Cestria Health Centre

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection of Cestria Health Centre on 10 November 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audit activity and were able to demonstrate improvements to patient care and prescribing as a result of this.
- Feedback from patients about the care they received was better than local and national averages. Patients reported that they were treated with compassion, dignity and respect. Patient feedback in relation to access was higher than local clinical commissioning group and national averages.
- Patients were able to access same day appointments. Pre-bookable appointments were available within acceptable timescales.
- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.
- The practice had proactively sought feedback from patients and implemented suggestions for improvement and made changes to the way they delivered services in response to feedback. Patient participation group members had been invited to attend a practice away day to decide on a new model of appointment system.
- The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved an overall result which was comparable with the local average and higher than the national average.
- Information about services and how to complain was available and easy to understand.

Summary of findings

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

We saw area's of outstanding practice, including:

- The practice held a monthly multi-disciplinary meeting at their linked care home which was attended by a mental health practitioner. This enabled early identification and treatment of mental health related issues in the elderly and ensured residents were supported appropriately by care home staff. This, together with a ward round approach to visiting residents in the home and effective emergency health care planning had led to a reduction in the number of unplanned admissions to hospital and A&E attendances for older patients.
- The practice had a dedicated nurse practitioner who carried out regular home visits to review patients' care plans and contacted patients on discharge from hospital to ensure they were receiving appropriate support and their needs were being met. This had also contributed to a reduction in the number of unplanned admissions to hospital and A&E attendances. A further nurse practitioner had been appointed to extend this area of work.
- The practice had been instrumental in developing and providing staff and facilities to provide a weekend service for frail, elderly and vulnerable patients. This had resulted in fewer admissions to hospital over weekends and generally for this patient group.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

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

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe.

Comprehensive staff recruitment and induction policies were in operation. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training and a DBS check.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles. Clinicians discussed the implementation of National Institute for Health and Care Excellence (NICE) guidelines regularly and an effective system was in place to select topics for discussion.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with the local clinical commissioning group (CCG) average and higher than the national average.

Summary of findings

Achievement rates for cervical, bowel and breast cancer screening and the majority of childhood vaccinations were higher than local and national averages.

There was evidence of clinical audit activity and improvements made to patient care and patient outcomes as a result of this.

The practice had a traffic light rated supportive care register which included not only palliative care patients but those with conditions such as heart failure, chronic obstructive pulmonary disease and dementia.

The practice provided a ward round approach to caring for the 118 residents in their linked care home and had ensured all had an emergency health care plan in place and that their medication was reviewed regularly. The practice held a monthly multi-disciplinary team meeting in the care home which included a mental health practitioner. This enabled early identification, treatment and support of residents with mental health issues in the elderly and had resulted in a reduction in the number of unplanned admission to hospital and A& E attendances for this group of patients. For example, there had been 160 non-elective admissions to hospital in relation to care home patients registered with the practice during 2014/15 at a cost of £343,936. This had reduced to 121 admissions during 2015/16 at a cost of £203,786. A&E attendances had reduced from approximately 185 during 2014/15 to approximately 130 during 2015/16. The practice had employed dedicated nurse practitioners to review frail and elderly patients and their care plans in their own homes and follow up patients recently discharged from hospital to ensure the were being appropriately supported. This had also contributed to the reduction in unplanned admissions to hospital and A&E attendances.

Several of the GPs had special interests in areas including dermatology, diabetes, ophthalmology, cardiology and ear, nose and throat. The practice was able to provide numerous examples of how they had intervened to provide additional support to patients.

Staff received formal quarterly supervision sessions and annual appraisals and were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt

Summary of findings

involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in July 2016 were better than local and national averages in respect of providing caring services. For example, 93% of patients who responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG average 91% and national average 89%) and 96% said the last nurse they saw or spoke to was good at listening to them (CCG average 94% and national average was 91%).

Results also indicated that 91% of respondents felt the last GP they saw or spoke with treated them with care and concern (CCG average 89% and national average of 85%). 95% of patients felt the nurses treat them with care and concern (CCG average 89% and national average 85%).

The practice identified carers and ensured they were offered an annual health check and influenza vaccination and signposted them to appropriate advice and support services. At the time of our inspection they had identified 188 of their patients as being a carer (approximately 1.6% of the practice patient population).

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised and identified themes arising from them.

The practice's performance in relation to access in the National GP Patient Survey was better than local and national averages. For example, the most recent results (July 2016) showed that 90% of patients found it easy to get through to the surgery by telephone (CCG average 74%, national average 73%) and 91% were able to get an appointment (CCG average 87% and national average 85%). The practice offered 12 minute appointments as standard.

