

The Weaver Vale Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13

Detailed findings from this inspection

Our inspection team	14
Background to The Weaver Vale Surgery	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We had carried out an announced comprehensive inspection at The Weaver Vale Surgery on 16 June 2015. The overall rating for the practice was 'requires improvement'. The full comprehensive report on the June 2015 inspection can be found by selecting the 'all reports' link for The Weaver Vale Surgery on our website at www.cqc.org.uk.

At our previous inspection in June 2015 we rated the practice as 'requires improvement' for providing a safe service and for providing a well-led service. As a result the practice was rated as 'requires improvement' overall. We issued two requirement notices to the provider relating to leadership of the practice and recruitment procedures.

This inspection visit was carried out on 4 April 2017 to check that the provider had met their plan to meet the legal requirements and as part of a comprehensive inspection of the service.

The findings of this inspection were that the provider had taken action to meet the requirements of the last inspection. The service is now rated as 'good' for providing safe and well-led services. The practice is now rated as 'good' overall.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with evidence based guidance.

Summary of findings

- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients gave us positive feedback about all aspects of the service.
- The appointments system was flexible to accommodate the needs of patients. Urgent and routine appointments were available the same day and routine appointments could be booked in advance.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice had a clear vision to provide a safe and high quality service.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice consulting with their patient participation group (PPG).

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. At our previous inspection on 16 June 2015, we rated the practice as requires improvement for providing safe services as the staff recruitment procedures were not sufficiently robust. These arrangements had significantly improved when we undertook this inspection on 4 April 2017

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguard them from abuse.
- Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.
- Risks to patients were assessed and well managed.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Appropriate pre-employment checks had been carried out to ensure the suitability of staff.
- Systems for managing medicines were effective. Two full time pharmacists supported the team for the management of medicines. A system was in place to ensure all patients on a repeat prescription had at least an annual review of their medicines and to ensure people who required regular monitoring for their medicines received this.
- The practice was equipped with a supply of medicines to support people in a medical emergency.

Good



Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Clinicians met on a weekly basis to review the needs of patients and the clinical care and treatment provided.
- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- A system of appraisal was in place and all staff had received an up to date appraisal of their work or this was scheduled.

Are services caring?

The practice is rated as good for providing caring services.

- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed that the practice received scores that were higher than other practices locally and nationally for aspects of care. For example, having tests and treatments explained and for being treated with care and concern.
- Information for patients was provided to meet their individual communication needs.
- The practice maintained a register of patients who were carers in order to tailor the services provided.
- A carers' notice board included a good level of information for carers.
- A member of staff was a designated lead for carers.
- The practice had received recognition from the 'Carers' Trust' for providing good support for carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG) and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The appointment system was flexible and responsive to patients' needs.
- The practice received scores that were higher than local and national averages for matters relating to access and appointments. Patients we spoke with said they had no difficulty in getting through to the practice and in making an appointment.
- Urgent and routine appointments were available the same day and routine appointments could be booked in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for providing well-led services. At our previous inspection on 16 June 2015, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of the governance of the practice were not sufficiently robust. These arrangements had significantly improved when we undertook this inspection on 4 April 2017.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- There were good systems in place to govern the practice and support the provision of good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice used feedback from staff and patients to make improvements. The patient participation group (PPG) was active and they gave us examples of how the practice had made changes in response to their feedback.

Good



Summary of findings

- There was a focus on continuous learning, development and improvement linked to outcomes for patients.
- The challenges and future developments of the practice had been considered.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population.
- The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu.
- Patients over the age of 75 had a named GP and were offered health checks.
- The practice provided a range of enhanced services, for example, the provision of care plans for 5% of the patient population at most risk of an unplanned hospital admission.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to outcomes for patients locally and nationally.
- Clinical staff provided support to a local care home as part of a local agreement. This involved carrying out care plans with people who lived at the home and reviewing these on a regular basis. GPs also carried out regular visits to local care homes to assess and review patients' needs and to prevent unplanned hospital admissions.
- A meeting was held on a monthly basis to review the needs of patients who were living in care homes.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- The practice had a system in place to proactively contact patients post hospital discharge to ensure they had the right medicines and support.

