Dipple Surgery

Inspection 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 location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. (Previous rating July 2017 – Requires improvement overall particularly for caring and responsive.)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Dipple Surgery on 18 September 2018 as part of our inspection programme to follow up concerns found at the previous inspection.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- The practice had carried out a number of clinical and non-clinical audits. We found that clinical audits rarely resulted in improvements for the practice.
- The practice involved patients in regular reviews of their medicines.
- The practice had not carried out relevant reviews for patients with learning disabilities. Following the inspection, the practice had provided us with actions to improve the system to carry out these reviews.
- There was a robust system for receiving and actioning safety alerts.
- We found the practice had appropriate systems in place to monitor medicines requiring refrigeration.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff had received mandatory training applicable to their role and the practice provided staff with ongoing support.
- We found the practice had conducted environmental risk assessments and completed actions identified.
- The practice had identified 1.1% of its practice list as carers by highlighting them during registration and clinical consultations.
- The practice was clean and tidy and staff had reviewed infection prevention control and policies.
- Data from the national GP patient survey published in July 2018 showed patients rated the practice in line with local and national averages for all aspects of care which the practice had previously found challenging to achieve.
- We received 42 positive comment cards regarding the care and service at the practice and one mixed review.
- The practice was aware of their patient population needs and their preferences and worked to accommodate them. They had found it difficult to form a patient participation group.

The areas where the provider **should** make improvements are:

- Strengthen quality of clinical audits carried out.
- Improve process to carry out health checks for patients with learning difficulties.
- Continue to actively encourage patients to join the patient participation group.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a second inspector.

Background to Dipple Surgery

The practice is located in a purpose built health centre on a main road with parking facilities. It occupies a proportion of the east wing of the building with a neighbouring surgery that shares a patient waiting area, patient toilets and a staff kitchen.

Dipple Medical Centre is managed by Malling Health (UK) Limited. Malling Health (UK) Limited is a separate legal entity that operates under an umbrella of Integral Medical Holdings (IMH). IMH have a range of GP primary care sites throughout the UK, walk in centres and urgent care centres. The organisation resources include staff, leadership and information governance that is shared across their sites.

- There are approximately 3,712 patients registered at the practice.
- The practice provides services from Dipple Medical Centre, East Wing, Wickford Avenue, Basildon, Essex.
- The practice is registered to provide the following regulated activities: treatment of disease, disorder or injury; diagnostic and screening procedures and Maternity and midwifery services.
- The clinical team comprises of a salaried and a locum GP, a physician associate female, a practice nurse, and a health care assistant. The clinical team are supported by a practice manager, a team of receptionists and a team of managerial staff.
- The practice is open from Monday to Friday between the hours of 8am and 6.30pm.
- The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.
- Weekend appointments are available via the Health Hubs, a service set up by the Clinical Commissioning Group (CCG).
- National data indicates that people living in the area are in the second most deprived decile of the deprivation scoring in comparison to England.
- The practice has a comprehensive website providing a wealth of information for patients to understand and access services, including useful links to specialist support services.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The practice had completed audits to monitor their antibiotic prescribing. They had found that there prescribing rates had reduced and were now in line with the local averages.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- The practice had a comprehensive process to monitor MHRA alerts and carry out the appropriate actions to ensure patients were not affected by the alerts.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Good

Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. We spoke with staff who were able to recall examples and discuss the learning from significant events.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons due practice meetings where they identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice provided patients with a separate room to monitor their own blood pressure. Online services such as booking appointments and ordering repeat prescriptions were also available for patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme. The practice was aware of their data published from 2017 and had worked on improving it.
- The practice's uptake for breast and bowel cancer screening was in line with local and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good

Are services effective?

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered patients with learning disabilities health checks however they had not carried out the majority of these checks within the appropriate time scale.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice provide a room for the mental health team to carry out ECG's and injections for their patients.