The practice was able to demonstrate that they continually monitored the needs of their patients and responded appropriately. The practice had become involved in a number of initiatives to improve services.

Summary of findings

The practice was proactive in their identification and support of armed forces veterans and in ensuring they had timely access to health care services. The practice had a register of 65 armed force veterans who had all undergone an assessment with a practice nurse practitioner.

Are services well-led?

Outstanding 

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

Practice staff had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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. The practice had a business development plan which documented priorities and objectives such as succession planning, financial pressures and development of their workforce.

The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GP and practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice had an active patient participation group whose contribution was valued and views sought by involvement in practice away days. The practice sought feedback from staff and patients and made changes to the way they delivered services as a consequence of feedback. For example, they had carried out a week long survey involving staff and patients and worked with their patient participation group to review and change their appointment system.

There was a strong focus on continuous learning and improvement at all levels and the practice were involved in a number of inititavies to improve and develop services offered to patients. The practice had strong and visible clinical and managerial leadership and governance arrangements. They had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed.

Summary of findings

The six population groups and what we found

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

Older people

Outstanding ☆

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

Nationally reported Quality and Outcomes Framework (QOF) data for 2015/16 showed the practice had achieved good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients experiencing heart failure and osteoporosis and for those requiring palliative care. However, although the clinical exception rate was lower than local and national averages for osteoporosis it was higher than average for heat failure.

One of the GPs acted as the frail elderly lead for the local Clinical Commissioning Group (CCG) which helped clinicians keep up to date and conform with best practice management for this group of patients. The practice had employed nurse practitioners to carry out home visit assessments of their most frail patients to review care plans and ensure appropriate support services were in place. A system was in place to ensure that frail elderly patients and those on the practices high risk register who had recently been discharged from hospital were contacted by a nurse practitioner within three days of discharge to reassess their needs. The practice operated a ward round approach to caring for their linked care home patients and had ensured all had an emergency health care plan in place and that their medication was reviewed on at least a six monthly basis by the practice pharmacist. Staff had implemented a monthly multi-disciplinary team meeting in the care home, including a mental health practitioner which enabled early identification and treatment of mental health related issues in the elderly. Together this approach had led to a reduction in unplanned admissions to hospital and A&E attendance for this group of patients.

People with long term conditions

Outstanding ☆

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

The practice offered longer appointments of 12 minutes as standard. Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review. Patients with multiple long-term conditions were offered a fully comprehensive review in their birthday month whenever possible.

Summary of findings

The QOF data for 2015/16 provided by the practice showed that they had achieved good outcomes in relation to the conditions commonly associated with this population group. For example the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma, chronic kidney disease, epilepsy and rheumatoid arthritis.

The practice had several GPs who had a special interest in a range of conditions including dermatology, diabetes, ophthalmology, cardiology and ear, nose and throat. This enabled the practice to offer an enhanced level and standard of care to patients, including patients from other practices.

The practice had developed a system to ensure patients at risk of developing diabetes were identified and appropriately monitored. The practice offered a insulin inititation and monitoring service for diabetic patients. Patients with long term conditions known to be at risk of rapid deterioration were automatically offered an immediate GP appointment.

The practice offered an in-house electro cardiogram (ECG) service, 24 hour blood pressure monitoring and spirometry which helped provide patients with access to care and treatment closer to home.

Families, children and young people

Good

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect, such as those who did not attend for childhood vaccinations or had visited A&E. The needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as the community midwife.

Appointments were available outside of school hours and the premises were suitable for children and babies.

Data available for 2015/16 showed that the practice had performed well in terms of childhood immunisation rates. For example, uptake the vaccinations given to two year olds ranged from 98.4% to 99.2% (compared with the CCG range of 97.7% to 99% and national range of 73.3% to 95.1%). For five year olds this ranged from 99.2% to 100% (compared to CCG range of 97.2% to 98.5% and national range of 81.4% to 95.1%).

Summary of findings

At 84.4%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was higher than the CCG average of 83.2% and national average of 81.8%.

Pregnant women were able to access a full range of antenatal and post-natal services at the practice.

The practice had developed a relationship with the local secondary school to promote preventative and pastoral care of young people in their area. They had also developed an action plan to help them deliver a young people friendly health service at the practice.