Good



People with long term conditions

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

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive

Good



Summary of findings

pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.

- Clinical staff provided regular, structured reviews of patients' who had long term conditions.
- Patients with several long term conditions were offered a single, longer appointment to avoid multiple visits to the surgery.
- The practice was taking part in the NHS 'National Diabetes Prevention Programme' whereby patients at risk of developing diabetes were identified and encouraged to be referred for healthy lifestyle advice and support.
- Data from 2015 to 2016 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions.
- The practice provided an in house phlebotomy service which was convenient for patients especially those requiring regular blood monitoring.
- Patients were provided with advice and guidance about prevention and management of their health and were signposted to support services. A dietician was hosted at the practice on a regular basis and a smoking cessation clinic was also provided.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk.
- A daily check was conducted of all A&E attendances for children at risk or vulnerable families and these were flagged to the GPs for action.
- Regular meetings took place with health visitors to share information or concerns about child welfare.
- A GP was the designated lead for child protection.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.

Good



Summary of findings

- Child health surveillance clinics were provided for 6-8 week olds.
- Immunisation rates were higher than the national average for all standard childhood immunisations. Opportunistic immunisations were given to encourage uptake. The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they identified to relevant professionals.
- Babies and young children were offered an appointment as a priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.
- Family planning services were provided.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 83% which was comparable to the national average of 81%.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided extended hours appointments. This included early morning appointments five days per week, late appointments one day per week and Saturday morning appointments on alternate weeks. As a result working age patients were provided with a range of accessible appointments suitable to their needs.
- Patient satisfaction with access to the practice and to obtaining a timely appointment was high. The practice received scores that were higher than local and national average for matters relating to access and the appointment system
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- Alerts were added to patients' records to ensure staff were aware of their risks or vulnerability.
- The practice worked with other health and social care professionals in the case management of vulnerable people.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns for vulnerable adults and how to contact relevant agencies in normal working hours and out of hours. Staff provided a recent example of how they had recognised signs of potential abuse in a vulnerable adult and how they had acted upon their concerns.
- Staff had been provided with training in domestic abuse and the system alerted staff to patients known to be at risk of this.
- The practice provided appropriate access and facilities for people who were disabled.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were comparable to local and national averages.
- The practice worked with other health and social care professionals in the case management of people experiencing poor mental health, including those with dementia.
- The practice referred patients to appropriate services such as psychiatry and counselling services.
- The practice participated in the dementia identification scheme for early diagnosis.
- Care plans were drawn up for patients living with dementia.

Good



Summary of findings

- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Systems were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice received higher than average scores for patients' experience of the service. This included patients' experiences of the care and treatment provided, their interactions with clinicians and their experiences of making an appointment. There were 245 survey forms distributed and 123 were returned which equates to a 50% response rate. The response represents approximately 1.5 % of the practice population.

The practice received scores that were higher than the Clinical Commissioning Group (CCG) and national average scores from patients for matters including feeling listened to, being treated with care and concern, being given enough time and having confidence and trust in the clinicians. For example:

- 94% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 88%.
- 98% said the last nurse they spoke to was good at listening to them (CCG average 92% national average 91%).
- 92% said the last GP they saw gave them enough time (CCG average 88%, national average 86%).
- 93% said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 85%, national average 85%).
- 96% said the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (CCG average, 90% national average 90%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 92%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 97%, national average 97%).

The practice scored higher than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 80% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 57% and a national average of 72%.
- 84% described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 83% were fairly or very satisfied with the surgery's opening hours (CCG average 72%, national average 75%).
- 89% found the receptionists at the surgery helpful (CCG average 84%, national average 86%).

A higher than average percentage of patients, 95%, described their overall experience of the surgery as 'good' or 'fairly good'. This compared to a local average of 86% and a national average of 84%.

