Staff members were also aware of the Children's Act and were aware of Gillick competency. (Gillick competence is a term used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge).
- We saw consent forms were in place for minor surgery. Where appropriate, carers were involved in the decision making process.

Supporting patients to live healthier lives

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

- The lead GP we spoke with told us that they were able to have various services in place especially as they were part of a larger partnership. Some of these services included patients in the last 12 months of their lives, those at risk of developing a long-term condition, those requiring lifestyle advice, diet, sexual health and smoking cessation advice. The patient information guide also offered advice on healthy exercise, eating, smoking cessation and alcohol consumption.
- The practice also hosted health trainers who held various clinics at the practice. Health trainers worked on

an individual basis with adults who wanted to improve their health. They used a variety of behaviour change techniques to help patients make sustainable lifestyle changes.

- Patients who attended the learning disability review service had a physical health check, were referred for screening for breast, cervical and testicular cancer and where appropriate and received healthy lifestyle advice.

The practice's uptake for the cervical screening programme was 87%, which was higher than the CCG average of 79% and the national average of 81%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example,

- 42% of persons were screened for bowel cancer in the last 30 months which was comparable with the CCG average of 42% and lower than the national average of 56%,
- 60% of females aged 50-70 years were screened for breast cancer in the last 6 months which was comparable with the CCG average of 66% and lower than the national average of 72%.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 94% and five year olds from 73% to 94%. (CCG average range for two year olds 51% to 94% and for five year olds 55% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 side area or a private room to discuss their needs.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, friendly and treated them with dignity and respect. Most patients said they were very satisfied with the service.

We spoke with four patients. The GPs at the practice were highly praised. Patients told us they felt fully involved in their care and staff were approachable, courteous and tried hard to be helpful.

We spoke with representatives of the patient participation group (PPG) who felt the PPG meetings were valuable, they felt their ideas were listened to and their views about relocating the surgery were incorporated into new proposals.

Results from the latest national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 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 85% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations and did not feel rushed to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was positive and aligned with these views. We also saw that care plans were personalised.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

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

- Staff told us that there were many patients who did not speak English and interpretation services were used every day. We saw notices in the reception and waiting areas in ten languages informing patients this service was available. Leaflets for procedures such as cervical cytology were available in various languages spoken by the patient population to help them understand and encourage uptake.

Are services caring?

- We were told by staff that they procured information leaflets available in easy read format from the internet for people with learning disabilities.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 181 patients as carers (2% of the practice list). Those identified were coded on the system so that staff could monitor their health and wellbeing in relation to their caring responsibilities when they attended for a consultation or health check.

YHP was developing a network of carers champions, one at each practice and this initiative had been launched in November 2016 just prior to our inspection. Written information was available in leaflets and posters in the reception area to direct carers to the various avenues of support available to them. These included details of an agency that provided support to carers of patients who misused drugs and to an advice and support service for carers of people in the Asian community. All registered carers were offered a health check and an influenza vaccination.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability or complex issues which were determined by the explicit needs of the patient.
- Home visits were available for older patients and patients who had clinical needs which resulted in them having difficulty attending the practice. This included a number of care homes where the GP's visited to undertake consultations and case conferences were held for patients with complex needs.
- Same day appointments were available for any patient who required an urgent consultation.
- Patients were able to receive travel vaccinations available on the NHS. Those who required vaccinations only available privately were referred to other clinics.
- Where patients were diagnosed with dementia the family were referred to appropriate support services including social services and voluntary agencies such as The Alzheimer's Society.
- The practice was located in a highly deprived area and was aware that many patients experienced social problems of drug, alcohol misuse, in addition to high unemployment rates. We saw posters in the reception areas signposting patients to other services such as HIV testing, sexual health clinics and NOMAD services. NOMAD provides housing and support for people maintaining their tenancies or those at risk of losing their home.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services such as appointments available from 7.30am one day each week, until 6.30pm each day and until 9pm one day per week. Saturday morning surgeries were open at other YHP practices which patients were able to access.
- Translation services were available for patients who did not speak English as a first language and some of the staff including the GPs were able to some speak languages spoken by the patient population.

Access to the service

The practice opening times were 8am until 6.30pm Monday to Friday. Appointments were available 8am to 6.30pm Monday to Friday and Monday 6.30 to 9pm and Wednesday 7.30 to 8am.

Results from the national GP patient survey published July 2016 showed that patient's satisfaction with how they could access care and treatment was below national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 79%.
- 63% of patients stated the last time they wanted to see or speak to a GP or nurse from their surgery they were able to get an appointment compared to the CCG average of 60% and the national average of 76%.

Since 2014 YHP had been following a service redesign proposal specifically to improve access arrangements.

- A telephone team had been introduced and took all incoming calls across YHP and offered as many same day appointments as possible.
- There was access to same day telephone triage by an on call GP which led to all patients who requested a same day appointment speaking with a GP.
- Open access sessions had been introduced early in the morning for people with mental health problems, appointment times had been altered for the baby clinics, more appointments were available later in the day and times were frequently changed in response to demand.
- A dedicated bypass telephone was available to patients identified as vulnerable to enable their access to appointments and support.
- Staffing of the telephones in the early morning had been improved. Patients we spoke with told us it was sometimes difficult to contact the practice at this time but, overall, the comment cards we received and feedback from members of the PPG showed access was steadily improving.

People told us on the day of the inspection that they were able to get appointments when they needed them. However patients told us they disliked the queue outside

Are services responsive to people's needs?

(for example, to feedback?)

the door at 8am each morning to book an appointment for that day. The practice was continuing to review this situation but some patients preferred to go to the practice and wait for a same day appointment.