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 met. The surgery was open from 8am to 6pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8am to 11.30am and 2pm to 6pm) and from 8am to 8pm on a Thursday (appointments from 8am to 11.30 am and 2pm to 8pm). It was also open on occasional Saturdays from 9am to 1pm depending on need.

The practice offered sexual health and contraception services, travel advice, childhood immunisation service, antenatal services and long-term condition reviews. They also offered new patient and NHS health checks (for patients aged 40-74).

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. A digital health information board was available in the practice waiting room which patients could use to access support services, health and practice information.

People whose circumstances may make them vulnerable

Good

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

The practice held a register of patients living in vulnerable circumstances, including 38 patients who had a learning disability. Patients with a learning disability were offered a 45 minute annual health check and influenza immunisation.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable

Summary of findings

people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staffs were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

The practice identified carers and ensured they were offered appropriate advice and support and an annual health check and influenza vaccination.

The practice was pro-active in their identification and support of veterans and in ensuring their health care needs were being met in line with the Armed Forces Covenant (which dictates that injured armed force personnel are given priority for medical treatment in the years after their service).

People experiencing poor mental health (including people with dementia)

Good

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

QOF data for 2015/16 provided by the practice showed that they had achieved the maximum score available for caring for patients with dementia and depression. The practice had attained 87

.7% in respect of caring for patients with a mental health condition, which was below the CCG average of 96.7% and national average of 92.8%.

The practice held an on-site multi-disciplinary team meeting during their weekly ward round visit to their linked care home which was attended by a representative from the liaison psychiatry service. This enabled a timely discussion about patients with new or deteriorating mental health issues and speedier intervention.

Summary of findings

What people who use the service say

Areas for improvement

The results of the National GP Patient Survey published in July 2016 showed patient satisfaction was higher than the local clinical commissioning group (CCG) and national averages. Of the 241 survey forms distributed, 117 were returned (a response rate of 49%). This represented approximately 1% of the practice's patient list. For example, of the patients who responded to their survey:

- 90% found it easy to get through to this surgery by telephone compared to a CCG average of 74% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 94% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).
- 91% said their GP was good at explaining tests and treatment (CCG average 89%, national average 86%)
- 96% said the nurse was good at treating them with care and concern (CCG average 95%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received. The respondents stated that they found the surgery clean and hygienic and that they were confident they would receive good treatment. Words used to describe the practice and its staff included exemplary, professional, impressive, excellent, friendly and fantastic.

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

Outstanding practice

- The practice held a monthly multi-disciplinary meeting at their linked care home which was attended by a mental health practitioner. This enabled early identification and treatment of mental health related issues in the elderly and ensured residents were supported appropriately by care home staff. This, together with a ward round approach to visiting residents in the home and effective emergency health care planning had led to a reduction in the number of unplanned admissions to hospital and A&E attendances for older patients.
- The practice had a dedicated nurse practitioner who carried out regular home visits to review patients' care plans and contacted patients on discharge from hospital to ensure they were receiving appropriate support and their needs were being met. This had also contributed to a reduction in the number of unplanned admissions to hospital and A&E attendances. A further nurse practitioner had been appointed to extend this area of work.
- The practice had been instrumental in developing and providing staff and facilities to provide a weekend service for frail, elderly and vulnerable patients. This had resulted in fewer admissions to hospital over weekends and generally for this patient group.

Cestria Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. A GP specialist advisor and a practice nurse specialist advisor were also in attendance.

Background to Cestria Health Centre

Cestria Health Centre provides care and treatment to approximately 11,717 patients from the Chester le Street area of County Durham. The practice is part of the NHS North Durham Clinical Commissioning Group (CCG) and operates on a Personal Medical Services (PMS) contract.

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

Whitehill Way

Chester le Street

County Durham

DH2 3DJ

The surgery is located in an extended purpose built health centre. All reception and consultation rooms are fully accessible for patients with mobility issues and there is an elevator for patients needing to access the upper floor of the building. An on-site car park is available which includes dedicated disabled car parking spaces. A pharmacy is attached to the building.

The surgery is open from 8am to 6pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8am to 11.30am and 2pm to 6pm) and from 8am to 8pm on a Thursday (appointments from 8am to 11.30 am and 2pm to 8pm). It is also open on occasional Saturdays from 9am to 1pm depending on need.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service.

Cestria Health Centre offers a range of services and clinic appointments including ante-natal, family planning, long-term condition and travel advice clinics. As some of the practice GPs also had special interests and expertise in areas including diabetes, cardiology, minor surgery, sexual health, contraception and ear nose and throat the practice also delivered specialist clinics for the area.