Monitoring care and treatment

The practice had a programme of quality improvement activity which aimed to review the effectiveness and appropriateness of the care provided. We reviewed clinical audits and found that there was minimal evidence to show where the audits had highlighted areas of improvement whereas the non-clinical audits the practice had carried out had provided them with the necessary information to make positive changes. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practices clinical outcome indicators were either in line with or above the local and national averages.
- Unverified exception reporting figures showed that the practice had low exception reporting except in cancer and osteoporosis. We reviewed exception reporting and found that it was appropriate and justified.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

What we found at the July 2017 inspection

The practice was previously rated as requires improvement due to below average national GP patient survey data, published in July 2017, relating to dissatisfaction with the care and concern; not having enough time during consultations; not being listened to and a lack of confidence in their GP.

What we found at this inspection

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- We received feedback from 34 patients about the service experienced. They had completed Care Quality Commission comment cards and 33 were positive about that care and treatment received. They told us how the practice was friendly and helpful, treatment provided was excellent and how the team were caring. There was one mixed comment which stated that they felt it was a good service however expressed difficulties with reception staff attitude. The practice told us they would review the comment and action as appropriate.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices national GP patient survey results, published in July 2018, had improved since the previous year and were now in line local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. A hearing loop was available in the reception area.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment and encouraged them to book appointments to check on their own health and wellbeing. Carers were also screened for depression and anxiety and offered services such as smoking cessation which the practice tailored to their individual needs.
- The practice had a carers register which was maintained weekly by a named person. Young carers had a separate form to complete.
- The practices GP patient survey results, published in July 2018, were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a consultation room if available or the practice managers office.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- Appropriate signs were placed in the reception area asking for patients to wait in line until called forward in the event that another person was already speaking with the reception staff or the receptionists were speaking on the phone.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services.

What we found at the July 2017 inspection

The practice was previously rated as requires improvement due to below average national GP patient survey data, published in July 2017, relating to dissatisfaction with the access to care particularly with regards to the appointment availability.

What we found at this inspection

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Patients at this practice had access to an out of hour HUB service for evening and weekend appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services and offered home visits.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Appointments at quieter times were offered to patients suffering with learning disabilities and mental health conditions.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- End of life team meetings were carried out on a monthly basis with involvement from the district nursing team.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 and emergency (A&E) attendances.
- We were informed that Safeguarding and Looked After Children who had attended A&E or did not attend their appointments were discussed at the monthly meetings. The GP would arrange a follow up appointment.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Out of hour HUB services offering evening and weekend appointments were available to patients registered at the practice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode where a care taking address was used instead.

Good

Are services responsive to people's needs?

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Appointments were offered to patients suffering with mental health conditions at quieter times and phone calls to patients with dementia were carried out the day prior to their appointments to remind them.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices national GP patient survey results, published in July 2018, were above local and national averages for questions relating to access to care and treatment however one question 'The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment' was in line with the local and national average.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- Patients making verbal complaints were encouraged to complete a complaints form.
- We found evidence that complaints were tracked and responded to within a timely manner.
- The complaint policy and procedures were in line with recognised guidance. Although complaints were discussed at practice meetings, the practice had not considered the learning outcomes to ensure improvements were made.

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. For example, the practice had worked closely with the nursing team to address issues that had been highlighted.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and to have been involved in the improvements made since the previous inspections.
- The practice focused on the needs of patients and told us that they vowed to be open and honest with patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. We found that new staff members where supported throughout their probation period.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective/was no clarity around processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Good

Are services well-led?

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints. Although complaints were discussed at practice meetings, there was no evidence to show that the practice had considered lesson learnt during these discussions in the same way they had for significant events.
- Clinical audits had been completed to positively impact on quality of care and outcomes for patients however we found that these audits provided the practice with little information of where improvements could be made. There was a lack of evidence of action to change practice to improve quality as a result of clinical audits. The practice had carried out non-clinical audits which shows an impact on patients and highlighted areas for improvements.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The practice had found it difficult to form a patient participation group and had joined with the other practices in the building to try and form one however they had not been able to. The practice had advertised for a PPG on their practice website and they told us that it was an ongoing challenge.
- The practice had regularly reviewed internal and external feedback to ensure they captured patient views.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.