The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 94% (CCG average 79%, national average 79%).

We spoke with eight patients during the course of the inspection visit and they told us the care and treatment they received was very good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards. The vast majority of comments we received were positive about the standard of care and treatment patients received. Staff in all roles received praise for their professional care. The feedback in comment cards described staff as: excellent, fantastic, lovely, caring, efficient, helpful and polite.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Responses from April 2016 to March 2017 showed that 94% of the respondents were either 'extremely likely' or 'likely' to recommend the practice.

The Weaver Vale Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to The Weaver Vale Surgery

The Weaver Vale Surgery is located in Winsford, Cheshire. The practice was providing a service to approximately 8,050 patients at the time of our inspection.

The practice is part of Vale Royal (CCG) and is situated in an area with higher than average levels of deprivation when compared to other practices nationally. The practice has a higher than average patient population 63% with a long standing health condition compared to the national average of 53%.

The practice is run by two GP partners. There are an additional two salaried GPs (three male and one female). The practice team included an advanced nurse practitioner, two practice nurses, one health care assistant, two full time pharmacists, a practice manager, assistant practice manager and a team of reception/administration staff. A physiotherapist was also employed.

The practice is open from 7.15am to 8.30pm on Mondays, 7.15am to 6.30pm Tuesday to Friday and alternate Saturdays from 8am to 11am. When the surgery is closed patients are directed to the GP out of hours service provider 'Nights, Evenings, Weekends Service (NEWS) by contacting 01270273666 or NHS 111.

Patients can book appointments in person, via the telephone or online. The practice provides telephone

consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice has a General Medical Services (GMS) contract. The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisations, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

Why we carried out this inspection

We had 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 on 16 June 2015. We rated the service as 'requires improvement' overall and we issued two requirement notices for safety and governance. The full comprehensive report on the June 2015 inspection can be found by selecting the 'all reports' link for The Weaver Vale Surgery on our website at www.cqc.org.uk.

We undertook this comprehensive follow up inspection on 4 April 2017 to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

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 4 April 2017. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, a nurse practitioner, a practice nurse, a health care assistant, two pharmacists, the practice manager, assistant manager, reception staff and administrative staff.
- Spoke with patients who used the service and with two member of the patient participation group (PPG). We spoke with another member of the PPG over the telephone.
- Observed two multi-disciplinary meetings.
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 16 June 2015, we rated the practice as 'requires improvement' for providing safe services as the arrangements in place for the recruitment of staff were not as robust as required.

These arrangements had improved when we undertook this inspection on 4 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system in place for reporting, recording and responding to significant events. Staff told us they would inform the practice manager of any incidents and there was a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice carried out a thorough analysis of significant events and they were discussed at regular practice meetings. An annual review was carried out to identify trends or themes and review actions taken. We were assured from a sample of significant events that we looked at that any learning had been disseminated and practices had been changed in response.

A system was in place for responding to patient safety alerts. This clearly demonstrated that the information had been disseminated and action had been taken to make any required changes to practise.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for

safeguarding. The GPs provided reports where necessary for other agencies. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and they provided examples of when they had raised safeguarding concerns. The practice held regular meetings with health visitors to share information relating to children at risk and safeguarding was a standing agenda item for clinical meetings.

- Notices in reception advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring Service (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they were responsible for liaising with the local infection prevention team. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The practice had achieved a high score of compliance for the most recent audit and action had been taken to address improvements required as a result of the audit. The provider had a contract with a cleaning company and monthly audits were carried out in line with this to monitor performance.
- An assessment of the risk and management of Legionella had been undertaken and measures were in place to mitigate risks associated with Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant had been

Are services safe?