The practice consists of:

- Three GP partners (all male)
- Eight salaried GPs (two male and six female)
- Two nurse practitioners (one male and one female)
- One nurse prescriber (female)
- One practice nurse (female)
- Three health care assistants (female)
- 17 non-clinical members of staff including a practice manager, personal assistant, team leaders, receptionists, secretaries and administration assistants.

The practice is a teaching and training practice and involved in the training of qualified doctors wishing to pursue a career in general practice as well as the teaching of undergraduate medical students learning about GP practice.

The practice is also a member of Chester-le-Street GP Federation which is a group of practices working collaboratively to co-commission services and to share responsibility for developing and delivering high quality, patient focused services for the local community.

Detailed findings

The average life expectancy for the male practice population is 78 (CCG average 78 and national average 79) and for the female population 82 (CCG average 82 and national average 83).

At 48.8%, the percentage of the practice population reported as having a long standing health condition was lower than the CCG average of 58.9% and national average of 54%. Generally a higher percentage of patients with a long standing health condition can lead to an increased demand for GP services. At 62.8% the percentage of the practice population recorded as being in paid work or full time education was higher than the CCG average of 57.8% and national average of 61.5%). The practice area is in the seventh most deprived decile. Deprivation levels affecting children were lower than both CCG and national averages. Deprivation levels affecting adults were lower than the CCG average but slightly higher than the national average.

Why we carried out this inspection

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

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

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 November 2016. During our visit we spoke with a mix of clinical and non-clinical staff including GPs, a practice nurse, the practice manager, reception team leader, receptionists and an administration assistant. We spoke with nine patients, three of whom were members of the practice patient participation group and observed how staff communicated with patients who visited or telephoned the practice on the day of our inspection. We reviewed six Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and staff were well aware of their roles and responsibilities in relation to this.

The practice had systems in place for knowing about notifiable safety incidents and actively identified trends, themes and recurrent problems. They had recorded 11 significant events in the previous year. Significant events were regularly discussed and analysed at clinical and practice meetings and appropriate action taken. For example, the practice had recorded a significant event where an out of date device ad been used. As a result the practice had reviewed and changed their procedure for checking for out of date equipment and medicines.

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

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice held regular multi-disciplinary meetings to discuss vulnerable patients. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. With the exception of the recently recruited career start GPs all other GPs were trained to level three in children's safeguarding. Training had been arranged for the career start GPs.
- Chaperones were available if required. Staff who acted as a chaperone had all received appropriate training and had undertaken a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. A cleaning schedule was in place and regular infection control audits were carried out where action plans were identified and monitored. A comprehensive infection prevention and control policy was in place.
- An effective system was in place for the collection and disposal of clinical and other waste.
- We reviewed the personnel files of staff members and found that appropriate recruitment checks had been undertaken for all staff prior to employment. Good induction processes were in place for all staff, including students and locums.
- The provider was aware of and complied with the requirements of the Duty of Candour regulation. The GP and practice manager encouraged a culture of openness and honesty.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Patient group directions (PGDs) and patient specific directions (PSDs) had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. PGDs and PSDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, for example, vaccines, without a patient having to see a doctor.

Monitoring risks to patients

Risks to patients were assessed and well managed:

Good

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff were aware of their roles and responsibilities in relation to this. Staff had received fire safety training; fire alarms were tested on a weekly basis and fire evacuation drills carried out annually. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Annual leave was planned well in advance and staff had been trained to enable them to cover each other's roles when necessary. The GPs operated a buddy system to ensure discharge information and test results were reviewed when they were not at work.
- The practice manager reported that they rarely used locum GPs. However, when this was necessary a locum induction pack was available.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.
- Emergency medicines were easily accessible and all staff knew of their location. A defibrillator and oxygen were available on the premises. All the medicines we checked were in date and fit for use.

The arrangements to deal with medical emergencies had been reviewed following a significant event in February 2016 which had identified some educational needs regarding the location and use of oxygen masks and cylinders. As a result clinical staff had received training on administering oxygen, using the appropriate masks and treatment room orientation.

Outstanding ☆

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 held monthly practice and fortnightly GP meetings which were an opportunity for clinical staff to discuss clinical issues and patients whose needs were causing concern. An effective system was in place to identify topics for discussion and there was dedicated administrative support to ensure these items were tabled for discussion.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The results for 2015/16 showed the practice had achieved 97.5% of the total number of points available to them compared with the clinical commissioning group (CCG) of 97.9% and the national average of 95.4%.