The on call GP also triaged patients by telephone to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The outlet operations manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system included a patient's information leaflet and posters in the reception area.
- We looked at 16 complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way, and responses demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints. Action was taken as a result to improve the quality of care. These were discussed at staff outlet meetings and reported to the YHP executive management board which met monthly.

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.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. They had been actively involved in drawing up a set of values and associated behaviours defining standards for colleagues and patients which would inform all policy decisions, recruitment and service design.
- The practice had an effective plan reflecting the vision and values and aspirations to relocate and join with local practices in providing enhanced services from within a purpose built centre at Sandwell Hospital. The plan outlined objectives from 2015-2018 a number of which we saw during the inspection had already been accomplished. For example a centralised patient services team managed all recalls and a telephone team took all incoming calls.
- The practice was part of a corporate partnership which had a clear vision to deliver high quality medical care in a flexible way that provided an enhanced range of services.
- The practice aimed to achieve this through supporting staff members. Staff members we spoke with told us that they had been supported financially to complete courses and training and had been given time off to attend courses that would allow further development.

Governance arrangements

The practice was part of a corporate partnership of four practices with a central management and governance team.

- For example, there was an organisational structure with head of outlet (practice) operations, information technology lead and a governance lead. They supported an outlet supervisor located at each site whose responsibility was to oversee the day to day running of the practice. There was a centralised patient services team consisting of a lead nurse and patient services manager. Their responsibilities included for example,

ensuring QOF achievements, reviewing results from screening tests such as suspected cancers and ensuring appropriate communication with other agencies such as out-of-hours services.

- There was a clear staffing structure within the practice with a head receptionist and a lead nurse. Staff we spoke with were aware of their own roles and responsibilities and this was supported with a job description in the staff files we looked at.
- Organisation specific policies were implemented and were available to all staff. Staff members demonstrated to us how they accessed policies from the corporate providers' intranet.
- There was a clinical operations group (COG) who maintained a comprehensive understanding of the performance of the practice including monitoring of QOF data and prescribing data as well as ensuring adherence to National Institute for Health and Care Excellence (NICE) guidance. This was achieved through nursing meetings, clinical meetings as well as outlet operations meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Most patients we spoke with stated that they had noticed an improvement to the service since the practice joined the YHP group. This view was also shared by staff members we spoke with. We spoke with the head of outlets operations for the corporate partnership and the outlet supervisor for the site who told us that many of the changes in systems and processes were driving improvements. We saw evidence of this for example, in the way the practice now recorded and analysed significant events.
- There were effective arrangements for identifying, recording and managing risks and implementing mitigating actions including a comprehensive risk management register under development.

Leadership and culture

- The corporate partners had the experience, capacity and capability to run the practice and ensure high quality care. The lead GP at the practice told us that they were able to prioritise better clinical care since the merger with the corporate partnership.

Are services well-led?

Good 

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

- Each partner had an area of responsibility within the practice. For example one partner led on child protection, diabetes and obesity, another on health and safety, chronic kidney disease and thyroid disease and a third partner led on atrial fibrillation, and cerebral vascular disease.
- The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. For example there was a staff engagement forum which met regularly to involve staff about how to run and develop the practice.
- The partnership also had a vision to develop its staff through quarterly protected learning time (PLT) events which were organised quarterly across YHP and clinical staff had designated PLT each month.
- Appraisal documents were currently being reviewed to reflect the values and behaviours which were drawn up by staff.
- The provider held a Christmas party for all staff members to celebrate achievements over the last 12 months as a way of team building.
- Staff said they felt respected, valued and supported. For example, a staff member told us that they were supported to attend courses financially and through getting time off from work. All partners and senior managers underwent leadership training along with nurses.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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 a recently established patient participation group (PPG). We saw notices in the waiting room asking patients to volunteer for this role. Representatives told us they felt able to voice their views and suggestions and had supported the practice to seek improvements such as helping them with the comprehensive consultation about relocating the practice.
- The practice collected feedback through surveys, complaints and verbal comments received. We saw that telephone access had been improved, telephone appointments were now available, online repeat prescriptions had been introduced and electronic prescribing was being considered. A notice board of feedback was prominently displayed which included sticky notes, cards of appreciation and emails from patients and staff.
- The practice had gathered feedback from staff through staff training afternoons and through staff meetings, appraisals and 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. The staff involvement had been a key part of the process of agreeing corporate values and behaviours. A staff survey in February 2016 showed that 67% of those who responded were satisfied in working for YHP. It identified areas for improvement such as sharing information and knowledge which the board was considering how it might respond.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and YHP had also trialled the introduction of an assistant physician in conjunction with Aston Medical School and this was under consideration as a permanent change to the skill mix of staff.
- The practice had joined a partnership and had developed a future plan. Part of this plan was to improve the administration processes through

Are services well-led?

Good 

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

centralisation within the group. Staff could oversee specific duties such as recalling patients for their long term health reviews to ensure better management of conditions such as diabetes. We spoke with the lead GP who was also a partner, who told us that before the practice had joined the corporate (Your Health) partnership in 2012, they found it a challenge to focus on clinical areas as well as ensuring administration processes were robust. For example, for appropriate follow up of patients with long term conditions. A patient services team had been established and their role was to manage all patient recalls.

- The practice held a daily meeting to discuss immediate clinical concerns. The partners met weekly with the outlet manager to monitor the impact of new initiatives,

the progress of new staff, QOF results, clinical commissioning group (CCG) & CQC visits and action required, and to listen to feedback from other meetings and education sessions. All actions were brought forward and reviewed at the next meeting.

- The 15 GPs from the YHP group met together as a board monthly to benefit from peer review, discuss enhanced services, monitor cross outlet performance and share learning.

The practice had meetings with the CCG and engaged with the NHS England Area Team such as working with the medicines optimisation team. Joint public consultation meetings had been held with the patients and public regarding the practice relocation.