trained to administer vaccines and medicines against a patient specific direction from a prescriber. There was a system to ensure the safe issue of repeat prescriptions. There was a robust system to ensure that patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. There was also a robust system to ensure all patients who were on repeat prescriptions underwent an annual review of their medicines. Two pharmacists supported the practice team. They carried out regular medicines audits with the support of the local CCG pharmacy team. Medicines prescribing data for the practice was improving. Anti-biotic prescribing had been higher than local and national average prescribing rates. The provider told us this was partly as a result of a high prevalence of chronic obstructive pulmonary disease (COPD) in the patient population. They had taken action to reduce this prescribing by; raising awareness with patients through information leaflets, discussions with patients, the provision of an anti-biotic awareness day, the use of delayed prescribing and the promotion of self-care. We also saw improvements in the prescribing of hypnotics. For example we found a 25% reduction in the prescribing of Zopiclone over the past twelve months. A system was in place to ensure annual medicines reviews were carried out and to ensure that patients taking high risk medicines underwent regular reviews. There was a system in place for logging and accounting for prescription pads and they were stored securely.

- The practice had a good level of staff retention and many of the staff across all roles had been in post for a number of years. We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the DBS.
- The practice manager kept a record to show that all medical staff were appropriately revalidated and registered with their respective governing bodies to ensure their continued suitability. For example with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC).

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- A range of health and safety related policies and procedures were available to staff.
- The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were checked to ensure they were working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents. For example;

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- All staff had received annual basic life support training.
- The practice had emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- A first aid kit was readily available.
- Systems were in place for the recording of accidents and incidents.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 16 June 2015, we rated the practice as good for providing effective services. At this follow up inspection on 4 April 2017 the practice continues to be rated as good for providing effective services.

Effective needs assessment

The clinicians assessed patients' 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 GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice monitored the implementation of best practice guidelines through regular clinical meetings, a system of peer review for referrals, clinical audit and continuous monitoring of patient data.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. This is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 97% of the total number of points available with 5% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was comparable to the Clinical Commissioning Group (CCG) average of 6% and the national average of 5%. The practice was not an outlier for any QOF clinical targets. Data

from April 2015 to March 2016 showed performance in outcomes for patients was comparable to that of the Clinical Commissioning Group (CCG) and national average. For example;

- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who were currently treated with anti-coagulation was 90% compared to the CCG average of 87% and the national average of 86%.
- The percentage of patients on the diabetes register, whose last measured total cholesterol was 5mmol/l or less was 76% (CCG) average 78%, national average 80%.
- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64mmol/mol or less was 73% (CCG average 81%, national average 78%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 93% (CCG average 90%, national average of 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less (01/04/2014 to 31/03/2015) was 88% (CCG average 85%, national average 82%).
- The performance for mental health related indicators was comparable to local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 92% (CCG average 87%, national average 83%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 94% (CCG average 93%, national average of 88%).

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. The practice shared two audits with us that had been carried out over the past twelve months. One of these was an evaluation of the effects of inter-uterine system

Are services effective?

(for example, treatment is effective)

(IUS) fitted in women so as to provide clearer information to patients regarding the incidence of irregular bleeding. Another audit was carried out to evaluate the diagnosis of urinary tract infections (UTIs) using urine dipsticks and/or urine cultures to assess the need for antibiotic prescribing.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. Multi-disciplinary meetings (MDTs) were held on a monthly basis. These meetings included district nurses, health visitors and representatives from the community mental health team (CMHT) and from social services. The needs of patients with more complex health or social care needs were discussed at the meetings with an aim to ensure that a holistic approach to their needs was being adopted.

The practice provided a range of additional services to improve outcomes for patients. These included; a minor surgery/joint injection clinic, electrocardiogram (ECG) testing, blood pressure monitoring, spirometry, a travel clinic, a phlebotomy service (taking blood for tests) and a physiotherapy service.

Effective staffing

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

- The practice had a long standing and well established team who told us they knew the patients well.
- The practice had an induction programme for newly appointed members of staff and their performance was reviewed periodically during the probationary period.
- Staff told us they felt well trained and experienced to meet the roles and responsibilities of their work. There was a training plan in place to ensure staff kept up to date with their training and they had access to and made use of e-learning training modules and in-house training. Staff had been provided with training in core topics such as: safeguarding (adults and children), health and safety, fire safety, infection control, manual handling and information governance.
- Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes,

podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.

- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- The practice had secured two full time pharmacists to the team as part of the NHS England forward view initiative for integrated teams. The pharmacists role included; medicines reviews with patients, supporting the review of patients with long term conditions, working alongside the CCG medicines management team, prescribing audits, checking compliance with NICE guidance, dealing with patients' medicines queries, signposting patients, supporting patients discharged from hospital.
- Staff attended a range of internal and external meetings. GPs attended meetings in the locality and practice nurses attended local practice nurse forums. The practice was closed for one half day per month which enabled staff to attend meetings and undertake training and professional development opportunities. We saw some good examples of how staff had been supported to develop in their role.

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 intranet system. This included care plans, medical records, investigations and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Are services effective?

(for example, treatment is effective)

Effective systems were in place to ensure referrals to secondary care and results were followed up and to ensure patients discharged from hospital received the care and treatment they required.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. Good systems were in place to support patients receiving palliative care. We saw well documented records that reflected the level of care provided. A number of patients we spoke with told us the practice provided very good palliative care and this was also reported to us by a district nurse who had worked alongside the practice for a number of years.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. Care plans had been developed for 5% of the patient population at most risk of an unplanned admission. The practice monitored unplanned admissions and shared information as appropriate with the out of hours service.

Consent to care and treatment

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

- Staff we spoke with demonstrated that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, not all of the nursing team had been provided with formal training on this. The practice manager confirmed that this had since been booked.
- When providing care and treatment for children and young people, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.
- Written consent was obtained and recorded for minor surgical procedures.

Supporting patients to live healthier lives

The practice provided advice, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.
- The practice offered national screening programmes, vaccination programmes and long term condition reviews. The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action.
- QOF information for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally. For example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 83% which was comparable to the local and national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening uptake rates were comparable to local and national averages with persons (aged 60-69) screened for bowel cancer in the last 30 months at 54% (national average 57%, CCG average 61%) and females (aged 50-70) screened for breast cancer in the last 36 months at 77% (CCG average 75%, national average 72%). The practice had written to patients to encourage uptake of bowel screening. They had also partaken in the 'Be clear on cancer' campaign to improve early diagnosis of cancer by raising public awareness of the signs and symptoms of cancer. This had been supported by members of the patient participation group (PPG).
- Childhood immunisation rates for the vaccinations given were higher than the national expected rate of

Are services effective? (for example, treatment is effective)

90%. For example, childhood immunisation rates for the vaccinations given to under two year olds were 97%. There was a system to ensure that any missed immunisations were followed up with parents or a health visitor.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had a robust system for patient recall which supported this.
- Health promotion information was available in the reception area and on the website. Patients were referred to or signposted to health promotion services such as smoking cessation and alcohol support services and a dietician attended the practice on a monthly basis. The practice also hosted a smoking cessation clinic.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.
- Two of the GPs had been involved in a local project to prevent lung cancer in response to a high prevalence of lung cancer in the locality. This had included them arranging an event at a local pub to raise awareness of the causes and signs of lung cancer. Staff had also supported a local two day health and well-being event.

Are services caring?

Our findings

At our previous inspection on 16 June 2015, we rated the practice as good for providing caring services. At this follow up inspection on 4 April 2017 the practice continues to be rated as good for providing caring services.

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area when they wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 30 comment cards we received were positive and complimentary about the caring nature of the service provided by the practice. The feedback in comment cards described staff as; excellent, fantastic, lovely, caring, efficient, helpful and polite.

Staff demonstrated a patient centred approach to their work during our discussions with them and long term members of staff told us they felt they knew the needs of the patients well.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. The practice scored higher than average when compared to Clinical Commissioning Group (CCG) and national scores, for matters such as patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 92% said the last GP they saw gave them enough time (CCG average 88%, national average 86%).
- 93% said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 85%, national average 85%)

- 96% said the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (CCG average, 90% national average 90%)
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 92%).
- 100% said they had confidence and trust in the last nurse they saw (CCG average 97%, national average 97%).