The 2015/16 data showed that at 12.8% their overall clinical exception rate was higher than the local CCG and national averages of 9.8%. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

- The 2015/16 QOF data showed that they had obtained the maximum points available to them for 12 of the 19 QOF indicators, including asthma, cancer, chronic kidney disease and heart failure. For the other seven indicators practice attainment was comparable to local and national averages.

The practice carried out clinical audit activity to help improve patient outcomes. We saw evidence of several audits including a two cycle audit to ensure patients prescribed amiodarone (used to treat irregular heartbeat) were being appropriately tested and monitored. As a result of the audit there was an increase in the number of patients undergoing appropriate tests although it was still identified that the practice needed to improve their use of electrocardiogram (ECG) monitoring. Another audit looking at antibiotic prescribing showed that the practice had reduced its antibiotic prescribing by almost a two-thirds despite an increasing list size. For example, the practice had prescribed the equivalent of 188 '3C' antibiotics (cephalosporins, quinolones and co-amoxiclav) per 12,000 patients in September 2014. This had reduced to the equivalent of 61 '3C' prescriptions per 12,000 patients in June 2016. A computerised system was in place to alert a clinician if they were trying to prescribe an inappropriate antibiotic.

The practice accessed pharmacist support from the local CCG to monitor compliance with the prescribing engagement scheme. They also employed the pharmacist directly for an additional period of time to assist with medication reviews for patients with chronic diseases and for those recently discharged from hospital.

The practice had been instrumental in leading the alignment of care homes to an allocated GP practice in the local area which had improved continuity of care and access to GP services for residents and staff. They had developed a regular ward round approach to visiting patients in their linked care home and held a monthly multi-disciplinary meeting involving a mental health practitioner in the home. They had also taken steps to ensure that all care home patients had an emergency health care plan which recorded end of life decisions where appropriate. Practice staff were able to demonstrate that this approach had led to a reduction of a third in relation to the number of times a GP was asked to visit the care home and a reduction in unplanned admissions to hospital and A&E attendances. For example, there had been 160 non-elective admissions to hospital in relation to care home patients registered with the practice during 2014/15 at a cost of £343,936. This had reduced to 121 admissions during 2015/16 at a cost of £203,786. A&E attendances had reduced from approximately 185 during 2014/15 to approximately 130 during 2015/16. Feedback we saw from the linked care home confirmed that the service delivered by the practice had not only helped to reduce inappropriate hospital admissions and speed up secondary care referral processes but had also led to improved person centred care. The practice had also employed dedicated nurse practitioners to review frail and elderly patients and their care plans in their own homes and follow up patients recently discharged from hospital.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

This had helped to ensure that patients were being appropriately supported and had subsequently contributed to the reduction in unplanned admissions to hospital and A&E attendances.

The practice had a traffic light rated palliative care register and discussed the needs of palliative care patients at regular multi-disciplinary team meetings. The practice had recently decided to re designate this register as a supportive care register and include patients with conditions such as dementia, heart failure and chronic obstructive pulmonary disease (COPD) where appropriate to ensure their needs were being discussed and effective support in place. Recently deceased patients who had been on the register were also discussed at these meetings to identify if there were any lessons to be learned in respect of palliative care. Practice staff told us that 20% of the patients on the register did not have conditions relating to cancer and that 20 of the 89 patients registered with the practice who had died during the previous calendar year (22.5%) had been included on the register.

Effective staffing

The staff team included GPs, nurse practitioners, practice nurses, health care assistants and a number of non-clinical staff members including a practice manager, personal assistant, team leaders, receptionists, secretaries and administration assistants. We reviewed staff training records and found that staff had received a range of mandatory and additional training. This included basic life support, health and safety, infection control, information governance, safeguarding and appropriate clinical based training for clinical staff.

The GPs were up to date with their yearly continuing professional development requirements and had been revalidated (every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list). The practice nurse was supported in seeking and attending continuing professional development and training courses and was being supported to undertake an advanced nurse practitioner degree. Arrangements were in place for the provision of clinical supervision.

The practice had a staff appraisal system in operation which included the identification of training needs and development of personal development plans.

We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Holiday, study leave and sickness were covered in-house whenever possible. The practice rarely used locum GPs but when they did an effective locum induction pack was available. Practice staff told us that they took succession planning seriously and had been able to employ a larger number of salaried GPs when partners had left. The practice had invested in the education of GPs and nursing staff to improve satisfaction and retention and to enable effective leadership of the practice in the future.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis and that care plans were reviewed and updated.

One of the practice GPs was the chief clinical officer for the local clinical commissioning group which helped to ensure that the practice kept up to date with recent developments and initiatives.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including Mental Capacity Act 2005.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Practice staff told us that where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurses assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

Vaccination rates for 12-month and 24-month old babies and five-year-old children were higher than the local and national averages. For example, data available for the 2015/16 period showed that childhood immunisation rates for the vaccinations given to two year olds ranged from 98.4% to 99.2% (compared with the local CCG range of 97.7% to 99% and national range of 73.3% to 95.1%). For five year olds this ranged from 99.2% to 100% (compared to CCG range of 97.2% to 98.5% and national range of 81.4% to 95.1%).

Screening rates for cervical, breast and bowel cancer were above local and national averages. For example:

- At 84.4%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was above the local CCG average of 83.2% and national average of 81.8%.
- At 63.1% the percentage of patients aged between 60 and 69 who had been screened for bowel cancer within six months of invitation was higher than the CCG average of 59.3% and national average of 55.4%.
- At 83.4% the percentage of females aged between 50 and 70 who had been screened for breast cancer within six months of invitation was higher than the CCG average of 77.2% and national average of 73.2%.

Patients had access to appropriate health assessments and checks. This included new patient and NHS health checks for patients aged between 40 and 74. The practice had carried out 21 NHS health checks since 1 April 2016 to the date of our inspection.

Several of the GPs had special interests in areas including dermatology, diabetes, ophthalmology, cardiology and ear, nose and throat and were therefore able to offer extended services in these areas. This enabled patients registered with the practice and others living in the North Durham CCG area to have timelier and more convenient access to what would normally have been secondary care services. The practice were continuing to expand and improve this service. For example, they had provided a skin surgery service to 224 patients during 2011/12 with a reported incomplete excision rate of 10% and complication rate of 3.5%. During 2015/16 they had provided this service to 322 patients with an incomplete excision rate of 7% and 0% complication rate. The average waiting time for referral to this service was between two to three weeks. The percentage of patients referred to the practice's ear, nose and throat clinic who were seen within three weeks was 88%, with the average waiting time being two weeks. An audit of the ENT clinic showed that patients using the service had rated their satisfaction as 4.6/5 and referrers had rated it as 4.8/5. The lead GP told us that their activity in these extended services had resulted in a reduction in the cost of hospital care by approximately £70,000 per year. The practice was also able to offer an enhanced diabetic service which included insulin inititation and monitoring. Another practice GP and a nurse practitioner had embarked on further training to enhance the service delivered to diabetic patients, including patients from neighbouring practices if needed. To enable the practice to care for patients with more complex needs and offer enhanced services the practice partners had invested in equipment and facilities. This had included the purchase of equipment to enable dermatology and nasendoscopy procedures and the installation of a modern minor surgery suite enabling clinicians to carry out more complex minor surgery.

The practice provided evidence of numerous examples of how they provided additional support to patients. This had included meeting with an A&E consultant and pain management specialist to help to reduce a patients unplanned admissions to hospital, providing food for a socially isolated patient during a home visit, delivering medication and arranging a call for a patient from a befriending service operated by a charity for older people.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

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

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

- 96% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 97% and the national average of 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 99% and the national average of 97%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 95% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national averages of 82%.
- 96% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 95% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language. The practice did not have a hearing loop but had ensured two members of staff had been trained to communicate in sign language.

Patients with a learning disability were offered an annual influenza immunisation and health check. The practice held a register of 38 patients recorded as living with a learning disability.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Notices in the patient waiting and a computerised interactive health promotion screen in the waiting room told patients how to access a number of support groups and organisations

The practice identified carers and ensured they were offered an annual health check and influenza vaccination and signposted to appropriate advice and support services.

The practice computer system alerted clinicians if a patient was a carer. At the time of our inspection they had identified 188 of their patients as being a carer (approximately 1.6% of the practice patient population).