The practice scored higher than national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 89% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 84% and a national average of 86%.
- 95% described their overall experience of the practice as 'fairly good' or 'very good' (CCG average 86%, national average of 84%).

We spoke with eight patients (including three members of the patient participation group (PPG) and the majority gave us very positive feedback about the caring nature of staff in all roles.

We also spoke with a district nurse who worked in the locality. They told us staff at all levels communicated well with them and that the GPs went above and beyond expectations when supporting patients who were receiving end of life care. This included the GPs regularly contacting or visiting patients particularly before the weekend or public holidays.

Care planning and involvement in decisions about care and treatment

The majority of patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice had generally scored higher than local and national averages for patient satisfaction in these areas. For example:

- 94% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 88%.

Are services caring?

- 98% said the last nurse they spoke to was good at listening to them (CCG average 92% national average 91%).
- 89% said the last GP they saw was good at explaining tests and treatments (CCG average of 85%, national average of 86%).
- 94% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90%, national average of 89%).
- 82% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 80%, national average of 81%).
- 92% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 85%, national average of 85%).

Staff told us that translation services were available for patients who did not use English as their first language. We also saw examples of how the practice had developed ways of making information accessible to the individual needs of patients. For example, a mobile phone was available to enable deaf patients to contact the practice via text message.

Patient and carer support to cope emotionally with care and treatment

Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available on the practice's website.

The practice maintained a register of carers and at the time of the inspection there were 254 carers on the register which is over 3% of the patient population. Carers could be offered longer appointments if required. They were also offered flu immunisations and health checks. The practice's computer system did not alert staff if a patient was also a carer. The practice manager advised that this would be addressed. Written information was available to direct carers to the various avenues of support available to them. A carers' notice board was available in the main waiting area. A member of staff had been designated as a 'carers' link' and they took a lead role in promoting support to carers. The practice had received a certificate from the 'Carers' Trust' for their work in recognising and supporting carers and for their work to provide good outcomes for carers.

Patients receiving end of life care were signposted to support services. The practice had a policy and procedure for staff to adopt following the death of a patient. This included procedures for making contact with family members or carers to offer them support and signpost them to bereavement support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 16 June 2015, we rated the practice as good for providing responsive services. At this follow up inspection on 4 April 2017 the practice continues to be rated as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

The practice worked collaboratively with other practices across the town of Winsford, as a hub with two other practices who shared the same building and as part of the local health and social care landscape. Examples of this included regular attendance at multi-disciplinary meetings and care home meetings, shared care arrangements and shared resources.

The practice understood the profile of the patient population and used this understanding to provide a flexible service to accommodate patients' needs. For example;

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were longer appointments available for patients, for example patients with a long term condition and patients experiencing poor mental health.
- The practice sent text message reminders for appointments.
- There was a system in place to identify patients with high unplanned hospital attendance. This enabled the patient to be contacted by a clinician to discuss support needed to prevent a readmission where possible
- A phlebotomy service was hosted at the practice so patients did not have to travel to hospital to receive this service.

- A regular newsletter was available for patients informing them about changes at the practice, services available and providing useful health information.
- Travel vaccinations and travel advice were provided by the nursing team.
- Staff signposted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and an in house physiotherapy service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The practice is open from 7.15am to 8.30pm on Mondays, 7.15am to 6.30pm Tuesday to Friday and alternate Saturdays from 8am to 11am.

The appointment system was well managed and sufficiently flexible to respond to peoples' needs. People told us on the day that they were able to get appointments when they needed them. The practice provided a high number of appointments per week relative to the size of the patient population. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was consistently higher than local and national averages. For example:

- 80% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 57% and a national average of 72%.
- 80% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 75%, national average 75%).
- 84% described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 83% were fairly or very satisfied with the surgery's opening hours (CCG average 72%, national average 75%).
- 89% found the receptionists at the surgery helpful (CCG average 84%, national average 86%).