Patients known to have experienced bereavement were offered a home visit from a GP which was followed up by a telephone call and a further home visit if necessary.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered 12 minute appointments to all patients as standard. Longer appointments were available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- People could access appointments and services in a way and time that suited them.
- There were disabled facilities and translation services available. The practice did not have a hearing loop but two members of staff were able to communicate in sign language.
- All patient facilities were easily accessible to patients with a mobility issue.
- The practice offered online services to book appointments and request repeat prescriptions
- The practice had carried out a week long 'Perfect Week' patient survey in April 2016. Perfect Week is based on a national improvement programme to improve patient care by putting an organisation wide focus on systems and processes to ensure they are effective. This had revealed that 88.4% of the 343 respondents were either satisfied or fairly satisfied with the overall service provided by the practice. Of those respondents, 60.6% had reported that they were satisfied with the open surgery arrangements operated by the practice at that time. As a result of the survey they had decided to review their appointment system in recognition of patients with long-term conditions reporting that they were frustrated with a delay in being able to get an appointment. They had held a practice away day to which members of the patient participation group were invited and had considered four different models of appointment systems. A new appointment system had subsequently been implemented in September 2016. This had included developing an urgent appointment system involving triage by a clinician, increasing the length of standard GP appointments to 12 minutes, educating patients on when to request an appointment with a GP as opposed to a nurse or nurse practitioner and involving a pharmacist in the carrying out of medication reviews.
- The practice was aware that the North East of England had the highest proportion of recruits to the armed forces and that they had a number of armed forces veterans on their patient list. They had therefore developed a veteran's folder for clinicians giving specific advice and guidance on how to deal with issues commonly associated with veterans. A letter had been developed and sent to all identified veterans advising them that the practice was committed to ensuring their health care needs were met in line with the Armed Forces Covenant (which dictates that injured armed force personnel are given priority for medical treatment in the years after their service). The practice had developed a register of 65 veterans, all of whom had undergone a health assessment with one of the practice nurse practitioners
- The practice had been instrumental in leading the alignment of care homes to an allocated GP practice in the local area which had improved continuity of care and access to GP services for residents and staff. They had developed a regular ward round approach to visiting patients in their linked care home and held a monthly multi-disciplinary meeting involving a mental health practitioner in the home. They had also taken steps to ensure that all care home patients had an emergency health care plan which recorded end of life decisions where appropriate. Practice staff were able to demonstrate that this approach had led to a reduction of a third in relation to the number of times a GP was asked to visit the care home and a reduction in unplanned admissions to hospital and A&E attendances.
- The practice had designed and implemented a scheme to work with the local CCG, foundation trust and GP federation (consisting of six local practices) to provide a weekend service for frail, elderly and vulnerable patients. This was available from 8am to 6pm on a Saturday and Sunday and consisted of local GPs working on a rota basis to provide telephone consultations and, if necessary, appointments for this group of patients. Cestria Health Centre provides GPs,

Good

Are services responsive to people's needs?

(for example, to feedback?)

reception staff and administrative support as well as facilities to support this service. The lead GP informed us that this had resulted in fewer admissions to hospital over a weekend for this patient group.

Access to the service

The surgery was open from 8am to 6pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8am to 11.30am and 2pm to 6pm) and from 8am to 8pm on a Thursday (appointments from 8am to 11.30 am and 2pm to 8pm). It is also open on occasional Saturdays from 9am to 1pm depending on need.

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

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 90% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and the national average of 73%.
- 85% of patients described their experience of making an appointment as good compared to the CCG average of 77% and the national average of 73%.
- 83% of patients said they usually waited less than 15 minutes after their appointment time compared to the CCG average of 73% and the national average of 65%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 87% and national average of 85%.
- 85% felt they didn't normally have to wait too long to be seen compared with the CCG average of 66% and national average of 58%.

Patients we spoke to on the day of the inspection and those who completed CQC comment cards reported that they were able to get an appointment within an acceptable timescale. The appointment system operated by the practice enabled patients to book appointments, including telephone consultations, up to 12 weeks in advance. Urgent appointments were also available the same day following triage by the practice acute team which consisted of GPs and nurse practitioners. We looked at appointment availability during our inspection and found that routine telephone consultation with a GP was available the following day. The next routine face to face appointment was seven working days later. A routine appointment with a nurse was available the same day.

Listening and learning from concerns and complaints

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

- Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The registered manager had been identified as lead for dealing with complaints regarding clinical issues and the practice manager as the lead for any other complaints.
- We saw that information was available in the reception area to help patients understand the complaints system.

The practice had recorded 12 complaints since 1 January 2016. We found that these complaints had been satisfactorily handled, dealt with in a timely way and lessons learned identified.

Are services well-led?

Outstanding ☆

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

Our findings

Vision and strategy

The practice vision was to provide patient centred primary care of high quality and safety responsive to their patients' needs.

The practice mission statement was 'Our Team Cares' and 'to provide an appropriate and rewarding experience for our patients whenever they need Primary Care support'.

The practice had developed a five-year business development plan which was regularly reviewed and updated at partners meetings. This included an analysis of risk and issues such as succession planning, financial pressures and development of the workforce.

Governance arrangements

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

- There was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as those of others.
- The practice had created service standards for their staff. As part of this staff had agreed to ensure they logged onto the practice and NHS intranet systems on a daily basis to make sure they were aware of recent developments.
- Up-to-date practice specific policies were available for staff and were easily accessible
- Arrangements were in place to identify and manage risks and implement mitigating actions.
- There was a programme of clinical audit activity which improved outcomes for patients.
- The practice continually reviewed their performance in relation to, for example, the Quality and Outcomes Framework, referral rates and prescribing.

Leadership and culture

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

The GP who acted as the registered manager had a fellowship in Clinical Leadership and the practice manager had undertaken effective leadership training courses. Practice staff were also involved in other areas of work and used this as an opportunity to bring shared learning, skills and knowledge back to the practice. This learning was shared and discussed at regular clinical and quality improvement meetings and implemented when appropriate. For example:

- One of the GPs was the lead for the local Clinical Commissioning Group (CCG) and had led work to look at referral management, urgent care, significant event investigation and safeguarding enhanced services for vulnerable groups. This had included discussions with Public Health England to identify the most deprived areas in the locality to target health promotion.
- Other GPs were members of the local prescribing group, the chair of the local medical committee (LMC), a board member of the local hospice and the director of the local GP federation
- The practice manager was the practice manager representative for the local clinical commissioning group.

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

- There was a schedule of regular meetings including practice, multi-disciplinary team, quality improvement, palliative care and National Institute for Health and Care Excellence (NICE) guidance meetings.
- One of the practice GPs had established a peer review process with other local practices to look at topics such as referrals to secondary care to ensure they were the most appropriate course of action. The lead GP told us that as a result of this process the use of practice based guidelines on referrals and the quality of referral letters had increased. In addition, referrals to secondary care had reduced. For example, the number of patients referred to dermatology had decreased by 86 from 2014/15 to 2015/16. For orthopaedics there was a reduction of 112 referrals and for ear, nose and throat there was a reduction of 63 referrals. .

Are services well-led?

Outstanding ☆

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. They also said they felt respected and valued.

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

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

- The practice had gathered feedback from patients through patient surveys, feedback and complaints received.
- All practice staff were invited to participate in practice away days to contribute ideas and suggestions.
- We saw evidence of the practice analysing the results of the National GP Patient Survey and discussing the findings with staff and members of the practice patient participation group (PPG).
- The practice had an 'actual' PPG which consisted of eight to nine core members who met on a six monthly basis. They also had a 'virtual' group whose views were sought by email. The PPG were involved in a number of initiatives including suggesting changes to the reception and waiting areas to aid confidentiality, reviewing patient information and posters in the reception area and contributing to twice yearly practice newsletters. PPG members were also invited to attend twice-yearly practice away days, one of which had been dedicated to reviewing the appointment system and suggesting areas for improvement. One of the PPG members with experience in the field had delivered dementia friends training to the staff.

Continuous improvement

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

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

- Working with other practices in the area as part of a federation to identify and implement new ways of working and co-commission services.
- The alignment of care homes within the area to a GP practice.
- Being instrumental in developing and providing staff and facilities to staff a weekend service for frail, elderly and vulnerable patients which resulted in fewer admissions to hospital over weekends for this patient group.
- The practice had several GPs with a special interest in a range of conditions including dermatology, diabetes, ophthalmology, cardiology and ear, nose and throat. This enabled the practice to offer an enhanced level of care to patients, including patients from other practices.
- To enable the practice to offer an enhanced level of care and cater to patients with more complex needs the practice partners had invested in equipment and facilities. This had included the purchase of equipment used for dermatology and nasendoscopy purposes, 24 hour electro cardiogram machines and the installation of a modern minor surgery suite to enable more complex minor surgical procedures.
- Cestria Health Centre also offers 10 specialist clinics per week. The income from the clinics is largely invested back into training and recruiting new staff to further enhance services to patients.

- The practice were committed to improving access for their patients. To enable this they had carried out a week long 'Perfect Week' patient survey in April 2016. They involved the local CCG to facilitate the process and share learning with other practices in the area. The survey involved all practice staff keeping a daily log of issues or ideas for improvement and patients being surveyed for their views. The number of appointments was increased by 33% to allow time to reflect on practice. The entire practice staff team then met for 15 minutes twice daily during the week to discuss findings, issues and suggestions for improvement. Practice staff felt that this insight was able to help them inform their practice development strategy and services offered and led to a review of the appointment system.