Are services responsive to people's needs?

(for example, to feedback?)

- 64% of patients with a preferred GP usually got to see or speak to that GP (CCG average 54%, national average 60%).

The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was higher than local and national average at 94% (CCG average 79%, national average 79%).

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available.

Listening and learning from concerns and complaints.

A complaints policy and procedure was in place and information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with.

We looked at a sample of complaints received in the last 12 months and found that these had been investigated and responded to in a timely manner and patients had been provided with a thorough explanation and an apology when this was appropriate. Patients had been provided with contact details for referring complaints on to the Parliamentary and Health Service Ombudsman (PHSO) if they were not satisfied with the outcome of their complaint.

Complaints were discussed on a regular basis at practice meetings. Lessons had been learnt from concerns and complaints and action had been taken to improve the quality of care and patients' experiences of the service. An annual review of complaints was also carried out to identify trends or themes and to review actions taken.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 16 June 2015, we rated the practice as 'requires improvement' for providing well-led services as the leadership of the service was not conducive to good governance particularly in relation to responding to feedback and the development of the service.

These arrangements had improved when we undertook a follow up inspection on 4 April 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a mission statement and a statement of purpose. The statement of purpose outlined its aims and objectives as; The provision of services in a primary care setting to help patients access services locally without the need to attend hospital for some types of treatment. To monitor and improve the quality of care given to patients via audits, complaints received and patient surveys. To ensure patients and staff had access to a safe environment. To ensure all equipment was maintained appropriately and suitable for purpose. To ensure compliance with patient confidentiality and data protection. To ensure that all staff were trained and competent in their areas of expertise and to ensure equality and diversity was enforced throughout the practice. Staff we spoke to demonstrated that they supported the aims, objectives and values of the practice.

The GP partners had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

Governance arrangements

The practice had effective arrangements in place to govern the service and ensure good outcomes were provided for patients.

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.
- The system for the reporting and management of significant events was clear and learning gained from the investigation of events was used to drive improvements.

- The GPs used evidence based guidance in their clinical work with patients.
- The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.
- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The clinical system was used effectively to ensure patients received the care and treatment they required. The practice was good in supporting patients who required follow up checks, periodic checks and reviews.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).
- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

Leadership and culture

On the day of the inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen them.

The partners encouraged a culture of openness and honesty. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific

Are services well-led?

Good 

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

legal requirements that providers of services must follow when things go wrong with care and treatment). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with training linked to their roles and responsibilities.

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

The practice actively encouraged and valued feedback from patients and acted upon this. The practice had an established and engaged patient participation group (PPG). This group was a virtual group in the main but they did also get involved in events at the practice or in the locality. For example, one member of the PPG had supported an event at the practice to encourage the uptake of bowel cancer screening and another had been involved in an event at a local high school. Members of the PPG were also able to give us examples of what they had been consulted on and how the practice had made improvements to the service in response to their feedback.

The practice also sought patient feedback by utilising the Friends and Family test. The NHS Friends and Family test

(FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results showed that the majority of patients (94%) who had completed the survey between April 2016 and March 2017 were either 'extremely likely' or 'likely' to recommend the practice.

The practice used information from complaints received to make improvements to the service. They periodically reviewed complaints to identify any themes or trends and to ensure they had been acted on appropriately.

Staff were involved in discussions about how to develop the service and encouraged to provide feedback about the service through a system of regular staff meetings and appraisals.

Continuous improvement

There was a clear focus on continuous learning and development within the practice. This included the practice being involved in local and national schemes to improve outcomes for patients. A good example of this being the NHS England pilot project to introduce pharmacists into primary care. The GPs and management team were aware of challenges to the service. They told us areas for development included the provision of a teledermatology service (photographing of skin lesions) to streamline referral and diagnosis processes for patients.